

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

Project Information

Project Number** form with columns: Program, Admin Region, Submission FY*, Additional Project ID, Report Type (Final Report(FR))

Grants and Agreements Number form

Project Title form

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

* The Submission Fiscal Year (FY) refers to the year the original New 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

Subject Species Status, Subject Group Type form

Subject Common and Scientific Names, Host Common and Scientific Names form

Project Overview (from original STDP New Project Proposal Form)

Define the project being developed (e.g., what is the tool, how does it tie into the Forest Health Protection mission, when will it be ready and who will maintain the tool if maintenance is necessary?):

Large empty text box for project overview description



Funding Information

Year	Fiscal Year (FY)	STDP Funding Spent	Non-Federal Match Spent	Leveraged Funds Spent	Match Source	Leveraged Source
YEAR 1						
YEAR 2						
YEAR 3						
	TOTAL					

Total Funds Spent (All):

Were any project funds not used? (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 changes.



List products, as originally proposed. 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 (Describe primary activities for each year, summarizing key accomplishments from prior year(s) and this year's activities):



Accomplishments to date (Use a list, if appropriate, to describe completed and pending products in cumulative order, from newest to oldest. Please provide a copy or URL for any publications.)

Products:

Publications:



Technology/method use

Were/are the products being used? If yes, describe how the product is being used - list user groups, time period, geographic extent, pest organisms, and resources affected/protected (e.g. wildlife habitat protected, risk reduction for insect disease, etc.).

If no, explain why the project may not have resulted in a usable product. Yes ___ No ___



Lessons learned

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

Provide guidance for future development of similar projects (what could have been done differently to improve the project?)

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



Distribution of products

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 forest health 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

Does the project build-on or is it the result of a previous STDP project? Yes ___ (Identify past STDP project(s) by the project identifier number) No ___

Was the 1-page project summary completed (template is available on the FHP Grants webpage)? Yes ___ No ___ (explain)



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

FHP Sponsor

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

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:

