

SCC Grants Grantee Onboarding

December 1, 2025



Congratulations!



Thank you!

Resources

Grantee Manual

Your Project Manager



State of California

California State Coastal Conservancy

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Grantee Manual

Congratulations on your Coastal Conservancy grant award! This Grantee Manual tells you, the grant recipient, what to expect as you manage your Conservancy grant. It also provides links to key documents we, the Coastal Conservancy, may require as part of your grant. The Grantee Manual is arranged by chapters that address key questions you may have about your Conservancy grant.

The rules and processes described in this manual are designed to help your grant-funded project be a success, ensure timely payments to you, and help your grant pass an audit without problems (all Coastal Conservancy grants can be audited by the State's Department of Finance, either during or after the completion of the grant-funded project).

A flow chart of the steps and responsibilities in managing a Conservancy grant [can be found here](#).

A series of short videos explaining the steps in managing a grant [can be found here](#).

Contact your Conservancy Project Manager if you have questions about your Conservancy grant. We are here to help you and make sure your project is a success!

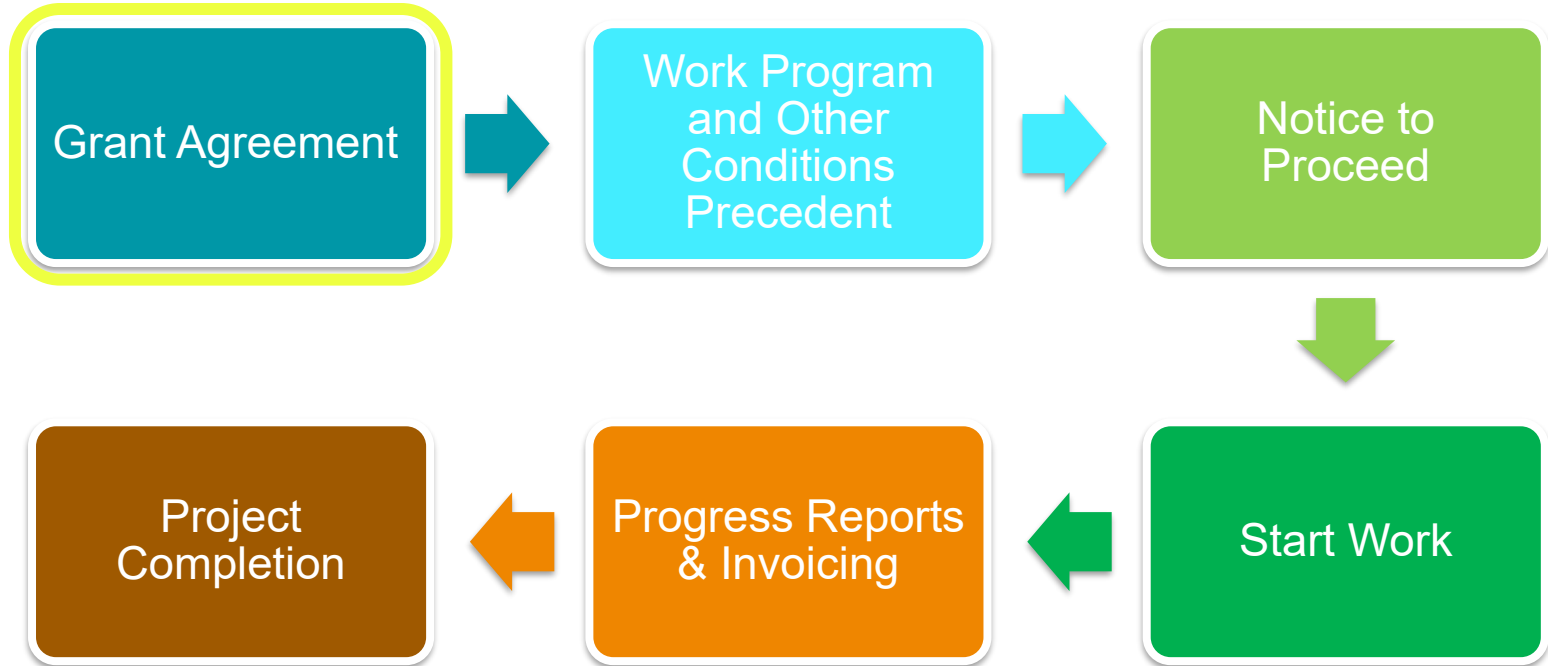
1. [How do I get my grant?](#)
2. [When can I start work under my grant?](#)
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[The full Grantee Manual can be viewed and downloaded here.](#)

Acquisition Projects (unique)



The Conservancy approved your grant, now what?



Grant Agreement

- Payee Data Record (Standard 204 Form)
- Three important dates:
 - Completion Date (when work must be complete)
 - Final Request for Disbursement Date (final invoice date)
 - Termination Date (when grant will close)
- Your grant agreement has a # GXX-XXX that will be used on future documents

Next up... Conditions Precedent to Disbursement



Conditions Precedent to Disbursement

- Grantee Board Resolution
- Proof of Insurance
- A statement identifying and confirming all permits and approvals have been obtained (for implementation)
- Work Program
 - Budget
 - Subcontractors
 - Plan for acknowledgement

Grantee Board Resolution

Authorizes a designated person to act as a representative of the grantee

[Here's a template you can use](#)

Sample Resolution

Resolution No. _____

Resolution of the _____ [City Council/Board of Supervisors/Board of Nonprofit Organization/etc.]

Approving the Grant of Funds from the
State Coastal Conservancy

For _____ [project title]

WHEREAS, the Legislature of the State of California has established the State Coastal Conservancy ("Conservancy") under Division 21 of the California Public Resources Code, and has authorized the Conservancy to award grants to public agencies and nonprofit organizations to implement the provisions of Division 21; and

WHEREAS, the Conservancy awards grants for projects that it determines are consistent with Division 21 of the Public Resources Code and with the Conservancy's Strategic Plan and that best achieve the Conservancy's statutory objectives, in light of limited funding.

WHEREAS, at its _____, 20__ meeting, the Conservancy adopted a resolution authorizing a grant to _____ [insert name of grantee] ("grantee") for _____ [insert name of project] ("the project"). The resolution was adopted by the Conservancy pursuant to and is included in the Conservancy _____, 20__ staff recommendation, a copy of which is on file with the grantee and with the Conservancy.

WHEREAS, the Conservancy requires that governing body of the grantee certify through a resolution that it approves the award of Conservancy grant funding and authorizes the execution by a representative of the grantee of a grant agreement on terms and conditions required by the Conservancy grant agreement no. ____.

Proof of Insurance

- \$2,000,000 in liability for construction
- \$1,000,000 in liability for planning
- May need bonding and/or lien release depending on your project (if >\$250k).

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/25/2016		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION is WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER Fidelity Insurance Service a member of United Valley 801 Allston Way Berkeley CA 94710 INSURED California Wildlife Foundation 428 13th Street, #10A Oakland CA 94612		CONTACT NAME: Aliyyah Harvey PHONE: (510) 548-8200 FAX: (510) 548-8145 E-MAIL: aharvey@fidelityinsuranceservice.com ADDRESS: aharvey@fidelityinsuranceservice.com INSURER(S) AFFORDING COVERAGE INSURER A: Employers Compensation Ins. NAIC # INSURER B: NIAC 99998 INSURER C: INSURER D: INSURER E: INSURER F:				
COVERAGES		CERTIFICATE NUMBER: CL16102508292		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
LINE	TYPE OF INSURANCE	DOES SUBG	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROD. <input type="checkbox"/> ADJT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	201616063890	7/20/2016	7/20/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	201616063890	7/20/2016	7/20/2017	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> SCD <input type="checkbox"/> RETENTION \$	X	201616063890	7/20/2016	7/20/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	PH033110012	11/1/2016	11/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The State of California, its officers, agents and employees are named additional insured, per the attached endorsement.						
CERTIFICATE HOLDER				CANCELLATION		
California State Coastal Conservancy Attn: Marilyn Latta 1330 Broadway, 13th Floor Oakland, CA 94612-2512				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Aliyyah Harvey/AH		

Common insurance minimums

General Liability: (Including operations, products and completed operations, as applicable)	\$2,000,000 per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit must apply separately to the activities under this agreement, or the general aggregate limit must be twice the required occurrence limit.
Automobile Liability	\$1,000,000 per accident for bodily injury and property damage.
Worker's Compensation and Employer's Liability	Worker's compensation as required by law and Employer's Liability of no less than \$1,000,000 per accident for bodily injury or disease.
Watercraft Liability (for private vessel) coverage, if required under 1.d., above	In the following amounts: a. Vessels under 26 ft.: \$1,000,000 combined single limit. b. Vessels over 26 ft. or vessel involved in research: \$2,000,000 combined single limit.
Course of Construction:	"All Risk" (Special Perils) coverage form, with limits equal to the completed value of the project with no coinsurance penalty provisions.
Property Insurance	90 percent of full replacement cost of the facilities or structures.

Questions



Work Program

Purpose

- Project roadmap
- Tasks, deliverables, schedule, and a task-level budget
- Shared understanding with Conservancy PM
- Living document; can be modified

Link to work program [here](#)

WORK PROGRAM

[Context for the Work Program: The Work Program is a very important roadmap for what you will accomplish with your grant. It details the specific tasks, deliverables, project schedule, and a task-level budget for your funded project. This work program is important when you are billing to your grant; you will use all the tasks and the task-level budget in your invoices.]

Grantee Name [FILL IN]

Project Name [FILL IN]

Conservancy Grant Agreement # XX-XXX [FILL IN]

Today's Date [FILL IN]

I. PROJECT DESCRIPTION

The purpose of this project is _____. The Grantee will _____. [The project description should reflect the scope of work in the grant agreement. It can be more detailed but not different than the scope.]

