



Form Instructions: When copy and pasting into text fields please paste as "plain text".

Project Information

	Program	Admin Region	Submission (FY)*	Additional Project ID	Report Type New Proposal (NP)
Project Number:**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Grants and Agreements Number:	<input type="text"/>				

Project Title:

Project Status:*** Final Report (FY): Project Age:

* The Submission Fiscal Year (FY) refers to the year the original Project Proposal was submitted and selected for funding.
 ** A unique Project Number is assigned to each project following submission and selection of the New Project Proposal.
 *** If the project is complete but products are pending, please fill out and submit a Progress Report form in lieu of this form.

Subject Description

Target Invasive Plant: <input type="text"/>	
Common and Scientific Names:	Biological Control Agent(s):
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Project Overview (from original BCIFP Proposal Form)

Define the project being developed (e.g., what is the technology, goal and objectives, and who will maintain the tool if maintenance is necessary):

Funding Information

Year	Fiscal Year (FY)	Requested BCIFP Funding Received	Non-Federal Match Received	Leveraged Funds	Match Source	Leveraged Source
YEAR 1						
YEAR 2						
YEAR 3						
	TOTAL					

Total Funds Received (All):

Funds not used from previous fiscal year (If there are unused funds, what is the reason for not using them?):

Changes to project scope, objectives, and/or timeline

Were there changes or additions to the original project scope, objectives, or timeline? Yes ___ No ___
If yes, provide descriptions of any additions, subtractions, alterations including reasons for the changes.

Were the proposed products delivered? Yes ____ No ____ (explain) Partial ____ (explain)

Were the products delivered on time? Yes ____ No ____ (explain) Partial ____ (explain)

Accomplishments and lessons learned

Description of tasks accomplished this year and how BCIFP funds were spent (describe primary activities for each year, summarizing key accomplishments from prior year(s), this year's activities):

Accomplishments to date (cumulative, from newest to oldest)

Products:

Publications:

Technology/method use

Were the proposed or actual products used? Yes ___ No ___ (explain why the project may not have resulted in a usable product)

Describe how products were used. List user groups, time period and geographic extent outputs used, pest organisms, and resources affected/protected (e.g. wildlife habitat protected, risk reduction for insect disease, etc.):

Did the project produce negative results? Yes ___ (explain) No ___

Can you provide guidance for future development of similar projects? Yes ___ (explain) No ___

Was there anything unique or noteworthy learned from this project? Yes ___ (explain) No ___

Distribution of outputs

Describe university and/or research involvement (e.g., list the universities and/or research units involved, and the number and title of graduate thesis written, if applicable):

Describe the dissemination of results. List the number, title and targeted audience of reports written, the number, title and targeted audience of presentations made, and meeting/conference(s) & professional society-sponsor(s):

Describe technology transfer activities (e.g., list number and titles of sessions, number of participants, and participating agencies and organizations):

Refinement of technology & methods

Does the project investigate use with or use of other invasive species management tools? Yes ___ (explain) No ___

Do the results of the project improve on existing technologies? Yes ___ (explain) No ___

Did the project result in new technologies? Yes ___ (explain) No ___

Did the project identify new research or technology needs? Yes ___ (explain) No ___

Product leveraging

Was the project part of a development sequence? Yes ___ (describe sequence and identify past research project(s) by title)
No ___

Does the project build-on or is it the result of past research and/or BCIFP project results? Yes ___ (identify past BCIFP project(s) by the project identifier number) No ___

Project Contacts (The Funding Coordinator is the individual who manages project funds. A single funding coordinator must be selected.)

FHP/BCIFP FHP/FS/Monitor

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____
Technical Monitor: _____

Principal Investigators

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Cooperators

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator: