

**To:** Styles, Alicia[astyles@blm.gov]  
**Cc:** Leslie Riley[lriley@blm.gov]  
**From:** Kaller, Susan  
**Sent:** 2017-05-04T16:20:14-04:00  
**Importance:** Normal  
**Subject:** Re: SOJO for Mod to ENLC Non-Renewable AA  
**Received:** 2017-05-04T16:20:23-04:00  
[Monitoring Report.docx](#)

Okay, thanks.

Leslie, I've attached the monitoring report template here - if you could complete and submit for this agreement that would be great, we are trying to stay in compliance with OMB and DOI directives - thanks.

On Thu, May 4, 2017 at 1:03 PM, Styles, Alicia <[astyles@blm.gov](mailto:astyles@blm.gov)> wrote:

Great! Thank you, I emailed Betsy asking for a revised budget for Leslie to review.

Alicia Styles  
Monument Manager  
Basin and Range National Monument  
BLM Ely District, Caliente Field Office  
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Caliente, NV 89008  
775-726-8128 (phone)  
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[astyles@blm.gov](mailto:astyles@blm.gov) (email)

On Thu, May 4, 2017 at 1:00 PM, Kaller, Susan <[skaller@blm.gov](mailto:skaller@blm.gov)> wrote:

No, this will be an admin mod - Betsy will need to submit a revised budget will Leslie will have to review. I'll add it to my workload now... Thanks!

On Thu, May 4, 2017 at 12:52 PM, Styles, Alicia <[astyles@blm.gov](mailto:astyles@blm.gov)> wrote:

Susan--

As we discussed earlier this week, I wrote up a SOJO for a Modification to the ENLC Non-Renewable AA (L13AC00085).

I discussed this with Betsy at ENLC and Leslie Riley, so we should be all on board.

There is \$37k remaining from Mod 5 (which was a UFR originally funded for \$80k for a travel inventory). The period of performance would be 5/15/17 to 8/2/18.

Do I need to get a PR put into FBMS for this?

Thanks!

Alicia Styles  
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**IMPORTANT INFO - NEW REGULATIONS** Grant Reform Code of Federal Regulations (CFR) Link:  
<http://www.ecfr.gov/cgi-bin/text-idx?SID=ed90f54836feb6a994f657188eb05e33&node=2:1.1.2.2.1&rgn=div5>

*You cannot unsay a cruel word.*

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## MONITORING REPORT

(BLM - Financial Assistance)

*This report provides the grant/program manager's substantive assessment of project implementation and serves to give guidance in determining any required corrective actions. Upon completion and review the original will be placed in the award file.*

**AWARD NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RECIPIENT:** \_\_\_\_\_

**AWARD TITLE:** \_\_\_\_\_

**REPORT SUBMITTED BY:** \_\_\_\_\_

(Name & Title)

### SUMMARY OF PROGRESS

*Discuss the status of the project in relation to major work plan milestones. Address, 1) number of clients served as compared with projection; 2) staffing; 3) activities undertaken, and 4) significant accomplishment:*

Comments:

### MONITORING

*Indicate dates of site visits or telephone monitoring, staff interviewed, location visited, project elements reviewed, products reviewed.*

Comments:

### ISSUES/PROBLEMS

*Discuss significant new issues/problems with respect to projected milestones, audits, staffing, client flow, departures from approved goals, late reports, etc.:*

Comments:

### PROGRAM IMPLEMENTATION

*Indicate milestones met this quarter and identify milestones scheduled to occur in the following quarter:*

Comments:

### ACTIVITIES/PRODUCTS

*Identify any reports or products that were submitted during the quarter, and identify those due the following quarter:*

Comments:

### **CORRECTIVE ACTIONS**

*Indicate actions taken and proposed by grant manager with respect to resolving problems:*

Comments:

### **ASSESSMENT OF QUALITY OF IMPLEMENTATION**

*Is project being implemented on schedule? Are the activities impacting the goals and objectives as outlined in approved application?*

Comments:

*Rev Jan 2014*