Oregon Department of Agriculture

## **635 Capitol Street NE, Salem, OR 97301**

**Oregon State Weed Board/ ODA Weed Grant Interim Report Form**

**Grantee:**

**Grant Name:**

**Grant Number****:**

**Contact Person/Project Manager:**

**Phone Number****: Email****:**

**Target Weed(s)****:**

**Identify which activities apply to your project:**

 [ ]  Monitoring [ ] Prevention [ ] Chemical/Manual/Mechanical

 [ ] Survey [ ]  Restoration [ ]  Research  [ ]  Outreach

 [ ] Other (please explain)

**Monitoring:**

**Is monitoring a component of this project?** [ ] Yes [ ] No

*If yes, provide detailed monitoring activities to date for this project:, include month and year.*

**Restoration:**

**Is restoration a component of this project?** [ ] Yes [ ] No

**If yes, provide detailed restoration activities to date for this project. Include acreage, methods and plant species used**. *If seed is being purchased for restoration, an all states noxious weed seed test is required for reimbursement. A copy of the test results is required with the invoice. The cost of the test can be included in the budget under other expense. Weed free certified straw is also required.*

**Outreach:**

**Is outreach a component of this project?** [ ] Yes [ ] No

*If yes, provide detailed outreach activities completed to date for this project, include month and year of activities. (attach flyers, newspaper articles, pictures, brochures, etc)*

**Prevention:**

**Is prevention a component of this project?** [ ] Yes [ ] No

*If yes, provide detailed prevention methods used for this project, include month and year of activities.*

**Treatment:**

**Identify which methods of treatment were used?** (check all that apply)

 [ ] Herbicides [ ] Manual

 [ ] Biocontrol  [ ] Mechanical [ ] Other (please explain)

**To date how many net acres have been treated? Include month/ year of treatments by weed species?**

**What herbicides was used? How much herbicide was applied? (gallons of mix****, rate):**

*Tell us about the herbicides used in your project.  Please report: herbicide, herbicide rate, and the number of gallons of spray mix that were put out by licensed applicators (by backpack, ATV or other equipment).  Do not report ounces or gallons of herbicide concentrate.*

**Is this a cost-share or chemical-assistance project?** [ ] Yes [ ] No

*If yes, attach a list of landowners, acreage treated by weed species:*

**Survey**

**Is survey a component of this project?** [ ] Yes [ ] No

*Provide detailed comments, include month and year survey was done:*

**Research:**

### Is research a component of this project? [ ] Yes [ ] No

If yes, please provide results of test plots or trials.

**Does this project require Cooperative/Landowner Agreements for work done on private land?**

 [ ] Yes [ ] No

If yes, have copies of the Agreements been turned into ODA Grant Project Manager? [ ] Yes [ ] No

If no, turn in copies of your Cooperative/Landowner Agreements with Interim Report.

Please provide here any additional comments regarding this project.

**Reminders**

* Cost-share/chemical assistance- attach a list of private landowners and include net acres treated by weeds species, and amount of chemicals provided.

### If seed is being purchased for restoration, an all states noxious weed seed test is required for reimbursement. A copy of the test results is required with the invoice. The cost of the test can be included in budget under other. Weed free certified straw is also required.

### Payment Request - To qualify for the second payment Grantee must submit expenditures of 50% of the initial payment (or 25% of the overall project).

### Use OGMS Dashboard for 2nd payment request for the next 25% of grant award.

### Required uploads in OGMS for payment request:

### Submit all invoices or receipts $250 or more for purchases or work accomplished, in order they appear on the tracking form,

### Submit Expendtiure Tracking spreadsheet - report all grant expenses paid by grant funds.

**Project Financial Breakdown:**

# Salaries Personnel $

# Contracted Services $

Material & Supplies $

Travel/Per Diem $

Equipment and Software $

Other $

\*Admin $

TOTAL $

\*Overhead must not exceed 10% of total amount of grant

**The undersigned certifies that:**

* Funds were used for the approved purpose and have been spent according to the terms outlined within the agreement.
* To the best of his/her knowledge the information provided within this report is true and accurate.
* He/She understand that this grant project is subject to monitoring by Oregon Department of Agriculture.
* He/She is authorized by the grantee organization to execute documents and legally bind the organization by their execution.

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

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

*Email completed Interim Report to Tristen.BERG@oda.oregon.gov*