



Performance Progress Report

NOAA Restoration Center, Office of Habitat Conservation

1. Federal Agency to Which Report is Submitted NOAA National Marine Fisheries Service		2. Award or Subaward Number		3. Federal Program Officer - Name	
Project Information					
4. Project Name			5. Recipient or Subrecipient Organization		6. Is this the final report? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Award or Project Period Dates		8. Reporting Period Dates		9. Report Frequency	
Start Date	End Date	Start Date	End Date	<input type="checkbox"/> annual	<input type="checkbox"/> semi-annual
				<input type="checkbox"/> other	<input type="checkbox"/> quarterly
Project Information	10. Main Project Contact - Name		11. Main Project Contact - Title and Organization		
	12. Main Project Contact - Email			13. Main Project Contact - Phone Number	
	14. Project City		15. Project State	16. Number of Project Sites	
	17a. Project Site Coordinates (decimal degrees)	Latitude	Longitude	18. Project Landowner Permission Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring Information	19. Monitoring Contact - Name		20. Monitoring Contact - Title and Organization		
	21. Monitoring Contact - Email			22. Monitoring Contact - Phone Number	
	23. Monitoring Level <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> None				
24. List of Target Species			25. List of Project Partners		
26. Problem the Project Addresses					

The information collected in this form will be used to administer and evaluate coastal and marine habitat restoration projects. Public reporting burden for this collection of information is estimated to average 9.5 hours per initial report, 5.5 hours per response for semi-annual reports and 9.75 hours for final reports, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Program Manager, NOAA Community-based Restoration Program, 1315 East West Hwy, F/HC3, Silver Spring, MD 20910.

No confidentiality is provided because no proprietary or confidential information is requested.

Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a valid OMB Control Number.

Privacy Act Statement

Authorities: [Fish and Wildlife Coordination Act](#), 16 U.S.C. 661, as amended by the [Reorganization Plan No. 4 of 1970](#), the [Magnuson-Stevens Reauthorization Act of 2006](#) (Title I, Sec. 117), the [Estuaries and Clean Waters Act of 2000](#) (Title I, Public Law 106-457), amendments to the Water Resources Development Act of 2007, and other authorities.

Purpose: This collection is used to track, evaluate and report on coastal and marine habitat restoration funding administered by the National Oceanic and Atmospheric Administration (NOAA) Restoration Center.

Routine Uses: Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among Department staff for work-related purposes. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notices DEPT-2, Accounts Receivable and GSA/GOVT-9, System for Award Management.

Disclosure: This information is required of all grant recipients. If the required information is not provided, NOAA's ability to determine the grant program's progress will be impeded.

Project Name	Award or Sub-Award Number
--------------	---------------------------

27. Other Attachments (see instructions)

Certification. I certify to the best of my knowledge that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

28. Authorized Representative - Name and Title	29. Authorized Representative - Email	30. Authorized Representative - Phone
--	---------------------------------------	---------------------------------------

31. Performance Narrative (no page limit, see instructions):

Project Name	Award or Sub-Award Number
--------------	---------------------------

Performance Narrative (continued)

Project Name	Award or Sub-Award Number
--------------	---------------------------

A. Project Activities

1. Activity Description	2. Activity Status	3. Explanation of Progress

Project Name	Award or Sub-Award Number
--------------	---------------------------

B. Performance Measures

1. Objective/Goal Description	2. Measure (Unit)	3. Baseline	4. Target Year	5. Target	6. Actual To Date (cumulative)	7. Explanation

Project Name							Award or Sub-Award Number	
C. NOAA Award Funding								
							Funding Duration	Lock Table
							3 years	<input type="checkbox"/>
1. Object Class Expenditures	2. Year 1 NOAA Approved Funds	3. Year 2 NOAA Approved Funds	4. Year 3 NOAA Approved Funds	5. Total NOAA Approved Funds	6. Total NOAA Funding Expended	7. Notes		
Personnel								
Fringe Benefits								
Travel								
Equipment								
Supplies								
Contractual								
Other								
Indirect								
TOTALS								
8. Budget Deviations Description (see instructions)								

Project Name		Award or Sub-Award Number						
Funding Duration: 3 years <input type="checkbox"/> Lock Table								
D. Non-federal Recipient Share (Match Funds)								
1. Object Class Expenditures	2. Year 1 Match Funds Approved	3. Year 2 Match Funds Approved	4. Year 3 Match Funds Approved	5. Total Approved Match Funds	6. Total Expended Match Funds	7. Non-federal Recipient Share (Match Funds) Sources		
Personnel								
Fringe Benefits								
Travel								
Equipment								
Supplies								
Contractual								
Other								
Indirect								
TOTALS								
8. Budget Deviations Description (see instructions)								

Project Name	Award or Sub-Award Number			
E. Project Leverage (<i>Funds beyond committed match</i>)				
1. Leverage Task Description (<i>Optional: Project Partner conducting task</i>)	2. Type of Funds (Federal or Non- federal)	3. Funding Source (Name of Organization)	4. Total Funds	
Total				

Project Name	Award or Sub-Award Number		
F. Monitoring Funds (Include all funding supporting monitoring activities)			
1. Monitoring Task Description	2. Type of Funds (Federal or Non-Federal)	3. Funding Source (Name of Organization)	4. Total Funds
Total			