# **Final Project Report Guidance**

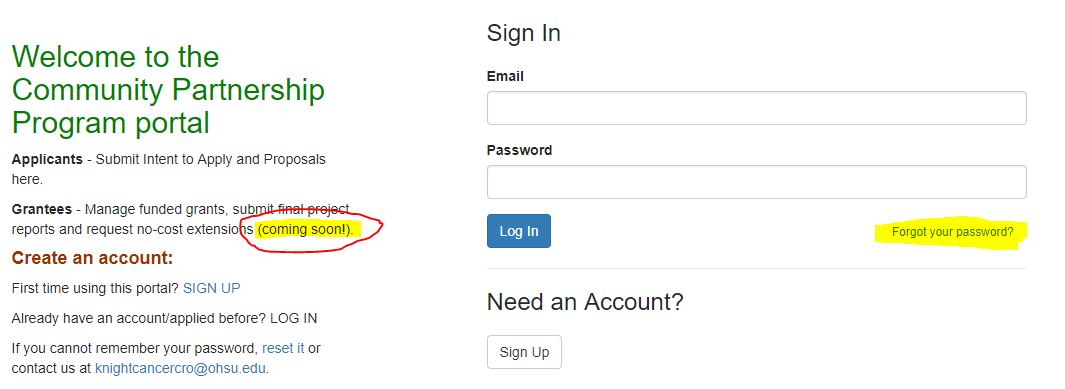
The Community Partnership Program requires all funded projects to submit a final project report 30 days after the project due date.

The FPR is comprised of demographic and narrative questions, answered in our grant management online portal. The questions are below to help you prepare answers before submitting online. Where applicable, adhere to the stated word limits.

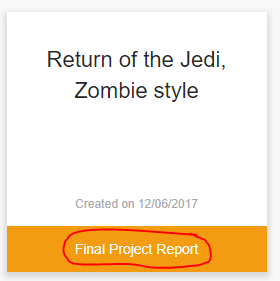
**Submitting a final project report**

For questions about using the portal, contact Devra O’Gara at [knightcancercro@ohsu.edu](mailto:knightcancercro@ohsu.edu)

1. **Login to our applicant and grantee portal** 
   * Go to <https://webportalapp.com/sp/ohsu-cpp>
     + If you have previously logged into the portal: Login using the email address we used to contact you and the password you created when you set up an account (if applicable).
     + If you have not logged in before (or have forgotten your password), create a new password using the “[Forgot your password?](https://webportalapp.com/sp/forgot/ohsu-cpp)” link.
       - *Do not use the “Sign up” button under “Need an Account”. An account is already set up for you.*



1. **Review your “Applicant and Organization Profile”** to ensure it is up to date. *Click the pencil icon on the right to review and edit it. The eye icon is review only.*

**Find your proposal with “Final Project Report” under it:**

* Click the “Final Project Report” text to open the form.
* Click the “Start Now” button next to the final project report or Supporting Documents sections to begin that section.



1. **Contact our evaluation team to set up a final project report (FPR) consultation.** *This call is required and focuses on supporting you in completing the outcomes and evaluation section of your report.* 
   * To schedule, either contact your evaluation consultant. If unsure who your consultant is, contact CPP team at [knightcancercro@ohsu.edu](mailto:knightcancercro@ohsu.edu) to schedule a consultation at least 30 days prior to due date.
   * In preparation for the consultation, draft responses to questions #8 and #9 in the online form, and save the report as a draft.
2. **Submit the Final Project Report.**
   * Complete all questions in the online form, following the online guidance.
   * Upload supporting documents.
     + Evaluation tools
     + Data summaries
     + Outreach and engagement materials

­FINAL PROJECT REPORT TEMPLATE

Provide the following summary of your project’s activities, outcomes, successes and challenges during the grant period via the [online final project report form.](https://webportalapp.com/sp/ohsu-cpp)

This template is provided to help you to prepare the information to submit via the supplemental Excel spreadsheet and online form. It requires completion of tables and narratives. Responses should indicate actual participation/activities for your project. If a question is not applicable to your project, indicate with N/A or check “Not Specified”.

Which type of project is this proposal? *Select “CPP Grantee” to see the correct question set. If unsure, contact us.*

* CPP Grantee
* Step it up! Survivors

**Responses should not exceed 350 words. In free-text fields, enter only plain text. Do not use bullet points or special characters.**

### OBJECTIVES

1. What was the overall goal for this project?
2. How many objectives did this project have? *(Refer to objectives template, if applicable. Enter a number between 1 and 5)*

For the number of objectives selected above the appropriate number of question sets will appear, following this format:

* + Objective 1a: Enter the objective from the proposal objectives template

*Example: Distribute FIT kits to 100 adult patients by end of grant period.*

* + Objective 1b: List the actual activities for this objective

*Example: Deliver educational sessions in four rural counties to increase readiness to be screened via FIT kit among eligible participants.*

* + Objective 1c: List the target audiences engaged during this objective.

*Example: Patients; Adults age 50+*

* + Objective 1d: Brief description of actual outcomes (E.g. changes in knowledge, attitudes or behaviors, if applicable, for this objective.

*Example: Held 5 education sessions reaching 250 participants in three counties.*

*150 participants were eligible for screening, and of these 90% (n=135) agreed to be tested and received a FIT kit. Of this, 87 (63%) FIT kits were returned for analysis.*

* + Objective 1e: Describe any changes to the objective and/or outcomes from the original proposal and provide a justification for the change.

*Example: None. We met the objective of distributing FIT kits to 100 adult patients.*

1. **Oregon counties:** In which Oregon counties did your project take place? If open to anyone in Oregon, select Not specified.

|  |  |  |  |
| --- | --- | --- | --- |
| * Baker * Benton * Clackamas * Clatsop * Columbia * Coos * Crook * Curry * Deschutes | * Douglas * Gilliam * Grant * Harney * Hood River * Jackson * Jefferson * Josephine * Klamath | * Lake * Lane * Lincoln * Linn * Malheur * Marion * Morrow * Multnomah * Polk | * Sherman * Tillamook * Umatilla * Union * Wallowa * Wasco * Washington * Wheeler * Yamhill * Not Specified |

### PROJECT REACH: PARTICIPANTS

This section is applicable to projects that conducted activities involving participation from individuals.

1. Did you count **unique** individuals and/or key stakeholders engaged through project activities? (Yes/No) If yes:

4a. Enter the **unique** count of individuals and/or key stakeholders engaged through project activities. *E.g., if the same person took part in three activities, they would be counted once.*

1. Did you count the **cumulative** individuals and/or key stakeholders engaged through project activities? (Yes/No) If yes:

5a. Enter the **cumulative** count of individuals and/or key stakeholders engaged through project activities. *E.g. If one person took part in three activities, they would be counted three times.*

1. Describe any major differences between proposed and actual participation/engagement from your target audience(s)

### EVALUATION/ASSESSMENT

### Requirement: Schedule a consultation with your evaluation team to receive support to complete this section.

1. Select the methods you used to gather data and/or evaluate the success and impact of your project. Select all that apply.

* a. Focus groups
* b. Follow-up tracking
* c. Interviews
* d. Observational
* e. Patient/participant data
* f. Patient/staff logs
* g. Pre/Post test
* h. Previously collected and/or publicly available data
* i. Survey (E.g. satisfaction, etc…)
* j. Other

For each evaluation method selected above, the question set below will appear: Complete a question set for each evaluation method selected above. In the supporting documents step, upload a sample of each tool used, ensuring participant data is **NOT** included. *For example, if you conducted interviews, upload the interview question guide.*

* Describe the evaluation method used, including why you choose this method.
* What were the results?
* How do the results inform what you learned from your project?
  + Tier 1: what did you learn about the needs of your community?
  + Tier 2: what did you learn about the implementation, feasibility, and/or acceptability of your project?
  + Tier 3: what did you learn about the effectiveness of your project, as measured through outcomes?
* How do you plan to use these results moving forward? For example, how do you plan to share them with your stakeholders? How do you plan to use them within your organization?

### COLLABORATION/PARTNERSHIPS

***Significant collaborators/partners include either key individuals or organizations that contributed meaningfully in the development, execution or evaluation of your project.***

1. Enter the total number of partners on this project, *up to 20.* *If there were no partners, enter “0”.*

For the number of partners selected above, up to 8, the appropriate number of question sets will appear. For up to the eight most-significant collaborators, complete following question set for each partner. If you worked with more than one person in an organization, count that organization only once.

* + Partner 1: Name of partner
  + Partner 1: Is this partner an individual or an organization?
    - Individual
    - Organization
  + Partner 1: Is the relationship new or existing?
    - New
    - Existing
  + Partner 1: What was this partner’s primary role?
* Collaborative Research
* Financial
* Formal Relationship
* In-Kind (Networking/ Information Exchange)
* In-Kind (Personnel)
* In-Kind (Service /Equipment)
* Joint Program Sponsorship
* Other
  + Partner 1: Describe this partner’s contribution to the project (max. 100 words)

***NARRATIVE QUESTIONS***

### STRENGTHS, SUCCESSES AND BENEFITS

1. Describe the project’s successes and/or strengths
2. Describe any accomplishments or benefits to your organization or community that were not anticipated during project planning *(e.g. additional funding, recognition/awards, etc.)*

### BARRIERS, CHALLENGES AND LESSONS LEARNED

1. Describe any significant changes to the planned execution of this project (development, implementation, partnerships, evaluation, etc...)
2. Describe any barriers faced in reaching the target audience/population (if applicable)
3. Describe any major challenges and lessons learned

### FUTURE PLANS

1. What efforts or strategies are being developed to ensure project sustainability, if applicable?
2. How likely is this project to be active in one year from now?
   * Highly likely | Somewhat Likely | Neutral | Not very likely | Not likely | Not applicable
3. Explain why the project is or is not likely to be active one year from now.

### OTHER INFORMATION

Indicate how helpful you found the following Community Partnership Program training and technical assistance

1. Evaluation planning consultation and support:
   * Very helpful | Somewhat helpful | Neutral | Not very helpful | Not helpful| Not applicable
2. Human Subjects Protection/IRB assistance
   * Very helpful | Somewhat helpful | Neutral | Not very helpful | Not helpful| Not applicable
3. Academic collaborator support
   * Very helpful | Somewhat helpful | Neutral | Not very helpful | Not helpful| Not applicable
4. Grantee conference
   * Very helpful | Somewhat helpful | Neutral | Not very helpful | Not helpful| Not applicable
5. Putting Public Health Evidence in Action workshop (This was an in-person workshop, held in January or July.)
   * Very helpful | Somewhat helpful | Neutral | Not very helpful | Not helpful| Not applicable
6. Putting Public Health Evidence in Action Modules (Set of three webinars, offered to grant cycle 2018-1 onward)
   * Very helpful | Somewhat helpful | Neutral | Not very helpful | Not helpful| Not applicable
7. Describe how the training or technical assistance listed above did or did not support you and/or your organization during this project.
8. Describe any opportunities in which your team utilized these skills outside of your Community Partnership Program project. Examples might include writing new grants, evaluating other projects, etc.
9. What additional training or technical assistance by Knight Cancer Institute would enhance the success of this project?
10. Share a story or anecdote that describes how your project impacted your community
11. Are you interested in being a contact for communications, marketing or media related information?

* Yes
* No

If yes, provide media contact’s full name, title and email address)

1. Do you plan to apply for another Community Partnership Program grant for this project?

* Yes, in same tier
* Yes, in new tier
* Undecided
  + No

If you will not apply for another CPP grant for this project, briefly describe why.

### SUBMIT SUPPORTING DOCUMENTS

In the “Supporting Documents” step, upload up to ten example supporting materials that were developed/distributed to support this project. Examples include:

* Evaluation tools\* (surveys, logs, focus group guides, etc…)
* Data summaries to support your results (table, visualization, etc.) – *ensure all personal health information/identifiers are removed before submitting*
* Outreach and engagement materials (flyers, brochures, etc.)

\**Contact us if you need support and are not already in communication with an evaluation support specialist, OHSU or otherwise.*