

MONITORING SUMMARY and FUNDING REQUEST

Fiscal Year of Fire	
Fire Containment Date	
Fire Size	
BLM Acres Burned	
ES Plan Total Planned Costs	
ES Acres Treated	
BAR Plan Total Planned Costs	
BAR Acres Treated	
State/Field Office	
Contact Person	
Area Code/Phone Number	

This form can be used for any combination of the following purposes:

- 1) Reporting the results of monitoring at end of first- or second-year;
- 2) Reporting the end of third-year project closeout;
- 3) Requesting the subsequent fiscal year 2822 funding; and
- 4) Requesting the subsequent fiscal year 2881 funding.

All ES&R treatments must be monitored for treatment implementation and effectiveness. Particular focus should be given to treatments involving seedings, due to their high costs and the need to show effectiveness and lessons learned.

1) MONITORING SUMMARY (End of 1st or 2nd year)

Emergency Stabilization Treatments

Treatment 1:

	ES Treatment	Unit	# Units	Cost/Unit	Total Cost	Degree of Success (fully successful, partially successful, failure)
(SPEC #)	(insert title of treatment here)					
Objective: (state the objective of this treatment)						
Implementation Monitoring: (summarize implementation)						
Effectiveness Monitoring: (summarize effectiveness of treatment)						

Monitoring Results: (in a narrative, describe results of monitoring, including methodology and explain the degree to which the treatment was successful. Provide enough information to support the Degree of Success determination in the table.)

Treatment 2:

ES Treatment		Unit	# Units	Cost/Unit	Total Cost	Degree of Success (fully successful, partially successful, failure)
(SPEC #)	(insert title of treatment here)					
Objective: (state the objective of this treatment)						
Implementation Monitoring: (summarize implementation)						
Effectiveness Monitoring: (summarize effectiveness of treatment)						

Monitoring Results: (in a narrative, describe results of monitoring, including methodology and explain the degree to which the treatment was successful. Provide enough information to support the Degree of Success determination in the table.)

Treatment 3:

ES Treatment		Unit	# Units	Cost/Unit	Total Cost	Degree of Success (fully successful, partially successful, failure)
(SPEC #)	(insert title of treatment here)					
Objective: (state the objective of this treatment)						
Implementation Monitoring: (summarize implementation)						
Effectiveness Monitoring: (summarize effectiveness of treatment)						

Monitoring Results: (in a narrative, describe results of monitoring, including methodology and explain the degree to which the treatment was successful. Provide enough information to support the Degree of Success determination in the table.)

Burned Area Rehabilitation Treatments

Treatment 1:

BAR Treatment		Unit	# Units	Cost/Unit	Total Cost	Degree of Success (fully successful, partially successful, failure)
(SPEC #)	(insert title of treatment here)					
Objective: (state the objective of this treatment)						
Implementation Monitoring: (summarize implementation)						
Effectiveness Monitoring: (summarize effectiveness of treatment)						

Monitoring Results: (in a narrative, describe results of monitoring, including methodology and explain the degree to which the treatment was successful. Provide enough information to support the Degree of Success determination in the table.)

Treatment 2:

BAR Treatment	Unit	# Units	Cost/Unit	Total Cost	Degree of Success (fully successful, partially successful, failure)
(SPEC #) (insert title of treatment here)					
Objective: (state the objective of this treatment)					
Implementation Monitoring: (summarize implementation)					
Effectiveness Monitoring: (summarize effectiveness of treatment)					

Monitoring Results: (in a narrative, describe results of monitoring, including methodology and explain the degree to which the treatment was successful. Provide enough information to support the Degree of Success determination in the table.)

Treatment 3:

BAR Treatment	Unit	# Units	Cost/Unit	Total Cost	Degree of Success (fully successful, partially successful, failure)
(SPEC #) (insert title of treatment here)					
Objective: (state the objective of this treatment)					
Implementation Monitoring: (summarize implementation)					
Effectiveness Monitoring: (summarize effectiveness of treatment)					

Monitoring Results: (in a narrative, describe results of monitoring, including methodology and explain the degree to which the treatment was successful. Provide enough information to support the Degree of Success determination in the table.)

2) END OF THIRD-YEAR CLOSEOUT SUMMARY

Summary of All Actions Taken: (include spec #'s with treatment titles)

Summary of Effectiveness of the Treatments in Meeting Objectives:

Lessons Learned/What Worked & Didn't Work:

Summary of Costs by Type of Action (i.e., fencing, seeding, weed control, etc.):

Describe any further work that is needed in the project area to address post-fire restoration needs beyond the third year. Identify the appropriate BLM program for continued follow-up and monitoring.

3) REQUEST FOR NEXT YEAR'S FUNDING (2822)

Itemized Listing of Actions, Purpose, and Costs: (Itemize the activities/treatments with their costs as a request for funding for the following year. If what is being requested is different from the approved ES Plan explain why and how the ES Plan is being amended.)

4) REQUEST FOR FOLLOWING YEAR REHABILITATION FUNDING (2881)

Itemized Listing of Actions, Purpose, and Costs: (Itemize the activities/treatments with their costs as a request for funding for the following year. If what is being requested is different from the approved BAR Plan explain why and how the BAR Plan is being amended.)

Prepared by:

Date: