

**Alaska Association of Conservation Districts**

**Quarterly reporting form for AACD Invasive Plant Program Grant**

Grantee: AACD grant  
number:  
Federal grant  
number:

Project name:

Quarterly report for the months of (check one):

- (1) January - March  (3) July - September  
 (2) April - June  (4) October - December

1. Please list any products (e.g. reports, AKEPIC entries for inventory and/or control) that are due and attached to this report. For inventory and control please include the number of acres inventoried or treated. If educational outreach was completed approximate the number of people reached in each audience, and the number of events (e.g. gardeners, recreation groups, youth and agriculturalists).

2. What is the status of the project? Is everything on schedule? List any critical actions that were completed during this period (e.g. development of informational materials and/or workshops, method of control, and method of re-vegetation with what species). Is the project being implemented according to the project time line?

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number: \_\_\_\_\_  
Quarter 1 2 3 4 Federal grant  
number: \_\_\_\_\_  
Project name: \_\_\_\_\_

3. Any problems or successes you'd like to convey? Was educational outreach well received? Did control practices reduce the infestation? Did re-vegetation result in establishment of the desired species?

4. What major activities, if any, are planned for the next quarter?

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 number: \_\_\_\_\_  
 Quarter 1 2 3 4 Federal grant  
 number: \_\_\_\_\_  
 Project name: \_\_\_\_\_

**Grant Funds**

	1	2	3	4	5
<b>Budget Item</b>	<b>Amount in Grant Budget</b>	<b>Expenditures This Period</b>	<b>Expenditures to Date</b>	<b>Balance</b>	
Personal Services					
Travel					
Contractual					
Supplies					
Equipment					
Overhead					
<b>TOTALS</b>					

**Matching Funds**

	2	3	4	5
<b>Budget Items</b>	<b>Amount in Grant Budget</b>	<b>Expenditures This Period</b>	<b>Expenditures to Date</b>	<b>Balance</b>
Personal Services				
Travel				
Contractual				
Supplies				
Equipment				
Overhead				
<b>TOTALS</b>				

**CERTIFICATION**

Please read and sign below.

**I certify to the best of my knowledge and belief that the information above is correct and that the funds were spent in accordance with grant agreement terms and conditions.**

Certified By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_