

# SPECIAL TECHNOLOGY DEVELOPMENT PROGRAM

## FINAL REPORT

**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\*\*:**

**Grants and Agreements Number:**

**Project Title:**

Project Status:\*\*\*  Final Report (FY):  Project Age:

\* The Submission Fiscal Year (FY) refers to the year the original 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 type="text"/>	Subject Group Type: <input type="text"/>
Subject Common and Scientific Names:	Host Common and Scientific Names:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Project Overview (from original STDP New Project 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)	STDP Funding Spent	Non-Federal Match Spent	Leveraged Funds Spent	Match Source	Leveraged Source
YEAR 1						
YEAR 2						
YEAR 3						
	TOTAL					

Total Funds Spent (All):

Were any project funds not used? (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.



List products, as originally proposed. 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

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Description of tasks accomplished (Describe primary activities for each year, summarizing key accomplishments from prior year(s) and this year's activities):



**Accomplishments to date** (Use a list, if appropriate, to describe completed and pending products in cumulative order, from newest to oldest. Please provide a copy or URL for any publications.)

Products:

Publications:



## Technology/method use

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Were/are the products being used? If yes, describe how the product is being used - list user groups, time period, geographic extent, pest organisms, and resources affected/protected (e.g. wildlife habitat protected, risk reduction for insect disease, etc.).

If no, explain why the project may not have resulted in a usable product.    Yes \_\_\_\_ No \_\_\_\_



## Lessons learned

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Did the project produce negative results? Yes \_\_\_\_ (explain) No \_\_\_\_

Provide guidance for future development of similar projects (what could have been done differently to improve the project?)

Was there anything unique or noteworthy learned from this project? Yes \_\_\_\_ (explain) No \_\_\_\_



## Distribution of products

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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

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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

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Does the project build-on or is it the result of a previous STDP project? Yes \_\_\_\_ (Identify past STDP project(s) by the project identifier number) No \_\_\_\_

Was the 1-page project summary completed (template is available on the FHP Grants webpage)? Yes \_\_\_\_ No \_\_\_\_ (explain)



**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: \_\_\_\_\_

