

EXHIBIT A: ATTACHMENT 7 SAMPLE SEMI-ANNUAL REPORT

SEMI-ANNUAL REPORT #:
CALFED SCIENCE PROGRAM PROJECT NUMBER:
PROJECT TERM:
PROJECT TITLE:

GRANT RECIPIENT CONTACT INFORMATION

Program Administrator

NAME:
INSTITUTION:
ADDRESS:
PHONE:
EMAIL:

Lead Investigator

NAME:
INSTITUTION:
ADDRESS:
PHONE:
EMAIL:

GRANTING PROGRAM CONTACT INFORMATION

Technical Grant Manager

NAME:
TITLE:
AGENCY:
ADDRESS: 650 Capitol Mall, 5th Floor, Sacramento, California 95814
PHONE:
ADDRESS:
PHONE:
EMAIL:

Grant/Administrative Contact

NAME:
TITLE:
AGENCY:
ADDRESS: 650 Capitol Mall, 5th Floor, Sacramento, California 95814
PHONE:
E-MAIL:

Funding Source:

Project Location:

Brief Description of Project:

Primary Objective to be Achieved:

BUDGET SUMMARY (All tasks should exactly match those identified in the project Scope of Work.)

TASK/SUBTASK	% COMPLETE (BY DOLLARS)	AMOUNT INVOICED (CURRENT FISCAL YEAR)	AMOUNT INVOICED TO DATE (ALL YEARS)	AMOUNT REMAINING IN AGREEMENT	PROJECTED EXPENDITURES (REMAINDER OF STATE FISCAL YEAR)
Task 1					
Task 2					
Task 3					
Totals					

PROJECT STATUS TO DATE (BY TASK)

This section should be a cumulative overview of the activities performed to date and include both current and past information for each task. Please list all new information at the top of each task section so that it is clear which information is the most recent. Please keep all new information brief yet detailed enough so the technical grant manager can determine your progress (e.g. a paragraph or two of new information for each task should suffice). At the end of the project, this section will serve as a full historical record of all activities performed on the project.

TASK 1:

TASK 2:

TASK 3:

PROJECT-WIDE STATUS

ACHIEVED OBJECTIVES, FINDINGS, AND CONTRIBUTIONS:

PROBLEMS OR DELAYS ENCOUNTERED:

DELIVERABLES:

PERSONNEL CHANGES:

GRANT AGREEMENT MODIFICATIONS:

NOTES / OTHER: