|  |  |  |
| --- | --- | --- |
| **Grant Agreement Number:**  Click here to enter text. | **Project Title:**  Click here to enter text. | |
| **Grant Recipient:**  Click here to enter text. | **Reporting Period:**  Click here to enter text. | **Date Submitted:**  Click here to enter text. |
| **Recipient Contact:**  Click here to enter text. | **Telephone:**  Click here to enter text. | **Email:**  Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant** **Award Amount** | **Amount Invoiced to Date** | **Remaining**  **Grant Balance** | **Cost Share Committed to Date** |
| $ | **$** | **$** | **$** |

**Practice Implementation:**

1. Report status of practice implementation during **this reporting** **period** as compared to the schedule in the grant agreement. Add rows as needed.

| **Management Practice(s)** | **Implementation Timeline in the Grant Agreement** | **Date of Starting Implementation** | **Date of Implementation Completion** |
| --- | --- | --- | --- |
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1. Provide explanations if practice implementation (date and/or method, etc.) is different from what is in the grant agreement e.g. provide details of delays in practice implementation or missing a practice implementation.

Click here to enter text.

**Data Collection:**

1. Report status of data collection during **this reporting period** as compared to the schedule in the grant agreement. Add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Data** | **Implementation Timeline in the Grant Agreement** | **Sampling Date/Period** | **Status of Data Analysis** | **Data Included in the Report?** |
|  |  |  | Select choice |  |
|  |  |  | Select choice |  |
|  |  |  | Select choice |  |

1. Provide explanations if data collection (date and/or method, etc.) is different from what is in the grant agreement e.g. provide details if you missed or delayed any data collection event.

Click here to enter text.

1. Data report: provide a summary of analyzed data from all Treatment (T) and Control (C) plots. Do not include raw data. Include all relevant tables, graphs and/or figures.

Click here to enter or copy and paste text.

**Outreach:**

1. Identify demonstration outreach activities accomplished during **this reporting period**. Add rows as needed.

For outreach events that are hosted/organized by more than one organization who is a HSP TAP recipient or another demonstration project recipient, provide name of other organization(s) and grant agreement number(s) in the table below. For meeting/conference presentations, provide the meeting/conference agenda and outreach materials (flyers, etc.).

| **Event Type** | **Implementation Timeline in the Grant Agreement** | **Date Accomplished** | **Total Attended** | **Number of Farmer/Rancher Attendees** | **Name of other Organization(s); Grant agreement No.** |
| --- | --- | --- | --- | --- | --- |
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1. Provide explanations if outreach tasks in the reporting period has not been completed, as compared to the grant agreement.

Click here to enter text.

1. Please fill in the attendance information sheet (excel file provided by CDFA with this reporting template) and submit it together with the attendance sign-in records and this report.

**Problems or Delays:**

1. 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.

| **Challenges/Delays** | **Corrective Action and/or Project Change** |
| --- | --- |
|  |  |
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**Lessons Learned:**

1. Describe any positive developments that have occurred outside of the project’s original intent that you experienced during this reporting period and any project changes as a result.

Click here to enter text.

**Upcoming Activities:**

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

| **Task Type** | **Activities** | **Anticipated Completion Date** |
| --- | --- | --- |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |

1. Provide reasons if the anticipated completion date is different from what is in the grant agreement.