# Project Information:

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| --- | --- |
| **CDFA Grant Number:** | Click here to enter text. |
| **Recipient Organization Name:** | Click here to enter text. |
| **Project Title:** | Click here to enter text. |
| **Project Duration:** | **Start Date:** Click here **End Date:** Click here |

# Contact Information:

|  |  |
| --- | --- |
| **Name:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Email:** | Click here to enter text. |

# Project Purpose:

1. Describe the objectives and purpose of the project, including the specific issue, problem, or need as stated in the funded project.  
   Click here to enter text.
2. Explain how the project achieved the CalAgPlate program goals.  
   Click here to enter text.

# Project Impact:

1. What impact has this project had to date on statewide agricultural education, leadership, and/or career education, development, and training?  
   Click here to enter text.
2. How have the accomplishments of the program affected the beneficiaries?  
   Click here to enter text.
3. Who has benefited from the project?  
   Click here to enter text.
4. How did they benefit from the project?  
   Click here to enter text.

# Activities and Outcomes:

1. Describe the activities accomplished during the grant period. What specific tasks were accomplished throughout the project?  
   Click here to enter text.
2. What measurable outcomes did you establish for this project and what indicators did you use to measure performance? To what extent did your project achieve the outcomes?  
   Click here to enter text.

# Lessons Learned:

1. Describe what your organization learned based on the challenges, results, and successes during the grant period.  
   Click here to enter text.
2. If goals and outcomes were not achieved, identify the lessons learned and how you could implement them for future projects.  
   Click here to enter text.

# Future:

1. What will happen to the project after this grant has ended? Will project activities be sustained? Will project activities be replicated? If the project will be sustained or replicated what other funding sources will allow this to occur?  
   Click here to enter text.

# Grant Expenditures:

1. Enter the total grant award amount, the total grant expenditures billed, and the remaining grant balance (i.e., unused funds).

|  |  |
| --- | --- |
| **Total Grant Award:** | Click here to enter amount. |
| **Total Grant Expenditures:** | Click here to enter amount. |
| **Remaining Grant Balance:** | Click here to enter amount. |

# Program Income:

1. Enter the total amount budgeted for Program Income, as shown in the approved Scope of Work. If Program Income was not budgeted, enter $0. Enter the amount of Program Income earned during the project duration. If Program Income was not earned, enter $0.

|  |  |
| --- | --- |
| **Program Income Budgeted:** | Click here to enter amount. |
| **Program Income Earned:** | Click here to enter amount. |

1. Describe how the earned Program Income was used to further the objectives of this project.  
   Click here to enter text.

# Additional Information:

1. Please provide any additional information that may be beneficial to know about your program.  
   Click here to enter text.

# Optional: Testimonies / Success Stories:

1. Please provide testimonies and/or success stories that further explain the value of the CalAgPlate Program.

Click here to enter text.