



**Lake Erie
Commission**

For office use only

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Interim Report & Fiscal Update Form

This form must be used for all interim reports.

Complete all areas. Attach any reports, papers or publications that have resulted from this project since the last report. You must file reports in a timely manner as outlined in your signed agreement. Please submit one copy to: Ohio Lake Erie Commission to lakeeriecommission@lakeerie.ohio.gov.

PLEASE NOTE: PRINT CLEARLY OR TYPE

Grant # assigned by Ohio Lake Erie Commission: _____

Project Title: _____

Applicant Organization: _____

Address: _____

Phone: _____ Federal Tax ID (Required): _____

Project Director: _____

Title: _____

Authorizing Officer: _____

Title: _____

Fiscal Agent: _____

Title: _____

1. Give a *brief* overview of the work that has been completed. List activities from the Work Plan, and any required Quality System Documentation, and report the numerical and percent completed for this reporting period and for the entire project.

2. What percentage of your project is complete? _____%

3. Do you foresee completing this project within the timeframe contained in the Agreement? Yes ☒ No

If **no**, how much additional time will be required to fully complete project? _____

4. What significant problem(s), if any, do you anticipate in completing this project?

5. What work is projected during the next reporting period?

6. Please provide any specific actions that addressed goals from the Lake Erie Protection and Restoration Plan during this reporting period.

7. Were any significant changes (>10% of the total award amount) made to the personnel, fringe, travel, equipment, supplies, contractual, other, or indirect costs? If so, have you formally requested an amendment in writing?

LAKE ERIE PROTECTION FUND

SMALL GRANT - INTERIM REPORT BUDGET

Grant Number:

v2024

Budget Categories	Grant Budget	Initial Payment	Funds Spent	Current Balance
A. Salaries & Wages				
B. Fringe Benefits				
C. Total Salaries & Benefits (A+B)				
D. Non-expendable Equipment				
E. Expendable Materials & Supplies				
F. Travel				
G. Services or Consultants				
H. Computer Costs				
I. Publications/Presentations				
J. All other direct costs				
K. Total Direct Costs (C thru J)				
L. Indirect Costs				
Total Costs (K + L)				

I certify that the grant expenditures listed and descriptions of the charges are true and accurate to the best of my knowledge. These expenditures represent approved grant costs that have been previously paid for and for which complete documentation is on file.

Date



Project Director
Authorizing Agent
Fiscal Agent

Interim Report Budget Instructions

Project Budget – Provide the original grant budget or a previously approved revised budget. Budget revisions must be made using the Revision Request form. Revisions cannot be made using this form.

Initial Payment – Detail the initial payment received if applicable.

Funds Spent – Detail the funds spent to date. Match will be reported on the Final Accounting Form at the conclusion of the grant, and is not included here.

Current Balance – Detail the current balance - this can be found by subtracting the funds spent from the initial payment.