

**QUARTERLY REPORT FORM
NOXIOUS WEED PROGRAM GRANTS
COLORADO DEPARTMENT OF AGRICULTURE**

1. Report is for the quarter of _____ (month) to _____ (month), __2025_____
(year)

Date submitted _____6/30/25_____ Grantee Organization ___ City of

Lakewood _____ Project Manager _____ USFS Representative
(if applicable)_____

2. Summary of significant grant-related activities underway and/or completed during this period (feel free to reference your Performance Activities in your Statement of Work):

a. No work has been done, we are looking to make proposed modifications here soon.

b.

c.

3. Have you taken any photos of your sites yet? Don't forget! A minimum of 1 photo per species/treatment is required, and before/after shots tell a great story.

No

4. Have you viewed the required 2023 Grants Webinar and answered the corresponding questions?

5. Proposed Modifications (if any)

N/A

6. Budget summary for this quarter

Expenses by category	Subject to reimbursement	Matching expenses
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
SUM FOR THIS QUARTER	\$0	\$0

INSTRUCTIONS FOR FILLING OUT THE FORM

Please expand the form as needed for your purposes – add or subtract line items; you can add rows to the budget table by placing the cursor on the right-hand side, outside of the cell, and enter Return.

- Part 1: Enter the months of the quarter as it is defined on the Statement of Work. The date submitted is the date you sent the form to the CDA project.
- Part 2: Summarize the major activities and accomplishments which occurred during this quarter and which are directly related to the grant. For example, “treated musk and scotch thistle populations along county roads in eastern and southern part of the county”, or “organized and sponsored a landowner weed workshop on June 7th in Ridgway with 40 people in attendance.” Feel free to reference your Performance Activities and list specifics under each.
- Parts 3 & 4: Answer Yes or No to these questions and add any relevant additional information.
- Part 5: Describe any significant changes that may be necessary as the project progresses. For major changes (in activities or over 10% of your total budget) to be reimbursed, you’ll need to discuss beforehand with your CDA project manager, who’s listed in the statement of work that’s attached to your Purchase Order agreement. Be sure to explain the reason this proposed modification would be needed.
- Part 6: Use the table to summarize expenses and match incurred during this quarter only. Enter expenses by category, such as: supplies & materials, personnel, contracted services, etc. Expenses that are “subject to reimbursement” are expenses you’ve listed in your budget that you intend to have reimbursed by CDA. “Matching expenses” are cash or in-kind services that are provided by you or your partners in the grant.

For multi-entity grantees, please sum your expenses so they fit on this form; report forms from each of the entities within a partnership grant are not required.