Work Program: Project Description

Concise, high-level summary of your project

PROJECT DESCRIPTION

goal



The purpose of this project is the enhancement of approximately three acres of the existing back dunes at Bruce's Beach in Manhattan Beach from approximately 36th Street to 23rd Street, within 0.6 miles of coastline. The restoration project will involve the removal of non-native vegetation, seeding/planting of native vegetation, strategic installation of sand fencing and other features to help establish vegetation, installation of symbolic fencing, and installation of educational features like interpretive signage.

steps
towards
goal



Work Program: Scope of Work

- Task 2 Name of Task**

- [Insert description of the work that will be completed for this task. Use subtasks only if necessary. Deliverables are products, not actions, that are submitted to the project manager that demonstrate project milestones or effectiveness, such as plans, reports, photos, etc.]

- Subtask 2.1

- [Insert brief description]

- Subtask 2.2

- [Insert brief description]

- Task Deliverable(s):**

- [Deliverables are products, not actions, that can be emailed to your project manager to demonstrate that you are meeting project milestones. For Task 1 Project Management, please keep the deliverables written in black text. For all other Tasks, you may choose what deliverables you will submit to your Conservancy Project Manager.]

Work Program: Schedule

Task Number	Task Title	Deliverable	Estimated Start Date	Estimated Completion Date
1	Project Management	<ul style="list-style-type: none"> Progress reports, invoices, (submitted quarterly) and subcontract documentation. 	Not Applicable	Monthly throughout the contract term
2	Restoration Planning and Monitoring	<ul style="list-style-type: none"> Complete baseline wetland condition assessment report (CRAM) Complete annual shorebird monitoring reports (2) and submit data (<u>EcoAtlas</u>) Complete quarterly water quality and trash monitoring assessment Complete post-project wetland assessment report (CRAM) 	June 2023 May 2023 June 2023 Feb 2025	Sept 2023 Jan 2024/2025 Quarterly July 2025
3	Invasive Plant Eradication	<ul style="list-style-type: none"> Conduct surveys to update distribution map of target invasive plant species. Assess treatment priorities and develop treatment schedule. Eradicate 11, and control 5, nonnative, invasive plant species across the 650-acre Project Area 	June 2023 August 2023 Sept 2023	Ongoing Sept 2023 August 2025

Work Program: Budget

Simplicity allows flexibility

Task Number	Task Title	Coastal Conservancy Grant
1	Project Management	\$37,250
2	Planning	\$12,386
3	Construction	\$89,565
4	Community Engagement	\$12,500
	Indirect Cost Rate (18%)	\$27,199
TOTAL		\$178,900

Work Program: Budget Details

A. Grantee Expenditures

1. Direct Expenditures

- Materials/Supplies
- Mileage/Travel
- Equipment
- Food

2. Staff time, Stipends

B. Subcontractors

C. Indirect Costs

See budget guidelines [here](#)

**Updated*



Work Program: Plan for Acknowledgement

Examples:

- Signage or other interpretive elements
- Social media posts
- Website announcements
- Press releases
- Program brochures



Note: we understand that the Conditions Precedent may take a lot of staff time, so talk to your SCC Project Manager about charging some staff time to your grant before you get your Start Work letter.

Logos [guidance](#) & [images](#) on our website



Next up... Notice to Proceed



Notice to Proceed or “Start Work” Letter



start work date

February 27, 2024

Roxanne Avant
Urban Surf 4 Kids
9380 Activity Road Ste H.
San Diego, CA 92126

Re: Unlocking the Ocean Surf Therapy, SCC Grant Agreement No. 23-042,
Approval to Start Work

Dear Ms. Avant,

In accordance with our Grant Agreement No. 23-042, this letter provides written approval of the Conditions Precedent as described below.

Condition 1: A resolution designating positions whose incumbents are authorized to negotiate and execute this agreement and amendments to it on behalf of the grantee has been submitted.

Condition 2: The Work Program dated February 14, 2024, as attached, is approved. All contractors retained in connection with the project thus far have been approved. The plan for acknowledging the Conservancy's assistance in Work Program is approved.

Condition 3: The grantee has the required insurance coverage, including the additional insured endorsement. Acquiring permits to host the surf camps on southern California beaches is part of the project and will be submitted to the Conservancy Project Manager when they are received.

Having satisfied the conditions above, you may begin project implementation in accordance with the approved Work Program. I look forward to working with you on this great project!

