

Lake Erie Protection Fund

**Interim Report &
Fiscal Update**

| |
|--|
| For office use only - _____ _____ _____ _____ |
|--|

This form must be used to make interim report and request payment. No recreations of this form or any alternative forms will be accepted. 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, Lake Erie Protection Fund, One Maritime Plaza, Fourth Floor, Toledo, OH 43604-1866.

PLEASE NOTE: PRINT OR TYPE CLEARLY

Grant number assigned by Lake Erie Commission: _____

Project Title: _____

Applicant Organization: _____

Address: _____

Phone: _____

Amount of Payment Request: _____ 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.

LAKE ERIE PROTECTION FUND

SMALL GRANT - INTERIM REPORT BUDGET

Grant Number:

v2008

| Budget Categories | Project 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) | | | | |

Ohio Lake Erie Commission
 One Maritime Plaza, 4th Floor
 Toledo, OH 43604
 p 419-245-2514
 f. 419-245-2519
www.epa.state.oh.us/oleo

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.

Project Director _____
 Authorizing Agent _____
 Fiscal Agent _____

Date

Fiscal Report 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 - usually 70% of the project budget.

Funds Spent – Detail the funds spent to date.

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