|  |  |  |
| --- | --- | --- |
| **Date Submitted:** | **Grant Agreement No.:** | **Grant Amount:** |
|  |  |  |
| **Project Type:** | **Project Title:** |
| Select choice |  |

|  |
| --- |
| **Grant Recipient Information:** |
| ***Organization Name:*** |  |
| ***Project Director/Manager:*** |  |
| ***Telephone:*** |  |
| ***Email:*** |  |

|  |  |
| --- | --- |
| **Reporting Period:** |  |
| ***Grant Amount*** ***Expended to Date:*** | ***Matching Funds*** ***Committed to Date:*** | ***In-Kind Contributions*** ***Committed to Date:*** |
|  |  |  |

**Complete and submit report using Microsoft Word.**

**Management Practice Implementation:**

***For management practices identified in the approved Scope of Work (SOW), briefly describe the practices and level of implementation within this reporting period.***

(Blue font content in the table is an example, please delete before fill.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APN** | **Field No.** | **Management Practice Activities** | **Status** | **Date of Implementation** |
| 123-45-000 | Treatment 1, 2, 3 | Cover crop was planted in later November 2020 | In Progress | Nov 2020 – Mar 2021 |
| 123-45-000 | Control 1, 2, 3 | fallow | In Progress | Nov 2020 – Mar 2021 |
|  |  |  | Select choice |  |
|  |  |  | Select choice |  |
|  |  |  | Select choice |  |
|  |  |  | Select choice |  |
|  |  |  | Select choice |  |

***If unable to fulfill any management practice activities for this period as set out in the approved SOW, explain any delays and describe the plan to meet the project’s objectives:***

Click here to enter text.

**Data Collection:**

***For data collection activities identified in the approved Scope of Work (SOW), briefly describe the data collection performed within this reporting period.***

(Blue font content in the table is an example, please delete before fill.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Data** | **Description** | **Status** | **Date of Implementation** |
| Soil organic matter content | 6 soil samples - one composite soil sample per treatment / control field for total 6 fields  | In Progress | Sampled – Nov 2020Analyzing - ongoing |
|  |  | Select choice |  |
|  |  | Select choice |  |

***Note:*** *A Soil Organic Matter (SOM) test should have been completed prior to implementation of management practices. If initial SOM has not been performed, conduct a SOM test on a control plot as soon as possible.*

***If unable to fulfill any data collection activities for this period as set out in the approved SOW, explain any delays and describe the plan to meet the project’s objectives:***

Click here to enter text.

**Outreach:**

***For outreach activities identified in the approved Scope of Work (SOW), briefly describe the events presented within this reporting period.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Type** | **Practice Showcased and Event Description** | **No. Attended** | **Location & County** | **Date** **(MM/DD/YY)** |
| Select choice |  |  |  |  |
| Select choice |  |  |  |  |
| Select choice |  |  |  |  |
| Select choice |  |  |  |  |
| Select choice |  |  |  |  |
| Select choice |  |  |  |  |
| Select choice |  |  |  |  |

*Attach attendance records and other outreach documentation to Mid-Year Progress Report.*

***If unable to fulfill any outreach activities for this period as set out in the approved SOW, explain any delays and describe the plan to meet the project’s objectives:***

Click here to enter text.

**Problems or Delays:**

***Describe any challenges or delays that occurred during this reporting period and the corrective actions and/or changes to the project as a result. Add rows as needed.***

| **Challenge** | **Corrective Action and/or Project Change** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Planned Activities for the Next Six Months**

Describe activities regarding practice implementation, data collection and outreach you plan to complete during the next reporting period. Add rows as needed.

| **Task Type** | **Activity** | **Anticipated Completion** |
| --- | --- | --- |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |

**Additional Information:**

Click here to enter text.