Exhibit D: Performance Report & Request for Reimbursement Form

FOR REFERENCE ONLY. SUBJECT TO CHANGE

PRIVATE FOREST ACCORD
GRANT PROGRAM

IMPORTANT. READ BEFORE PROCEEDING

This serves as a reference guide and may be subject to change until project execution.

This reference guide includes all possible questions, regardless of project type. The actual online form will adapt to your specific project, presenting only relevant questions for your project type, this report will be filled out online through the most current form of the Grant Management System.

- This is a reference guide only.
- The online form tailors questions to your project type.

Private Forest Accord Grant - Fall 2023 Solicitation

Oregon Department of Fish and Wildlife

Grant Information

Project Name*
Insert the full project name assigned by ODFW, including the unique code before the Project Title that was given in the agreement.

(Example) **PFAMIT XXXX-XX_ ProjectTitle**

Character Limit: 200

Invoice Period Start Date*
Character Limit: 10

Invoice Period End Date*
Character Limit: 10

Reporting Type*
Select the project type this report is for

Choices
Advancement Project
Standard Reimbursement Project

Reimbursement Request?
For reimbursement-based projects, are you requesting a project reimbursement with this report?

Choices
Yes
No

Match/Cost-Share*
Does your project have a match or cost-share to report on?

Choices
Yes
No

Has baseline data been submitted?*
All projects that propose any implementation must provide baseline data. Contact your local PFA Stream Biologist for any concerns or clarifying questions.

Choices
Yes - Project maps and baseline data (i.e. surveys, photos) have been submitted.
No

Not Applicable to Project Type

Grantee Information

Grantee Name*
Character Limit: 200

Address*
(To send a check to)

Character Limit: 250

Submitter Name*
Character Limit: 200

Submitter Phone Number (###-###-#### x###)*
Character Limit: 50

Submitter Email*
Character Limit: 254

Statement of Work

- **This report portion explains what has occurred since the last performance report.**
- **This document will be submitted twice yearly within 30 days following the end of fiscal quarters 2 and 4:**
    - **Quarter 2: Report due by July 31st**
    - **Quarter 4: Report due by January 31st (following calendar year)**
- **Fill this document out even if no financial activity happened in the previous period, and discuss any planning, challenges, or problems you may have encountered.**
- **Please include the following quarterly outlook, expectations, and possible challenges.**
- **Include any supporting data and information such as photos, baseline and monitoring data, meeting agendas, metrics of quantifying project success, engineer drawings, mapping files, permit copies, and other supporting documentation.**
- **All dates must be in MM/DD/YYYY format.**

Summary of Activities*
Summary of activities that occurred during this grant reporting period since the last performance report and general project outlook. (i.e. general updates on the project to help document progress, such as kick-off meetings, agreement executions, delays, permitting, groundwork, expenditures, etc.). Briefly discuss any quantifiable implementation metrics such

as acres of restoration implemented, stream miles opened, culverts modified, replaced, or retrofitted, acreage of floodplain reconnected, miles of road disconnected, or any other fish passage improvement metric).

Character Limit: 4000

Challenges Faced*

Did the project experience significant challenges, and do you have any plans to mitigate the situation? (i.e., weather delays have changed the anticipated timelines and resulted in expected project amendments.)

Character Limit: 4000

Reimbursement Financials

Budget Item Requests for THIS Invoice Period

Fill out this table to request a reimbursement for the invoice period you listed above in "Grant Information." Funds must be reported based on the categories in your pre-approved budget. All fields are required. Enter 0 as applicable.

Please Note: Ten percent (10%) of the total funds granted will be withheld until the Project Completion Report and required supporting documentation are submitted. All charges in part by ODFW and another funding source must clearly indicate the portion that ODFW funds were used towards on the proof of payment document.

BUDGET CATEGORY	TOTAL COST (In US Dollars)
Personnel Costs	
Employee Benefits	
Contractual Costs	
Supply Costs	
Equipment Costs	

Travel Costs	
Other Costs	
TOTAL REIMBURSEMENT REQUEST	

Advancement Financials

Advancement Use for THIS Invoice Period

Fill out this table to identify how the advancement was used for this reporting period, the invoice period you listed above in "Grant Information." Funds must be reported based on the categories in your pre-approved budget. All fields are required. Enter 0 as applicable.

Please Note: Ten percent (10%) of the total funds granted will be withheld until the Project Completion Report and required supporting documentation are submitted. All charges in part by ODFW and another funding source must clearly indicate the portion that ODFW funds were used towards on the proof of payment document.

All advancements must be fully used within 120 days of receipt by the Grantee.

BUDGET CATEGORY	TOTAL COST (In US Dollars)
Personnel Costs	
Employee Benefits	
Contractual Costs	
Supply Costs	
Equipment Costs	

Travel Costs	
Other Costs	
TOTAL ADVANCEMENT USED	

Advance Funding Summary

All fields are required. Enter 0 if none.

Initial Advance Requested	
Previous Advance Used in Last Invoicing Period (ENTER AS NEGATIVE)	
Current Advance Used (ENTER AS NEGATIVE; Should match "Total Advancement Used" above)	
REMAINING ADVANCE	

Project Match/Cost Share

Current Project Match/Cost Share (if applicable)*

Define the total match/cost share reported for this invoice period, which was defined above in "Grant Information." Lump all match/cost share into one line item.

Character Limit: 20

Cumulative Project Match/Cost Share (if applicable)*

In total, what is the total project match/cost share reported to date.

Character Limit: 20

Match/Cost Share Narrative*

Briefly describe how match/cost share was used for this invoice period.

Character Limit: 2500

Baseline Data

Plan for baseline data collection*

If not already provided in the uploads below, please describe the plan to collect baseline data with anticipated completion dates.

Type "Not Applicable" as appropriate.

Character Limit: 2500

Baseline photo points*

Upload color photographs of the Project area(s) here using pre-set photo points that will be used throughout the project timeline to document the project's progress. These before and after photo points will be used as a reference for project success.

File Size Limit: 10 MB

Project Maps*

Upload project map(s) highlighting work locations, impact acreage, land use, and other relevant information (project maps should be in .pdf format). Supply any ArcGIS shapefiles as completed in subsequent reports, the URL upload below may be best for large shapefiles.

File Size Limit: 10 MB

Optional document URL

If larger documents are stored in an accessible location such as Dropbox, you may enter the url here.

Character Limit: 2000

Attachments

- **Attach supporting documentation here (i.e., planning documents, receipts, invoices, proof of payment, photo monitoring, contracts, agreements, flyers, baseline data, survey reports, other supporting data, etc.).**
- **Similar receipts may be clumped into one line item attachment.**
- **All charges in part by ODFW and another funding source must clearly indicate the portion that ODFW funds were used towards.**

Optional Document URL

If larger documents are stored in an accessible location such as Dropbox, you may enter the url here.

Character Limit: 2000

Attachment 1
File Size Limit: 10 MB

Attachment 2
File Size Limit: 10 MB

Attachment 3
File Size Limit: 10 MB

Attachment 4
File Size Limit: 10 MB

Attachment 5
File Size Limit: 10 MB

Attachment 6
File Size Limit: 10 MB

Attachment 7
File Size Limit: 10 MB

Attachment 8
File Size Limit: 10 MB

Certification

Grantee Certification*
I declare that the narrative and expenses for this project are true, correct, and complete to the best of my knowledge.

Choices
Yes

Grantee Authorized Representative*
Character Limit: 200