Young, Beginning, and Small Farmer Grant Program

Project Completion Form

Following execution of the Grant Acceptance Agreement, grant recipients are required to complete this form to confirm appropriate use of funds and describe the impact of the project within 12 months of receiving the funds.

The purpose of this reporting form is to demonstrate that grant funds were used as approved, track progress toward project goals and outcomes, and document project impact.

GRANTEE INFORMATION	
Primary Applicant Name:	
Co-Applicant Name *(if applicable):*	
Primary Email Address:	
Primary Phone Number:	
Primary Mailing Address:	

PROJECT INFORMATION	
Project Title:	
Brief Project Description:	

PROJECT IMPLEMENTATION	
Describe what was completed with the grant funds. Include equipment purchased, improvements made, and/or activities carried out.	

DEVIATIONS OR MODIFICATIONS	
Were there any changes to the approved project plan?	☐ Yes ☐ No
If yes, please explain the reason for the change. How did the change impact the project? Was approval requested or received?	

FARM CREDIT

Young, Beginning, and Small Farmer Grant Program **Project Completion Form**

CHALLENGES OR RISKS

Did you experience any challenges, barriers, or risks that affected the project *(e.g., weather, supply issues, timing, costs)?*	☐ Yes ☐ No
If yes, please describe those challenges, how they impacted the project, and how you overcame them.	

MEASURABLE OUTCOMES

What measurable outcomes have resulted from your project thus far? What additional measurable outcomes do you expect? *(Examples may include data associated with increased production, reduced waste, improved efficiency, increased profitability, labor savings, or improved sustainability.)*	
How will these improvements support your broader goals and aspirations as a farm business?	

OVERALL PROJECT STATUS

☐ **Completed** ☐ **On Track** ☐ **Delayed /Modified**

If the project is not complete, what is the expected date of project completion?	

NOTES

CERTIFICATION & SIGNATURE

Do not complete or sign this section. It is for internal use only and must be signed and dated by the Program Administrator.

Program Administrator: _____

Date: _____

FARM CREDIT