



Florida RESTORE Act Center of Excellence Program QUARTERLY REPORT AND INVOICE

[Grantees submit reports and invoices according to schedule in **Attachment 3** of subagreement.]

Incomplete report and invoice will delay reimbursement

SUBAGREEMENT #: _____

Progress Period (mm-dd-yyyy to mm-dd-yyyy): _____

Project Title: _____

Grantee Lead Institution (Name and Location): _____

Grantee Principal Investigator and Contact Information:

First name: _____ Last name: _____

Title: _____ Affiliation: _____

Mailing address: _____

Phone: _____

Email: _____

STATUS OF PERFORMANCE:

#	Measure	Target Output/Deliverable	Target* Date	Progress** (period)	Progress (cumul.)	Next steps

* = completion date as reported in Subagreement

** = % complete

FLRACEP QUARTERLY PROGRESS REPORT: NARRATIVE

ACCOMPLISHMENTS:

- Summarize key science and technology accomplishments, significant findings or events, and performance measures completed for period.
- Describe outreach and education activities, e.g., efforts to disseminate or publicize project results, formal or informal education activities.

[describe details]

CHALLENGES:

- Indicate if any operational, legal, regulatory, budgetary, and/or ecological risks, and/or any public controversies, have materialized. If so, indicate what mitigation strategies have been undertaken to attenuate these risks or controversies;
- Summarize any challenges that have impeded the recipient’s ability to accomplish the approved scope of work on schedule and on budget.

[describe details]

BUDGET:

- Summarize expenditures made during the period, to match with invoice submitted with this report.
- Report any significant budget issues or changes required by work plan.

[describe details]

SUB-RECIPIENTS:

- If applicable, list grant sub-awards and/or sub-contracts executed during the reporting period, with: name of the entity and its principal, DUNS number of the entity, value of the agreement/contract, period of award, brief description of the scope of work, and whether or not local preference was used in the selection of contractor;
- Describe efforts taken to monitor sub-recipient performance (e.g., meetings) during the reporting period; indicate whether the sub-recipient submitted an audit to the recipient, and if so, whether the recipient issued a management decision on any findings.

[describe details]

PLANS:

- Summarize major activities planned for the next reporting period.

[describe details]

FINANCIAL STATEMENT:

Amount Requested for the period (mm-yy to mm-yy): _____

Total Spent to Date (sum of Q1+Q2+Q3+Q4 to-date): _____

Please complete each section below as appropriate.

Senior/Key Persons (add rows if needed):

	First Name	Last Name	Project Role	Calendar Months	Academic Months	Summer Months	Requested Salary (\$)	Fringe Benefits (\$)	To be Reimbursed (\$)
1									
2									
3									
4									
Total									

Other Personnel (add rows if needed):

Number of Personnel	Project Role	Calendar Months	Academic Months	Summer Months	Requested Salary (\$)	Fringe Benefits (\$)	To be Reimbursed (\$)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate						

	Students						
	Technicians						
	Other:						
Total							

Research Activities (add rows if needed):

Capital Equipment > \$10,000 per item [NOTE- must be pre-approved by CERGP]		To be Reimbursed (\$)
1		
2		
Total Capital Equipment Cost		
Travel		
1		
2		
3		
4		
5		
Total Travel Cost		
Other Operating Expenses		
1	Materials, Supplies, and non-capital equipment	
2	Publication Costs	
3	Consultant Services	
4	ADP/Computer Services	
5	Subawards/Contractual Costs	
6	Equipment or Facility Rental/User Fees	
7	Ship time	
8	AUV or ROV time	
9	Other:	
10		
Total Other Operating Expenses		
Total Direct Costs		
Modified Total Direct Costs (EXCLUDING TUITION)		
Indirect Costs (10% x MTDC)		
Total to be reimbursed for this quarter		

CERTIFICATION:

By signing, we confirm that the contents have been reviewed by award co-PIs and are a fair representation of progress for the report period.

PI Signature

Date

PI Printed Name

Authorized **Grantee** Official Signature

Date

Authorized **Grantee** Official Printed Name

Submit report to:

Program Director
Florida RESTORE Act Centers of Excellence Program
830 First St. S
St. Petersburg, FL 33701
fio@usf.edu