**Farm Bill Survey Report**

|  |  |
| --- | --- |
| **Year:** |  |
| **State:** |  |
| **Cooperative Agreement Name:** |  |
| **Cooperative Agreement Number:** |  |
| **Project Funding Period:** |  |
| **Project Report:** | **Farm Bill Survey Report** |
| **Project Document Date:** |  |
| **Cooperators Project Coordinator:** |  |
| **Name:** |  |
| **Agency:** |  |
| **Address:** |  |
| **City/ Address/ Zip:** |  |
| **Telephone:** |  |
| **E-mail:** |  |

|  |  |
| --- | --- |
| Quarterly Report |  |
| Semi-Annual Accomplishment Report |  |
| Annual Accomplishment Report |  |

1. **Write a brief narrative of work accomplished. Compare actual accomplishments to objectives established as indicated in the work plan. When the output can be quantified, a computation of cost per unit is required when useful.\*(***Use a narrative or insert tables to document completed work. Document work accomplished by the cooperator, as determined by the objectives in the work plan***).**

|  |  |  |
| --- | --- | --- |
| **Funding Amount** | **Total Number of Traps** | **Cost Per Unit** |
| Proposed = | Proposed = | Proposed= |
| Actual = | Actual = | Actual = |

**1. Survey methodology (trapping protocol):**

|  |  |  |
| --- | --- | --- |
|  | **Common Name** | **Scientific Name** |
| **Pest:** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Proposed** | **Actual** |
| **Sites (Locations):** |  |  |
| **Traps:** |  |  |

|  |  |
| --- | --- |
| **Number of Counties:** |  |
| **Counties:** | *(List counties here)* |

**2. Survey dates:**

|  |  |  |
| --- | --- | --- |
|  | **Proposed** | **Actual** |
| **Survey Dates:** |  |  |

**3. Benefits and results of survey:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Positive** | **Negative** | **Total Number** |
| **Traps** |  |  |  |

**4. Database submissions:**

1. **If appropriate, explain why objectives were not met.\* (***Provide a narrative in this section if the stated objectives from work plan are not completed. For example: if a survey or other activity was delayed or cancelled due to weather or other factors indicate the reasons here.***)**
2. **Where appropriate, explain any cost overruns or unobligated funds in excess of $1,000. \* (**Required for Final Reporting. Report on semi-annual report if information is available.**)**

**\**indicates information is required per 7 CFR 3016.40 and 7 CFR 3019.51***

**Approved and signed by**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cooperator**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADODR**