



CAL FIRE Forest Health Program

California Climate Investments Grant Progress Report



**This report is to be submitted with all invoices for payment or quarterly.
Submit electronically AND by hard copy with corresponding invoice to:**

California Department of Forestry & Fire Protection (CAL FIRE)

ATTN: Forest Health Program

PO Box 944246

1416 Ninth Street

Sacramento, CA 94244-2460

ForestHealth@fire.ca.gov

FY of Grant Award <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Submitted with invoice for payment. Invoice # <input style="width: 100%;" type="text"/>	Dates covered by report (mm/dd/yyyy to mm/dd/yyyy): <input style="width: 100%;" type="text"/>		
Or, quarter ending: <input type="checkbox"/> June 30		<input type="checkbox"/> Sept. 30	<input type="checkbox"/> Dec. 31	<input type="checkbox"/> March 31

Grant Agreement # Reporting Date (mm/dd/yyyy):

Project Name:

Grantee:

Reporting Individual & Title:

Phone Number: Email Address:

1. Report on dollars of grant funds expended during this grant reporting period and for the project to date.

CCI funds spent this period: CCI funds spent project to date:

Match funds spent this period: Match funds spent project to date:

Program income this period: Program income to date:

Total funds spent this period: Total funds spent project to date:

2. Status on environmental compliance (CEQA, NEPA, ESA, etc.) for the project.

- No change since Environmental Compliance Worksheet was last submitted. Dated:
- Progress ongoing, updated Environmental Compliance worksheet is attached.
- Environmental compliance is complete.

Lead agency:

Comments:

3. Describe progress made toward achieving the proposed objectives of the grant and any other significant accomplishments (quantify the progress where possible).

4. Report on acres treated and funds spent by each Forest Health treatment type for this grant reporting period (attach additional page if necessary).

<i>Treatment Area</i>	<i>SRA / FRA / LRA</i>	<i># of Acres</i>	<i>Treatment type</i>	<i>Total CCI \$\$ spent on treatment</i>	<i>Total match \$\$ spent on treatment</i>	<i>Total income \$\$ spent on treatment</i>
	TOTAL					

5. If research is a component of the grant, describe the current phase of the research project. Should there have been any deviations from the original research plan, please explain.

6. If education/outreach is a component of the grant, describe activities completed or materials generated.

7. Describe any setbacks or challenges to the progress of the grant activities.

8. Describe plans and/or goals for the upcoming reporting period (between now and next invoice or quarterly report).

9. Check items that are included to illustrate progress made on the project.

- Maps
- Photographs
- Project website – URL: _____
- Outreach material
- Press releases, news articles
- Other: _____