**MiCorps Volunteer Stream Monitoring Program**

**Monitoring Fact Sheet**

**Organization Name:**

**Monitoring Program Name:**

**Watersheds Monitored:**

**County(ies):**

**Program Manager:** give name and contact info!

**Fact Sheet Updated:** date

****

If desired, insert your organization’s logo here

**PROGRAM DESCRIPTION:** (Directions: a paragraph that can be kept constant as you update this yearly)

Insert a picture here!

**PROGRAM FAST FACTS**

**# of Years Monitoring:**

**# Volunteers participating annually:**

**# Active Monitoring Sites:**

**# Excellent Quality Sites:**

**# Very Good Quality Sites:**

**# Good Quality Sites:**

**# Fair Quality Sites:**

**# Fairly Poor Quality Sites:**

**# Poor Quality Sites:**

**# Very Poor Quality Sites:**

**Link to Monitoring Program:** website link

**Link to Quality Assurance Plan:** website link

**RESULTS**

Spring 2021 Fall 2021

Site Name, Lat/Long or Address

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Comments:

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