|  |
| --- |
| **Project Information** |
| **USDA Project Number:** |  |
| **Recipient Organization Name:** |  |
| **Project Title:** |  |
| **CDFA Grant Number:** |  |
| **Project Duration:** | **Start Date:** Click here **End Date:** Click here |
| **Recipient’s Project Contact** |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

# Project Background

1. Provide a background for the initial purpose of the project, which includes the specific issues, problem, or need that was addressed by this project.

Response:

1. Describe the importance and timeliness of the project.

Response:

# Activities Performed

## Objectives

1. List each Objective identified in your project and check whether the Objective was completed or not. Add more rows as needed.

| **#** | **Objective** | **Completed?** |
| --- | --- | --- |
| **Yes** | **No\*** |
| 1 |  | [ ]  | [ ]  |
| 2 |  | [ ]  | [ ]  |
| 3 |  | [ ]  | [ ]  |
| 4 |  | [ ]  | [ ]  |
| 5 |  | [ ]  | [ ]  |

*\*If no is selected for any of the listed objectives, you must expand upon this in the Challenges and Lessons Learned Sections.*

## Accomplishments

1. List your accomplishments for the entire project duration, including the impact they had on the project’s beneficiaries, and indicate how these accomplishments assist in the fulfillment of your projects objective(s), outcome(s), and/or indicator(s). Add more rows as needed.

| **Accomplishment or Impact** | **Relevance to Objective, Outcome, and/or Indicator** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Challenges and Developments

1. Provide any challenges to the completion of your project that you experienced during the entire project duration, and the corrective actions you took to address these issues. If you did not attain an approved objective(s), outcome(s), and/or indicator(s), provide an explanation in the Corrective Actions column. Add more rows as needed.

| **Challenge** | **Corrective Action** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Provide any positive developments outside of the project’s original intent that you experienced during the entire project duration, and any project changes as a result. Add more rows as needed.

| **Positive Development** | **Project Change** |
| --- | --- |
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## Lessons Learned

1. Offer insights into the lessons learned by the project staff as a result of completing this project. This section is meant to illustrate the positive and negative results and conclusions for the project. Lessons learned should draw on positive experiences (i.e., good ideas that improve project efficiency or save money) and negative experiences (i.e., lessons learned about what did not go well and what needs to be changed).

Response:

1. If objectives were not achieved, identify and share the lessons learned to help others expedite problem-solving.

Response:

## Continuation and Dissemination of Results

1. Describe your plans for continuing the project (sustainability; capacity building) and/or disseminating the project results.

Response:

# Beneficiaries

1. Number of project beneficiaries: Enter Number of Project Beneficiaries

# Outcome(s) and Indicator(s)/Sub-Indicator(s)

## Outcome Measures

1. Select the Outcome Measure(s) that were approved for your project.

Response:

[ ]  **Outcome 1**: Enhance the competitiveness of specialty crops through increased sales

[ ]  **Outcome 2**: Enhance the competitiveness of specialty crops through increased consumption

[ ]  **Outcome 3**: Enhance the competitiveness of specialty crops through increased access

[ ]  **Outcome 4**: Enhance the competitiveness of specialty crops though greater capacity of sustainable practices of specialty crop production resulting in increased yield, reduced inputs, increased efficiency, increased economic return, and/or conservation of resources

[ ]  **Outcome 5**: Enhance the competitiveness of specialty crops through more sustainable, diverse, and resilient specialty crop systems

[ ]  **Outcome 6**: Enhance the competitiveness of specialty crops through increasing the number of viable technologies to improve food safety

[ ]  **Outcome 7**: Enhance the competitiveness of specialty crops through increased understanding of the ecology of threats to food safety from microbial and chemical sources

[ ]  **Outcome 8**: Enhance the competitiveness of specialty crops through enhancing or improving the economy as a result of specialty crop development

## Outcome Indicator(s)

1. Provide the Outcome(s) and Indicator(s) approved for your project and the related quantifiable results. Add more rows as needed.

| **Outcome and Indicator** | **Quantifiable Results** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Data Collection

1. Explain what data was collected, how it was collected, the evaluation methods used, and how the data was analyzed to derive the quantifiable indicator.

Response:

# Project Expenditures

## Federal Expenditures

1. Complete the table below using the budget in your approved Scope of Work and the actual grant expenditures during the entire project duration.

| **Cost Category** | **Amount Approved in Budget** | **Actual Federal Expenditures** |
| --- | --- | --- |
| **Personnel** | $0.00 | $0.00 |
| **Fringe Benefits** | $0.00 | $0.00 |
| **Travel** | $0.00 | $0.00 |
| **Equipment** | $0.00 | $0.00 |
| **Supplies** | $0.00 | $0.00 |
| **Contractual** | $0.00 | $0.00 |
| **Other** | $0.00 | $0.00 |
|  |  |  |
| **Direct Costs Sub-Total** | $0.00 | $0.00 |
| **Indirect Costs** | $0.00 | $0.00 |
|  |  |  |
| **Total Federal Costs** | **$0.00** | **$0.00** |

## Program Income

1. Complete the table below using the budget in your approved Scope of Work and the actual Program Income during the entire project duration. List any unanticipated Program Income with a budget of zero dollars and the actual amount earned. If Program Income was neither budgeted nor earned, enter N/A. Add more rows as needed.

| **Source/Nature****(i.e., registration fees)** | **Amount Approved in Budget** | **Actual Amount Earned** |
| --- | --- | --- |
|  | $0.00 | $0.00 |
|  | $0.00 | $0.00 |
|  | $0.00 | $0.00 |
|  |  |  |
| **Total Program Income Earned** | **$0.00** | **$0.00** |

1. Describe how the earned program income was used to further the objectives of this project.

Response:

## Match/In-Kind Contributions

1. Complete the table below using the budget in your approved Scope of Work and the actual Cost Share expenditures for the entire project duration. List any unanticipated Cost Share with a budget of zero dollars and the actual amount of Cost Share. If Cost Share was neither budgeted nor expended, enter N/A. Add more rows as needed.

| **Type of Cost Share** | **Amount Approved in Budget** | **Actual Cost Share Expenditures** |
| --- | --- | --- |
|  | $0.00 | $0.00 |
|  | $0.00 | $0.00 |
|  | $0.00 | $0.00 |
|  |  |  |
| **Total Match/In-Kind Costs** | **$0.00** | **$0.00** |

# Additional Information

1. Provide additional information available (i.e., publications, websites, photographs) that is not applicable to any of the prior sections. Be sure to include any documents, publications, or other attachments referenced throughout the report. If there is no additional information, enter N/A.

Response: