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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Watershed semi-annual report*Doc Type: Semi-Annual Report*  |

**Please complete and submit to your project manager.**

Reporting Period: [ ]  January 1 through June 30 (Due August 1)

 [ ]  July 1 through December 31 (Due February 1)

All information is required by the U.S. Environmental Protection Agency (EPA) and the Minnesota Pollution Control Agency (MPCA). Do not leave blanks (unless otherwise noted). This report form can be typed using your computer. Use the ***tab*** key to move through the fields of this form. Enter responses using text and check boxes as indicated. Keep a copy for your records.

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| I. | General report information |
| 1. | Project title: |       |
| 2. | Project sponsor (Grantee): |       |
| 3. | Contact name: |       |
| 4. | Email address: |       |
| 5. | Funding: | [ ]  319 [ ]  CWP Loan [ ]  Clean Water Fund [ ]  Other: |       |
| 6. | Contract number: |       |  |
| 7. | MPCA Project Manager: |       |
| 8. | Effective date (mm/dd/yyyy): |       | Expiration date (mm/dd/yyyy): |       |
| II. | Semi-annual report information |
| **1.** | **Project activities completed during last six (6) months according to the program objectives or tasks (please be specific):**      |
| **2.** | **List all products (documents, pamphlets, videos, maps, etc.) produced in this reporting period:**      |
| **3.** | **Challenges faced (optional):**      |
| **4.** | **Summary of monitoring data collected (if applicable):**      |
| **4a.** | **Have all monitoring stations been established in EQuIS?** [ ]  Yes [ ]  No [ ]  N/A |
| **4b.** | **Are the data being routinely submitted for storage into EQuIS?** [ ]  Yes [ ]  No [ ]  NA  |
|  | If yes, last submittal date (mm/dd/yyyy): |       |  |
| **5.** | **Are the Best Management Practices data being annually entered into eLINK)?** [ ]  Yes [ ]  No [ ]  N/A |
|  | If yes, date last entered (mm/dd/yyyy): |       |  |

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| **6.** | **Describe specific (quantifiable, if possible) results achieved during this period:**      |
|  | Phosphorus Load Reduction: |       | lbs./year |
|  | Nitrogen Load Reduction: |       | lbs./year |
|  | Sediment Load Reduction: |       | lbs./year |
| **7.** | **Did the MPCA execute a change order or amendment for this project during this reporting period?** **Yes** [ ]   **No** [ ]  |
|  | **If yes, summarize those changes:**      |
| **8** | **List anticipated program objectives or tasks to be completed during the next six (6) months please be specific):**      |
| III. | Expenditure information for this period |
|  | Provide a copy of your workplan budget showing cumulative expenditures and budget balances by workplan objective and task. Also, fill out the summary below.  [ ]  Expenditure report attached |
|  | **Complete the table below:** | **Amount** |
|  | Total grant amount |       |
|  | Total match amount (if applicable) |       |
|  | **Total project amount** |  |
|  | Grant expenditures this period |       |
|  | Match expenditures this period (if applicable) |       |
|  | Cumulative grant expenditures to date |       |
|  | Cumulative match expenditures to date (if applicable) |       |
|  | **Total cumulative expenditures to date**  |  |
|  | Date form completed (mm/dd/yyyy): |       |