

Final Performance Report

Final Performance Reports need to illustrate the completion of your project within the grant agreement.

## Project Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** | Enter Project Title as Stated on the Grant Agreement. | | | |
| **Recipient Organization Name:** | Enter Recipient Organization Name. | | | |
| **Grant Agreement Number:** |  | | | |
| **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. | | | |

# Performance Narrative

## 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 proposal.

|  |
| --- |
|  |

## 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 or Impact** | **Relevance to Objective, Outcome, and/or Indicator** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

### 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 objectives, outcome(s), and/or indicator(s), provide an explanation in the Corrective Actions column.

| **#** | **Challenge or Development** | **Corrective Action or Project Change** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

### 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

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

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

Provide the results of the project outcome(s) and indicator(s) as approved in your application and project proposal. The results of the outcome(s) and indicator(s) will be used to evaluate the performance of the Program 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 (add more rows as needed).

|  |  |  |
| --- | --- | --- |
| **#** | **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

### Expenditures

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

### Program Income (if applicable)

| **Source/Nature**  **(i.e., registration fees)** | **Amount Approved in Budget** | **Actual Amount Earned** |
| --- | --- | --- |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
|  |  |  |
| **Total Program Income Earned** |  |  |

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

## Project MATCH Expenditures

Do not commingle non-federal funds with federal funds in the report.

| **Cost Category** | **Amount Submitted in Budget** | **Actual Match Expenditures**  **(Match Funds ONLY)** |
| --- | --- | --- |
| **Personnel** |  |  |
| **Fringe Benefits** |  |  |
| **Travel** |  |  |
| **Equipment** |  |  |
| **Supplies** |  |  |
| **Contractual** |  |  |
| **Other** |  |  |
|  |  |  |
| **Total Match** |  |  |

## Additional Information

Provide additional information available (i.e., publications, websites, photographs) that is not applicable to any of the prior sections.

|  |
| --- |
|  |