ANNUAL IMPLEMENTATION MONITORING SUMMARY

Grant #: Project title:									
Eval	luator:	Reporting Date (mm/dd/yy):				For Calendar Year:			
Answer Y (yes) or N (no) in the box to indicate if the data has been correctly entered in CHRPD, if not attach information.									
Is the "Status" field up-to-date, as of the reporting date? Actual status:									
	Actual construction dates are entered? Construction begin date:Construction end date:								
Is the "As-built description (actual work)" for completed features concise, accurate and complete?									
Are the "Limiting factors addressed by the project" correct? (Tab 1)									
Was the name of the watershed plan in which this project was identified as a priority entered correctly? (Tab 4)									
	Is at least one field inspection, including "% Complete" field, entered? → % Complete:								
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Overall Implementation Rating (cir			one):	EXCELLENT	GOOD	FAIR	POOR	FAILED	
Ratio	onal/Recommendations								
Is th	is Project Maintenance			1				,,	
	Checklist Name	# Project Features	# Features Monitored	# EXCELLENT	# GOOD	# FAIR	# POOR	# FAILED	
	Channel Reconstruction &	reatures	Monitored	EACELLENT	GOOD	FAIK	FOOR	FAILED	
CB	Bank Stabilization								
CD	Stream Crossing								
	Decommissioning Street Crossing								
CU	Stream Crossing Upgrading								
FB	Fish Passage at Barriers								
FC	Fish Passage at Stream Crossings								
EC	Fish Screening of								
FS	Diversions								
IN	Instream Habitat & Bank Restoration								
LU	Land Use Treatments and								
	Exclusion Fencing Road Segment								
RD	Decommissioning								
RT	Revegetation Treatments								
RU	Road Segment Upgrading								
SF	Streamflow Treatments								
US	Upslope Stabilization &								
	Delivery Prevention Vegetation Control &								
VC	Removal								