



**National Marine Sanctuary Foundation
Financial and Narrative Report**

Type of Report: _____ Interim Report _____ Final Report

Date Submitted: _____

Reports are due on February 1 and August 1.

Organization Name: _____

Project Title: _____

Amount of Award: _____

Contact Information:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Return Report to:

**Grant Manager
National Marine Sanctuary Foundation
8601 Georgia Avenue, Suite 501
Silver Spring, MD 20910**

Or e-mail to: grants@nmsfocean.org

**National Marine Sanctuary Foundation
Financial Report**

Organization Name:
Project Title:

Total Amount of Award: _____

Amount Expended during this reporting period: _____

Amount Expended in each of the following classes:

Personnel:	_____
Fringe Benefits:	_____
Travel:	_____
Equipment:	_____
Supplies:	_____
Contractual:	_____
Other:	_____

Amount of Budgeted Funds Awaiting Expenditure: _____

**Have there been any changes in expenditure by category or amount?
If so, please explain and provide appropriate documentation:**

**National Marine Sanctuary Foundation
Narrative Report**

Organization Name:

Project Title:

Highlights of Work Accomplished during the Reporting Period:

Issues Encountered during the Reporting Period:

Work projected for the remainder of the Funding Period:

Is project work on time?