



**Form Instructions:** When copy and pasting into text fields please paste as "plain text".

**Project Information**

\* The Submission Fiscal Year (FY) refers to the year the original New Project Proposal was submitted and selected for funding.  
\*\* A unique Project Number is assigned to each project following submission and selection of the New Project Proposal.

Program	Admin Region	Submission (FY)*	Additional Project ID	Report Type	PR Number
				Progress Report(PR)	
<b>Project Number:**</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<b>Grants and Agreements Number:</b>	<input type="text"/>				

**Project Title:**

Is continuing funding being requested this year? Yes \_\_\_ No \_\_\_ Current Fiscal Year (FY)  Years Funded thus far:

Is project on time? Yes \_\_\_ No \_\_\_

**Subject Description**

Subject Species Status: <input type="text"/>	Subject Group Type: <input type="text"/>
Subject Common and Scientific Names:	Host Common and Scientific Names:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Project Overview** (from original STDP Proposal Form)

Define the product being developed (e.g., what is the tool, how does it tie into the FHP mission, when will it be ready and who will maintain the tool if maintenance is necessary?):

Products/Measures of Success (from original STDP Proposal Form):

Are there any changes proposed to the budget? Yes \_\_\_\_ No \_\_\_\_

If Yes, describe why additional/reduced funding is being requested. Additional funding is dependent on specific budget requests.

**Original Budget Summary** (Please copy from original STDP New Project Proposal form)

Year 1 STDP Total	Year 2 STDP Total	Year 3 STDP Total	Total STDP Funds	Total Funds (All)

**Updated Proposed Budget Summary** (If any changes to the budget are being requested, please report here)

Year 1 STDP Total	Year 2 STDP Total	Year 3 STDP Total	Total STDP Funds	Total Funds (All)

**Proposed Budget Information** (Please report either the original or updated requested budget info for current Federal FY)

Federal Fiscal Year (FY):

Budget Type	Budget	Requested STDP Funding	Non-Federal Match*	Leveraged Funds**	Match Source	Leveraged Source
ADMINISTRATION Including sub-awards	Salary					
	Travel for Data Collection					
	Travel to Meetings					
	Travel for Other					
PROCUREMENT	Contracting					
	Equipment					
	Supplies					
INDIRECT	Overhead					
	Other					
	SUBTOTAL					

Overhead Rate %:  Total:

Notes: (Please include additional Forest Service contributions or contributions from other federal sources) (2000 characters including spaces):

\* Non-Federal Matching (cost sharing) funds are raised from outside sources to increase the level of support provided by the Federal Government. This includes both cash and in-kind contributions.  
\*\* Leveraged Funds are raised from outside sources to increase the level of support provided by the Federal Government (including cash and in-kind contributions) beyond the non-Federal matching requirements.

## Changes to project scope, objectives, and/or timeline

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Were there changes or additions to the original project scope, objectives, or timeline? Yes \_\_\_\_ No \_\_\_\_  
If Yes, provide descriptions of any additions, subtractions, alterations including reasons for changes.

## Accomplishments and lessons learned

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Description of tasks accomplished this year (Describe primary activities for each year, summarizing key accomplishments from prior year(s), this year's activities):

**Accomplishments to date** (cumulative, from newest to oldest)

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Products:

Publications:

Technology  
Transfer:

**FHP Sponsor**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

**Principal Investigators**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

**Cooperators**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_