



Administrative Progress Report

NOAA Restoration Center, Office of Habitat Conservation

1. Federal Agency to Which Report is Submitted NOAA National Marine Fisheries Service	2. Federal Award Number	3. Federal Program Officer - Name	
4. Recipient Organization and Address		5. Award Start Date	7. Report Start Date
		6. Award End Date	8. Report End Date
9. Award Name			
10. Main Project Contact - Name	11. Main Project Contact - Title and Organization	14. Is this the final report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Main Project Contact - E-mail	13. Main Project Contact - Phone Number	15. Report Frequency <input type="checkbox"/> annual <input checked="" type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other	
16. Other Attachments (see instructions)			
Certification: <i>I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</i>			
17. Authorized Representative - Name and Title	18. Authorized Representative - Email	19. Authorized Representative - Phone	

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 6 hours per initial report, 2.75 hours per response for semi-annual reports and 5.5 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 1, 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

20. Performance Narrative (see instructions):

Project Name		Award or Sub-Award Number				
A. Subaward or Project List						
1. Subrecipient	2. Project Title	3. Project Status	4. NEPA Status	5. NOAA Funding Amount	6. Anticipated End Date	7. Modifications to the Sub-Award

Project Name _____ Award or Sub-Award Number _____

B. NOAA Award Funding Funding Duration: **3 years** Lock Table

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
--------------	--	---------------------------

C. Non-federal Recipient Share (Match Funds)							
		Funding Duration	3 years	<input type="checkbox"/>	Lock Table		
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)