

Pest Detection/CAPS Survey Accomplishment Report

Year:	
State:	
Cooperative Agreement Name:	
Cooperative Agreement Number:	
Project Funding Period:	
Project Report:	PD/CAPS Survey Report
Project Document Date:	
Cooperators Project Coordinator:	
Name:	
Agency:	
Address:	
City/ Address/ Zip:	
Telephone:	
E-mail:	

Quarterly Report	<input type="checkbox"/>
Semi-Annual Accomplishment Report	<input type="checkbox"/>
Annual Accomplishment Report	<input checked="" type="checkbox"/>

- A. Write a brief narrative of work accomplished. Compare actual accomplishments to objectives established as indicated in the work plan. If reporting on a combined surveys work plan, report accomplishments by survey. When the output can be quantified, a computation of cost per unit is required when useful. **(Use a narrative or insert tables to document completed work. Document work accomplished by the cooperator, as determined by the objectives in the work plan).**

Funding Amount	Total Number of Traps	Cost Per Unit
Proposed =	Proposed =	Proposed=
Actual =	Actual =	Actual =

1. Survey methodology (trapping protocol):

	Common Name	Scientific Name
Pest:		

	Proposed	Actual
Sites (Locations):		
Traps:		

Number of Counties:	
Counties:	<i>(List counties here)</i>

2. Survey dates:

	Proposed	Actual
Survey Dates:		

3. Benefits and results of survey:

	Positive	Negative	Total Number
Traps			

4. Database submissions:

Was all Pest Detection / CAPS survey data entered into the National Agricultural Pest Information System (NAPIS)? If not, please provide a justification. *ADODRs should consult with the [CAPS Accountability Report](#) to confirm data entry.*

- B. If appropriate, explain why objectives were not met. **(Provide a narrative in this section if the stated objectives from work plan are not completed. For example: if a survey or other activity was delayed or cancelled due to weather or other factors indicate the reasons here.)**

Were all deviations from the work plan and Survey Summary Form corrected via the [Change Request](#) function on the [Survey Planning](#) page?)

Check if objectives were not met due to the impact(s) of the coronavirus COVID-19. Explain how the impacts affected surveys and/or survey operations. *(Were all deviations from the work plan and Survey Summary Form corrected via the [Change Request](#) function on the [Survey Planning](#) page?)*

- C. Where appropriate, explain any cost overruns or unobligated funds in excess of \$1,000. * *(Required for Final Reporting. Report on semi-annual report if information is available.)*

**indicates information is required per 7 CFR 3016.40 and 7 CFR 3019.51*