Sincerely,

Bryce Keyes

Bryce Keyes
Project Manager

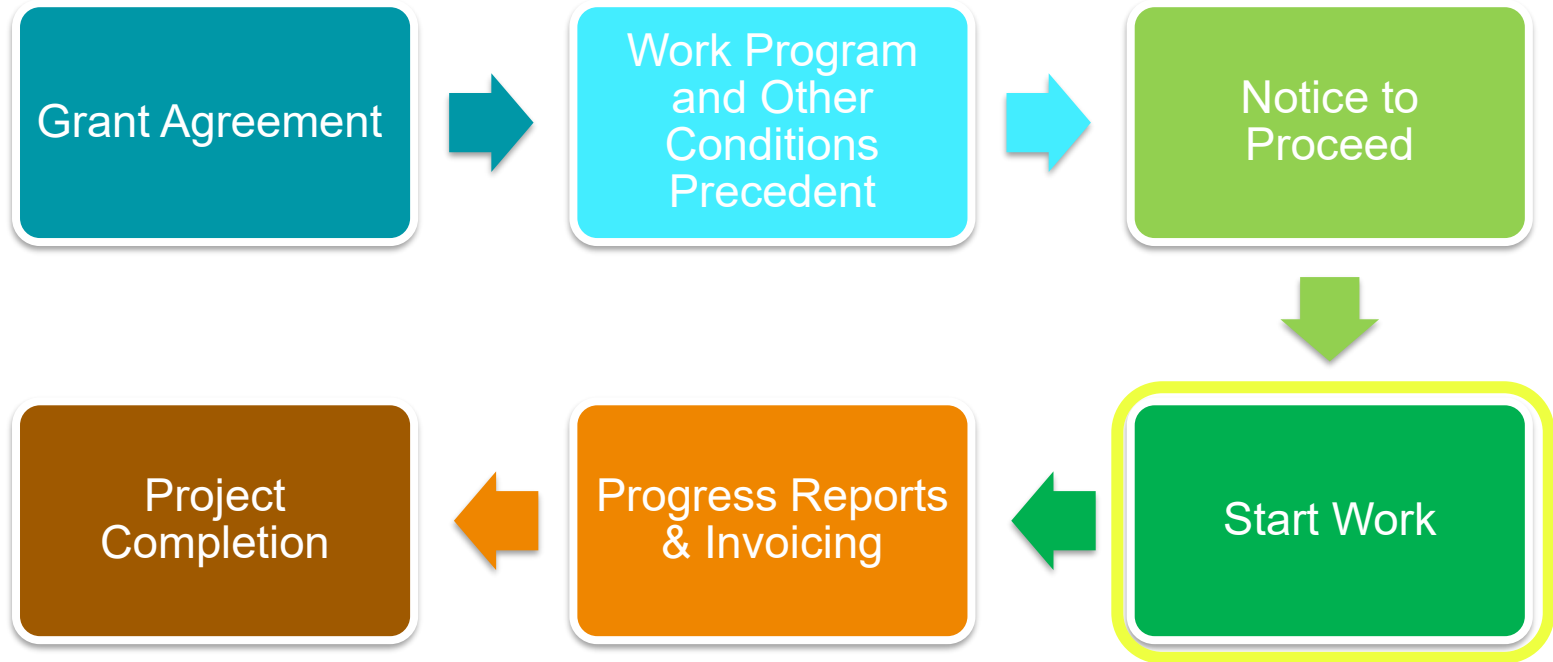
Greg Gauthier

Greg Gauthier
Deputy Regional Manager

Attachment: *Urban Surf 4 Kids Work Program 2.14.2024*

1515 Clay Street, 10th Floor
Oakland, California 94612
510-286-1015

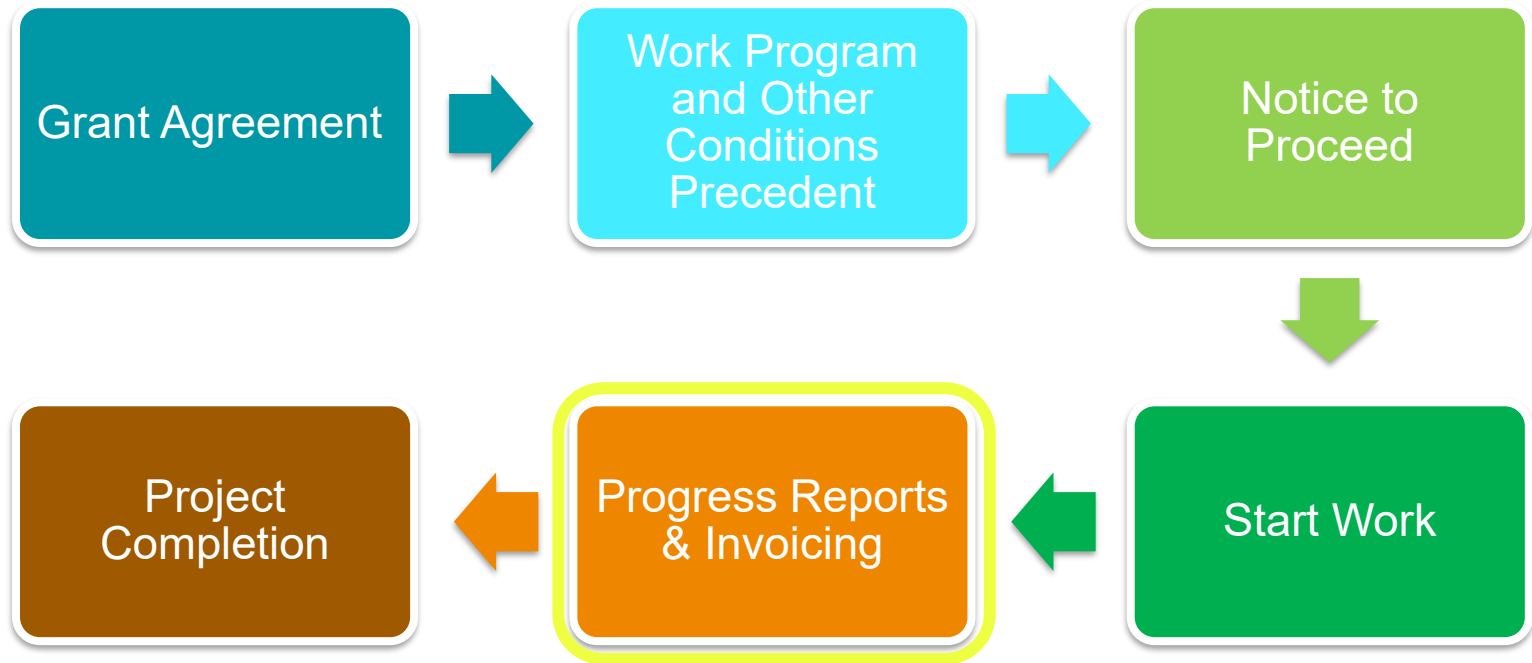
Now you can start work!



