Region 9 Grant Transfer Form

Recipient: Santa Monica Bay NEP

Assistance Identification Number _____
(e.g. D009384-97-0)
CE-99T51301-0
CE 00T745-01
Project/ Program Title _____
(e.g. RCRA 3011) CWA 320

San Francisco Bay Water Quality Improvement Fund

Project/Budget Period _____
10/01/2016-10/31/2017

New Project Officer Erica Yelensky **Phone** 23021 **Mail Code** Water 22

Grant Recipient Contact Santa Monica Bay NEP Tom Ford **Phone Number** 310-216-9827

Information on future requirements :
(Next report due, action items, concerns)

Workplan Accomplishments:
(Discuss what has been completed to date)

Funding Information :
(Budget, funds remaining or funding concerns)

Location of all files:
(Provide location of all historical files/ information)
Cube 16333 and 15th floor

Departing Project Officer Molly Martin **Date of Transfer** 5/1/2017

Copy to:
Program Grant File
Grant Specialist, Danielle Carr
Supervisor of Grant Project Officer Sam Ziegler

Instructions:

1) This form is to be completed by the departing Grant Project Officer to ensure effective transfer of grant.
2) Review the Grant project file, ensure all documentation is in the file.
3) Complete the form providing the most current and relevant information to the receiving Grant Project Officer.

01/2006 – Microsoft Word
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