

**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)
<b>Project Number:**</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Grants and Agreements Number:</b>	<input type="text"/>				

**Project Title:**

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

\* The Submission Fiscal Year (FY) refers to the year a 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

<p><b>Target Invasive Plant:</b> <input style="width: 150px;" type="text"/></p> <p>Common and Scientific Names:</p> <hr/> <hr/> <hr/>	<p><b>Biological Control Agent(s):</b></p> <hr/> <hr/> <hr/>
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## Project Overview (from original BCIP 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 BCIP 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 outputs delivered? Yes \_\_\_\_ No \_\_\_\_ (explain) Partial \_\_\_\_ (explain)

Were the outputs delivered on time? Yes \_\_\_\_ No \_\_\_\_ (explain) Partial \_\_\_\_ (explain)

### Accomplishments and lessons learned

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Description of tasks accomplished this year (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)

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Products:

Publications:



## Technology/method use

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

Describe how outputs 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

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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

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Does the project investigate use with or use of other invasive plant 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

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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 BCIP project results? Yes \_\_\_ (identify past BCIP 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:

