Pennsylvania Department of Environmental Protection

ENVIRONMENTAL EDUCATION GRANTS PROGRAM
MIDTERM PROGRESS REPORT COMPLETION CHECKLIST

Task ID	Task	☑	☒	Reminders/Comments
A.	**Header pg. 1**			
A1.	Enter Organization Name.	☐	☐	
A2.	Enter Grant Agreement Number beginning with C99000. ***Found in the upper left corner of the grant agreement**	☐	☐	
B.	**Midterm Progress Report Scope of Work Benchmark Updates**			
B1.	Benchmarks for work conducted up to the date of reporting are fully stated.	☐	☐	
B2.	Benchmarks demonstrate the work completed to include details such as attendance, scheduling, and/or purchasing. **Example: A. Assessments were developed, submitted to the EEIC for review, and approved on October 22, 2026.**	☐	☐	
B3.	Check the appropriate box to indicate midterm benchmark completion by January 15th.	☐	☐	
	If not, provide explanation to include cause of project delay, measures taken to address the delay, and the date EEIC was notified.	☐	☐	
C.	**Header pg. 2**			
C1.	Enter Organization Name.	☐	☐	
C2.	Enter Grant Agreement Number beginning with C99000. ***Found in the upper left corner of the grant agreement**	☐	☐	
D.	**Benchmark Completion**			
D1.	Check the appropriate box to indicate benchmark completion by June 30th.	☐	☐	
	If not, provide explanation to include cause of project delay, measures taken to address the delay, and the date EEIC was notified.	☐	☐	
E.	**Midterm Project Summary of Accomplishments**			
E1.	Provide a summary of the project to include listing the grant priorities addressed, audience engagement, marketing conducted, workshops held, and project highlights/challenges.	☐	☐	
E2.	Include photos with agency-secured photo releases and/or materials developed for public distribution. ***Funding acknowledgement, found in the EE Grants Manual, is required on all publicly distributed materials, marketing, resources, etc.**	☐	☐	
F.	**Assessment Tool/Evaluation Plan**			
F1.	Check appropriate box to indicate draft assessment tool has/has not been submitted for review.	☐	☐	
	If yes, provide date. If not, attach to midterm progress report.	☐	☐	
G.	**Request for Reimbursement**			
G1.	Check appropriate box to indicate if a request for reimbursement is submitted.	☐	☐	
	If yes, the standardized request for reimbursement form and invoice have been attached.	☐	☐	

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GG. Request for Reimbursement (optional at midterm progress reporting) ****Expenses or match accrued prior to July 1 are ineligible.**				
GG1.	Carefully read and follow the instructions in Tab 1 of the standardized Request for Reimbursement form. Do not modify the form. If additional lines are required, email RA-epEEgrants@pa.gov with requested number of spaces per cost category.	☐	☐	
GG2.	Complete header information. For midterm report, enter Request #1. ***Agreement # is the Grant ID found in the upper left corner of the Grant Agreement beginning with C99000.**	☐	☐	
PEOPLE COSTS				
GG3.	Enter Name and Project Role.	☐	☐	
GG4.	Enter Payment or Date of Service Period the project work was conducted and payment was rendered.	☐	☐	
GG5.	Enter Scope of Work Activity letter for work conducted.	☐	☐	
GG6.	Enter hourly or flat fee rate.	☐	☐	
GG7.	Enter total hours.	☐	☐	
GG8.	If match, enter as cash or in-kind.	☐	☐	
GG9.	Document payment method and date. If match is from a partnering agency, indicate Letter of Commitment. If match is from the applicant, document payment method and date. If match is an unanticipated donation, indicate donation.	☐	☐	
TRAVEL COSTS				
GG10.	Enter name of travelling project person or transportation carrier.	☐	☐	
GG11.	List date of service by month/date/year.	☐	☐	
GG 12.	Enter Scope of Work Activity letter requiring travel.	☐	☐	
GG13.	Enter rate **or** miles/trip. It cannot be both.	☐	☐	
GG14.	If match, enter as cash or in-kind.	☐	☐	
GG15.	Document payment method and date. If match is from a partnering agency, indicate Letter of Commitment. If match is from applicant, document payment method and date. If match is an unanticipated donation, indicate donation.	☐	☐	
RESOURCE COSTS				
GG16.	Refer to EE Grants Manual to ensure resource eligibility.	☐	☐	
GG17.	List item(s) with vendor name.	☐	☐	
GG18.	Enter Scope of Work Activity letter requiring the resource.	☐	☐	
GG19.	List unit cost to include shipping and tax and quantity.	☐	☐	
GG20.	If match, enter as cash or in-kind.	☐	☐	
GG21.	Document payment method and date. If match is from a partnering agency, indicate Letter of Commitment. If match is from applicant, document payment method and date. If match is an unanticipated donation, indicate donation.	☐	☐	

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OTHER COSTS				
GG22.	List item(s) with vendor name.	☐	☐	
GG23.	Enter Scope of Work Activity letter that required the service/item.	☐	☐	
GG24.	Enter unit cost and quantity.	☐	☐	
GG25.	If match, enter as cash or in-kind.	☐	☐	
GG26.	Document payment method and date. If match is from a partnering agency, indicate Letter of Commitment. If match is from the applicant, document payment method and date. If match is an unanticipated donation, indicate donation.	☐	☐	
SUMMARY				
GG27.	Proof that calculations are correct and aligned. Review that all required fields have been accurately populated.	☐	☐	
GG28.	Enter Grant Award Amount and Detailed Budget Match as listed on Detailed Budget Sheet or Scope of Work.	☐	☐	
GG29.	Enter "0" for Prior Funds Requested and "0" for Prior Match Reported	☐	☐	
INVOICE				
GG30.	Complete all fields Under Grantee Information. ***Partner Bank Type is secured by the grantee's financial department and is listed on the submitted application. Vendor ID is shown in the upper right corner of the Grant Agreement.**	☐	☐	
GG31.	Complete all fields in Reimbursement Request. Expense period begins with the first expense and ends with the last expense prior to reporting. **Ex. FROM: July 5, 2026 TO: December 31, 2026** Total Grant Funds requested for Reimbursement and Total Match entered must align with the Request for Reimbursement form and may not exceed 85% of the total funding request awarded.	☐	☐	
GG32.	Complete all fields in Grantee Signature. Must be an **official** electronic signature. If presenting an ink signature, scan and submit as a pdf.	☐	☐	
GG33.	Proofread for accuracy, completed fields, signature, date, and printed name of project director. Remove any information populated in For DEP Use Only fields and ensure Approval boxes have not been cut off the bottom of the form before submission.	☐	☐	
H. Anticipate Exhaust of Funding by June 30th				
H1.	Check appropriate box for spending all funding award.	☐	☐	
	If not, provide explanation to include cause, measures taken to address the budgetary issue, and the date EEIC was notified.	☐	☐	
I. Signature				
I1.	Proof the document for accuracy, details, grammar, and spelling	☐	☐	
I2.	Project Director/Authorized Official signature, printed name, and date.	☐	☐	

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J. SUBMISSION				
J1	Email subject line includes Agency Name and Grant ID beginning with C99000.	☐	☐	
J2.	Email is sent by the Project Director to RA-epEEgrants@pa.gov.	☐	☐	
J3.	Email includes attached Midterm Report and, if applicable, draft assessment tool, the Request for Reimbursement form and invoice.	☐	☐	
J4.	Supplemental information such as photos, photo releases, marketing materials, handouts, etc. is issued by the Project Director in a separate email with the Agency Name and Grant ID beginning with C99000 to RA-epEEgrants@pa.gov. ***Zip files will be blocked by the state system.**	☐	☐	

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