



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 (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: