Final Performance Report

Award Years 2016 Forward

A Final Performance Report must be received within 30 days after the end of the grant agreement.

# INSTRUCTIONS

1. Final Performance Reports must illustrate the completion of the approved project.
2. To maintain the formatting of this template when copying and pasting text from another source, right-click and select “Keep Text Only” under “Paste Options.”
3. Save your project profile with the filename “[LastName]\_VTSCBGP\_FinalReport”.
4. Upload the complete report to your Status Report in WebGrants as a Microsoft Word document (.doc or .docx).

## Project Information

|  |  |
| --- | --- |
| **Project Title** | Enter Project Title as Stated in the Approved Project Profile. |
| **Recipient Organization Name:** | Enter Recipient Organization Name. |
| **Period of Performance:** | **Start Date:** | Enter Date. | **End Date:** | Enter Date. |
|  |
| **Recipient’s Project Contact** |
|  |
| **Name:** | Enter the Project Contact’s Name. |
| **Phone:** | Enter the Project Contact’s Phone Number. |
| **Email:** | Enter the Project Contact’s Email. |

## pROJECT bACKGROUND

Provide enough information for the reader to understand the importance or context of the project. This section may draw from the background and justification contained in the approved project profile.

|  |
| --- |
|  |

## Activities Performed

Address the below sections as they relate to the entire project’s period of performance.

### Objectives

Provide the approved project’s objectives.

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

\*If no is selected for any of the listed objectives, you must expand upon this in the challenges and lessons learned sections.

### Accomplishments

List your accomplishments for the project’s period of performance, including the impact they had on the project’s beneficiaries, and indicate how these accomplishments assist in the fulfillment of your project’s objective(s), outcome(s), and/or indicator(s).

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

### Challenges and Developments

Provide any challenges to the completion of your project or any positive developments outside of the project’s original intent that you experienced during this project. Also, provide 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.

|  |  |
| --- | --- |
| **Challenge** | **Corrective Actions** |
|  |  |
|  |  |
|  |  |

### Lessons Learned

Provide recommendations or advice that others may use to improve their performance in implementing similar projects.

|  |
| --- |
|  |

### Continuation and Dissemination of Results (If Applicable)

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

|  |
| --- |
|  |

## Beneficiaries

*A descriptor for the number of beneficiaries is not required.*

**Number of project beneficiaries**: Enter Number of Project Beneficiaries

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

Provide the results of the project outcome(s) and indicator(s) as approved in your State Plan and project proposal. The results of the outcome(s) and indicator(s) will be used to evaluate the performance of the SCBGP on a national level.

### Outcome Measure(s)

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

[ ]  **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)

Provide the indicator approved for your project and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

|  |  |  |
| --- | --- | --- |
| **#** | **Outcome and Indicator** | **Quantifiable Results** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

### Data Collection

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

|  |
| --- |
|  |

## Federal Project Expenditures to Date

### Expenditures

| **Cost Category** | **Amount Approved in Budget****(SCBGP Funds Only)** | **Actual Federal Expenditures****(SCBGP Funds Only)** | **Match Expenditures** | **Match Source** |
| --- | --- | --- | --- | --- |
| **Personnel** |  |  |  |  |
| **Fringe Benefits** |  |  |  |  |
| **Travel** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Supplies** |  |  |  |  |
| **Contractual** |  |  |  |  |
| **Other** |  |  |  |  |
|  |  |  |  |  |
| **Direct Costs Subtotal** |  |  |  |  |
| **Indirect Costs** |  | - |  |  |
|  |  |  |  |  |
| **Total Federal Costs** |  |  |  |  |

### Program Income

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

|  |
| --- |
| **Use of Program Income** |
| *Describe how the earned program income was used to further the objectives of this project.* |
|  |

## Additional Information

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 the attachments are large, you may consider combining them as an appendix to the full report and submitting the appendix as a separate PDF file. **Please copy and paste materials into this report and/or submit a single PDF appendix file. Do not submit more than one appendix.**