



For office use only  
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## Interim Report & Fiscal Update Form

***This form must be used for all interim reports. Absolutely 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 share this report with your Agency Advisor.

**PLEASE NOTE: PRINT CLEARLY OR TYPE**

Grant number assigned by Lake Erie Commission: \_\_\_\_\_

Project Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Federal Tax ID (Required): \_\_\_\_\_

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**Project Director:** \_\_\_\_\_

Title: \_\_\_\_\_

**Authorizing Officer:** \_\_\_\_\_

Title: \_\_\_\_\_

**Fiscal Agent:** \_\_\_\_\_

Title: \_\_\_\_\_

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1. Give a *brief* overview of the work that has been completed.



# LAKE ERIE PROTECTION FUND

## SMALL GRANT - INTERIM REPORT BUDGET

Grant Number:

v2010

Budget Categories	Project Budget	Initial Payment	Funds Spent	Current Balance
<b>A. Salaries &amp; Wages</b>				
<b>B. Fringe Benefits</b>				
<b>C. Total Salaries &amp; Benefits (A+B)</b>				
<b>D. Non-expendable Equipment</b>				
<b>E. Expendable Materials &amp; Supplies</b>				
<b>F. Travel</b>				
<b>G. Services or Consultants</b>				
<b>H. Computer Costs</b>				
<b>I. Publications/Presentations</b>				
<b>J. All other direct costs</b>				
<b>K. Total Direct Costs (C thru J)</b>				
<b>L. Indirect Costs</b>				
<b>Total Costs (K + L)</b>				

Ohio Lake Erie Commission  
 One Maritime Plaza, 4th Floor  
 Toledo, OH 43604  
 p 419-245-2514  
 f. 419-245-2519  
 lakeerie.ohio.gov

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.

	Date
Project Director _____	_____
Authorizing Agent _____	_____
Fiscal Agent _____	_____



## **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.