Questions



Next up... Progress Reports & Invoicing



Invoicing- *How do I get paid?*

When?

- Submit invoices no more frequently than monthly, **no less than quarterly**
- Invoicing deadlines are enforced and falling behind can result in a “stop work”
- First invoice period starts at start work letter date
- Invoices cannot cross over into a new fiscal year: FY = July 1 to June 30

What?

Invoice = Progress Report + RFD + backup documentation

RFD = [Request for Disbursement Form](#)

- Combine all docs into a single PDF and email to invoices@scc.ca.gov and cc your project manager
- Send deliverables separately to your PM

REQUEST FOR DISBURSEMENT FORM - GRANTS

Name of Grantee:		Agreement No.		Invoice No.	
Address (include zip code):		Project Name:			
		Billing Period Covered:			
		From:		To:	
Work Program Task Number and Name	Task Budget	Costs Incurred this Period	Total Cost to Date	Remaining Balance	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
Subtotal Tasks	\$0.00	\$0.00	\$0.00	\$0.00	
Excel & PDF formats available on website linked here				\$0.00	
		\$0.00	\$0.00	\$0.00	
Total Paid to Date			\$0.00		
Maximum Paid to Date allowed before final invoice			\$0.00		
RELEASE OF WITHHOLDING	Final invoice <input type="checkbox"/>				
TOTAL AMOUNT REQUESTED		\$0.00			
Attach Progress Report, all receipts of expenditures, and other supporting documents required.					

	Form will autocalculate fields highlighted in green.
	From Work Program, should be the same for each invoice

(A) GRANTEE EXPENDITURES:

(1) Labor - Description (Job Title)	Hourly Rate	No. Hours Worked	Task No.(s)	Amount
SUBTOTAL SECTION 1				\$0.00
(2) Subcontractors -- Company Name	Invoice #	Task No.(s)	Amount	
SUBTOTAL SECTION 2			\$0.00	
(3) Direct Costs: Materials, Equipment, Travel, Etc.	Vendor/ Invoice#	Task No.(s)	Amount	
SUBTOTAL SECTION 3			\$0.00	
SUBTOTAL (1-3)			\$0.00	
(B) INDIRECT COSTS - Indirect Cost Rate _____% (fill in if applicable)				
GRAND TOTAL (A 1-3 + B)*			\$0.00	

NOTE: *Should agree with Total for Costs Incurred This Period on page 1
Form will autocalculate fields highlighted green.

RFD Page 1

This side of the form summarizes the expenses from the billing period and funds spent to date

The address must match your STD
204 form (Payee Data Form)

Task #, name, and budget must match your approved Work Program

Withholding = final 5% or \$100k,
whichever is less

Name of Grantee:		Agreement No.	Invoice No.	
Address (include zip code):		Project Name:		
		Billing Period Covered:		
		From:	To:	
Work Program Task Number and Name	Task Budget	Costs Incurred this Period	Total Cost to Date	Remaining Balance
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Subtotal Tasks	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect Rate _____ % (fill in if applicable))				\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00
Amount withheld to date, if applicable:				
Total Paid to Date			\$0.00	
Maximum Paid to Date allowed before final invoice			\$0.00	
RELEASE OF WITHHOLDING	Final Invoice <input type="checkbox"/>			
TOTAL AMOUNT REQUESTED		\$0.00		
Attach Progress Report, all receipts of expenditures, and other supporting documents required.				
<div>Form will autocalculate fields highlighted in green.</div> <div>From Work Program, should be the same for each invoice</div>				

RFD Page 2

This page breaks down the expenses listed on Page 1 as follows:

(A) Grantee Expenditures

(1) Labor: Breakdown of labor costs by staff title, rate, and hours worked

(2) Subcontractors: list invoices

(3) Direct Costs: list materials, equipment, travel costs

(B) Indirect costs- rate must match Work Program

You must provide backup for all expenditures in section (A) (2) and (3)

State of California, State Coastal Conservancy, Rev. SCC-1 (6/05)

(A) GRANTEE EXPENDITURES:				
(1) Labor - Description (Job Title)	Hourly Rate	No. Hours Worked	Task No. (s)	Amount
SUBTOTAL SECTION 1				\$0.00
(2) Subcontractors - Company Name	Invoice #	Task No. (s)	Amount	
SUBTOTAL SECTION 2				\$0.00
(3) Direct Costs: Materials, Equipment, Travel, Etc.	Vendor/ Invoice#	Task No. (s)	Amount	
SUBTOTAL SECTION 3				\$0.00
SUBTOTAL (1-3)				\$0.00
(B) INDIRECT COSTS - Indirect Cost Rate _____% (fill in if applicable)				
GRAND TOTAL (A 1-3 + B)*				\$0.00

NOTE: *Should agree with Total for Costs Incurred This Period on page 1
Form will autocalculate fields highlighted green.

Total must match page 1

Backup Documentation: Sub-contractors

- Provide subcontractor invoices as backup- must include a description of work completed and fees/cost
- Subcontractor provides a service through a contract with the grantee- examples:
 - Cultural resource specialist
 - Community engagement facilitator
 - Design consultant
 - Project-related technical assistance

Backup Doc Examples: Materials

- Paid receipts
- If purchased online, show "shipped"
- No bank statements
- Save your receipts!

amazon.com

Final Details for Order #112-6229743-4271434

Paid By:
Placed By:
Order Placed: February 21, 2022
Amazon.com order number: 112-6229743-4271434
Order Total: \$137.14

Shipped on February 23, 2022

Items Ordered	Price
1 of: Swingball Championship All Surface Portable Tether Tennis Set - Ages 4+ Sold by: Amazon (seller profile) Business Price Condition: New	\$44.32
Shipping Address:	
Item(s) Subtotal:	\$44.32
Shipping & Handling:	\$5.39
Free Shipping:	-\$5.39
Total before tax:	\$44.32
Sales Tax:	\$3.43
Total for This Shipment:	\$47.75

Shipping Speed:
FREE Shipping

SEAFORTH SPORTFISHING
1717 QUIVIRA RD
SAN DIEGO, CA 92109
619-224-3383

San Luis Receipt

Transaction #: 862832
Date: 1/8/2022 Time: 9:58:16 AM
Cashier: 3 Register #: 4

Item	Description	Amount
Legacy	Legacy Charter	\$1,800.00
Sub Total		\$1,800.00
Total		\$1,800.00
EMV Tendered		\$1,800.00
Card: XXXXXXXXXX5822		
Change Due		\$0.00

Barcode: 582832

COSTCO WHOLESALE

Price List Valid thru 11-4-2022
2345 Fenton Parkway
San Diego, CA 92108
(619) 358-4000

OT Member: 11390533322

E	209072 EGGOS TOST	10.89
E	1212060 KS SMO DRINK	8.99
E	1212060 KS SMO DRINK	8.99
E	237606 GO-GURT	7.69
E	237606 GO-GURT	7.69
E	1136340 DRG DIS APPL	4.49
E	1353251 HL CHEN 300Z	9.89
E	0000274897 /1353251	2.60
E	21272 UNCRUSTIBLES	12.99
E	1136340 DRG DIS APPL	4.49
E	1136340 DRG DIS APPL	4.49
E	1136340 DRG DIS APPL	4.49
E	18600 MANDARINS	8.99
E	18600 MANDARINS	8.99
E	18600 MANDARINS	8.99
SUBTOTAL		109.46
TAX		0.00
**** TOTAL ****		109.46

XXXXXXXXXXXX5822 CHIP Read
AID: A0000000031010
Seq# 10622 App# 217265
Visa Resp: APPROVED
Tran ID# 208600010622...
Merchant ID: 990488

APPROVED - Purchase
AMOUNT: \$109.46
03/27/2022 10:56 488 10 58 362

Visa	109.46
CHANGE	0.00

Backup Doc Examples: Travel Expenses

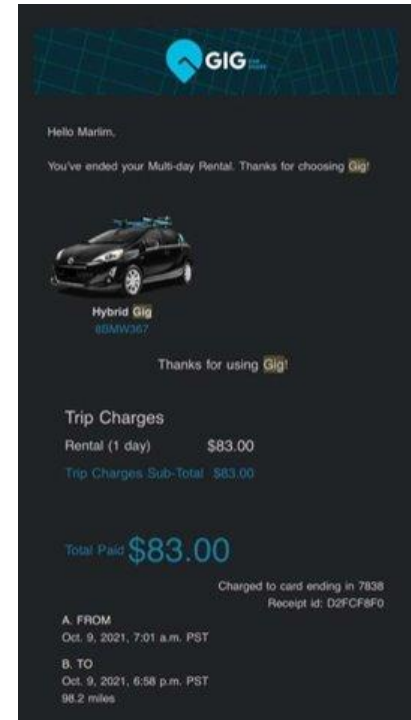
- Personal vehicle mileage reimbursement rate (with travel record)

	To	From	Van	Purpose	Mileage	Amount
4/7/22	Campus Point	PAL Teen Center	Bellota	PAL	43	\$25.16
05/03/22	Ellwood	Tucker's Grove	Bellota	Treefrogs	18	\$10.53
3/14/22	Finney St.	Ennisbrook	Bellota	Treefrogs	33	\$19.31
5/4/22	Goleta Beach	Tucker's Grove	Bellota	Mockingbirds	33	\$19.31
5/19/22	Goleta Beach	PAL Teen Center	Bellota	PAL	34	\$19.89
4/4/22	Hammonds	Ennisbrook	Bellota	Treefrogs	28	\$16.38
4/6/22	Hammonds	Rocky Nook	Bellota	Hérons	40	\$23.40

OR

- Gas (with receipt)
+ rental car cost (if applicable)
- Lodging (hotel receipt)
- Food (pier diem rate)
- Parking and tolls

Link to Travel Reimbursement rates [here](#)



Progress Report

- Use the [template](#)
- PR period same as billing period
- Update on project: overall and progress by task- description of billed costs
- Status of deliverables
- Optional: We love pictures & stories! -> send directly to PM

2. Briefly summarize the work done on each work program task during the billing period for which you are seeking disbursement of funds.

Task 1:

Task 2:

|

Task 3:

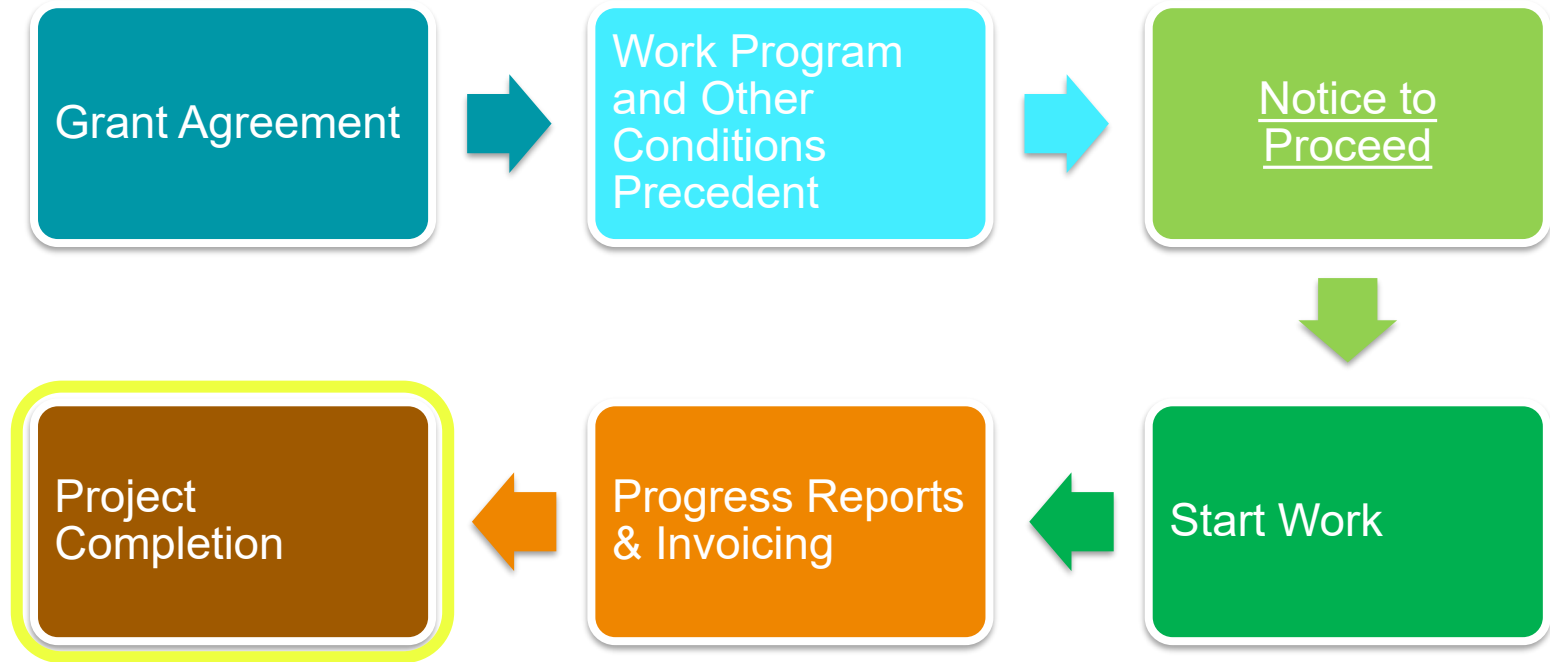
Task 4:

Task	Task Name	Deliverable	Due Date	Included in this Progress Report	Date sent to Project Manager*
1	Project Management [THIS IS A SAMPLE]	Monthly invoice [THIS IS A SAMPLE]	Monthly	yes	Ongoing
2	Conceptual Planning [THIS IS A SAMPLE]	Conceptual plan documents [THIS IS A SAMPLE]	7/1/2025	Already submitted	6/27/2025
3	[ENTER TASK]	[ENTER DELIVERABLE]	[ENTER DATE]	SUBMITTED IN THIS PROGRESS REPORT?	SENT TO PROJECT MANAGER?

