

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 Final Report(FR)
Project Number**:	<input style="width: 100%;" type="text"/>				
Grants and Agreements Number:	<input style="width: 100%;" type="text"/>				

Project Title:

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

Subject Species Status: <input style="width: 180px;" type="text"/>	Subject Group Type: <input style="width: 360px;" type="text"/>
Subject Common and Scientific Names:	Host Common and Scientific Names:

Project Overview (from original STDP 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?):



Funding Information

Year	Fiscal Year (FY)	Requested STDP 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 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

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 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

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

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 STDP project results? Yes ___ (Identify past STDP 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 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:

