***Wallace Center Quarterly Subawardee Reporting Template***

**Project Title: Farmer Conservation Leader Subaward Program**

**Organization:**

**Dates covered by this report:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Project Implementation

1. Describe the work accomplished in the last quarter by your organization and any subawardees/partners, including any major learnings and any challenges with project implementation. Also describe any monitoring or evaluation you have completed, including results of your analyses. (***Please include photographs when possible***)
2. Please provide copies of or links to any media coverage or communication products developed during this period.
3. Are proposed outputs/outcomes being met as scheduled?

Yes

No (***Explain why proposed outputs/outcomes were not met and provide an updated milestone table)***

1. Please outline the work projected for the next reporting period. Brief bullet points encouraged.

Data Collection & Monitoring

1. Do you have any farmer practice adoption or acres with new practices to report for this project period?

Yes (please list below)

No

1. Did you host any events in the last quarter?

Yes (Please complete the following table, adding rows as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Event | Event Date | Total Event Participants | Brief description of event |
|  |  |  |  |
|  |  |  |  |

No

1. If you are doing water quality or soil sampling, put the number of water bodies, segments, or fields you monitored below:

\_\_\_\_\_\_\_(number) water bodies and/or segments with improved understanding of water quality conditions and/or an improvement in a physical, chemical, and/or biological water quality parameter

\_\_\_\_\_\_\_ (number) fields with improved understanding of soil conditions

1. Are you monitoring according to your approved Quality Assurance Project Plan (not yet applicable)?
2. Are there any changes/modifications that need to be made to your approved Quality Assurance Project Plan (QAPP, not yet applicable)?

Admin & Financial

1. Are there any budget changes of over 10% between budget categories?

Yes (***Please include a brief description of any anticipated budget modifications and follow-up with your Wallace Center point of contact to discuss modification options***)

No

1. Have there been any personnel changes on your project team?

Yes (***Please name any new or departing team members***)

No

1. Administrative oversight of any lower-tier subawards (if applicable): Please describe monitoring activities completed under 2 CFR 200.331(d) (<https://www.govinfo.gov/app/details/CFR-2023-title2-vol1/CFR-2023-title2-vol1-sec200-331>).
   1. Summaries of results of reviews of financial and programmatic reports.
   2. Summaries of findings from site visits and/or check in calls to ensure effective subrecipient performance.
   3. Actions your organization has taken to address any issues such as those specified at [2 CFR 200.332(e)](https://www.ecfr.gov/cgi-bin/text-idx?SID=f83de01c3a68cc882488fe5e17a3b7eb&mc=true&node=se2.1.200_1332&rgn=div8), [2 CFR 200.208](https://www.ecfr.gov/cgi-bin/text-idx?SID=a87e681347ff07df5e3e58d9d7e87ad9&mc=true&node=se2.1.200_1208&rgn=div8) and [2 CFR 200.339](https://www.ecfr.gov/cgi-bin/text-idx?SID=4100bbb3bcb8336a489c87627efac974&mc=true&node=se2.1.200_1339&rgn=div8).
2. Did you procure any goods or services from **certified** minority owned business enterprises or woman owned business enterprises? [There is no centralized database, but there are often state-based databases. The vendor should also know if they are one.]

Yes (***Please list below***)

No or unknown