Advanced Funds

- Talk to your project manager if reimbursement will be challenging for your grant
- Eligible for grantees serving disadvantaged, low-income, and under-resourced communities or organizations with modest reserves and potential cashflow problems.
- Advanced funds must be in a federally insured, interest-bearing account.
- Deposits, including interest and withdrawals need to be tracked.

Next up... Project Completion



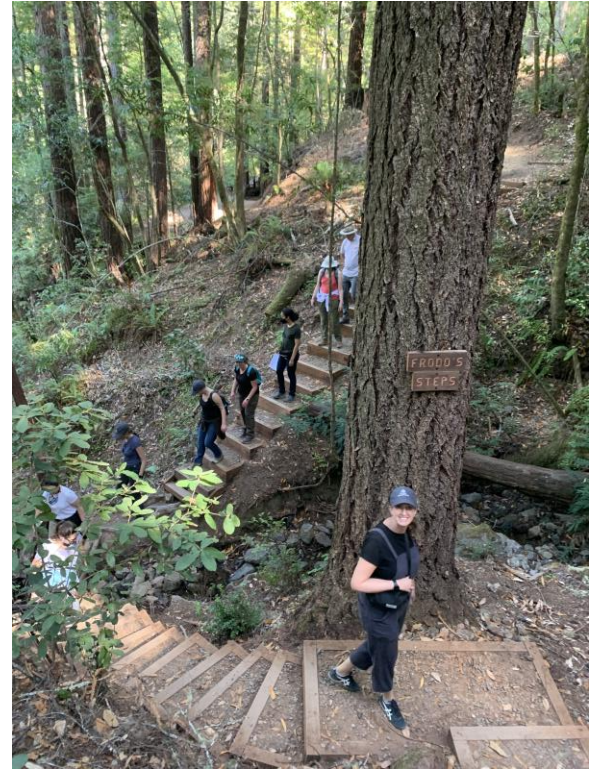
The Life of Your Project

You did it!

Invite us to:

- Site visits
- Community events
- Public events
- Press conferences

And keep in touch 😊



Project Completion

- Submit all deliverables
- Submit final request for disbursement and progress report
 - Request withholding and check “Final Invoice” box

Name of Grantee:		Agreement No.	Invoice No.	
Address (include zip code):		Project Name:		
		Billing Period Covered: From: To:		
Work Program Task Number and Name	Task Budget	Costs Incurred this Period	Total Cost to Date	Remaining Balance
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Subtotal Tasks	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Costs (Indirect Rate _____ % (fill in if applicable))				\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00
Amount withheld to date, if applicable:				
Total Paid to Date			\$0.00	
Maximum Paid to Date allowed before final invoice			\$0.00	
RELEASE OF WITHHOLDING			Final Invoice <input checked="" type="checkbox"/>	
TOTAL AMOUNT REQUESTED		\$0.00		

Attach Progress Report, all receipts of expenditures, and other supporting documents required.

Form will autocalculate fields highlighted in green.
From Work Program, should be the same for each invoice

Resources

Grantee Resources

Index of forms

8) Index of Forms, Guidance and Sample documents

Forms

- [Acquisition Checklist](#)
- [Budget Template](#)
- [Federal Sub-Awardee Questionnaire](#)
- [Progress Report Template](#)
- [Progress Report Template - Explore the Coast Projects](#)
- [Project Report Template - Explore the Coast Final Report](#)
- [Request for Disbursement Form in Excel format](#)
- [Request for Disbursement Form – in pdf](#)
- [RFD/Invoice tracking spreadsheet](#)
- [STD-204 form](#)
- [Work Program Template](#)
- [Explore the Coast Work Program Template](#)

Guidance & Sample Documents

- [Budget guidelines for agencies and universities](#)
- [Budget guidelines for non-profit organizations](#)
- [Explore the Coast Allowable Costs](#)
- [Guidance for Wetland Monitoring](#)
- [Guidance Plan for Signage and Acknowledgement](#)
- [Logo and Signage Guidance](#)
- [Prevailing Wage rules](#)
- [Request for Disbursement Form Instructions](#)
- [Tips for Meaningful Community Engagement](#)
- [Tips for Equitable Workforce Development](#)
- [Travel Reimbursement Guidance](#)
- [Typical Grant Agreement Terms](#)

Sample Documents

- [31116\(d\) agreement](#)
- [Board Resolution - before your grant has been awarded](#)
- [Board Resolution - after your grant has been awarded](#)
- [Documentation of Match Letter](#)
- [Insurance policy certificate](#)
- [Notice to Proceed](#)
- [Request for Disbursement of Withholding](#)

Q & A

