**Final Narrative Report Form**

# All highway safety projects are required to submit a Final Narrative Report within thirty (30) days after termination of the grant period to the SC Department of Public Safety's (SCDPS) Office of Highway Safety and Justice Programs (OHSJP). This cumulative report is to be submitted in narrative form, reporting accomplishments of the project for the entire grant period.

# **PROJECT NAME PROJECT LOCATION**

**PROJECT NUMBER**

|  |
| --- |
| **PROGRAM AREA(S)** |
| **TYPE OF JURISDICTION** |
| **TARGETED POPULATION** |

# **PROBLEM IDENTIFICATION**

Briefly state the problem you had to address with your highway safety grant. This should be no more than one paragraph.

# **STRATEGIES AND ACTIVITIES**

Provide a brief description (not to exceed one page) of the overall goal of the project and how the project addresses the stated problem through strategies and planned activities.

**GOALS AND OBJECTIVES**

1. Please list each Program Goal of the approved grant.
2. Please list each Specific Objective of the approved grant.

**RESULTS**

1. At a minimum, provide a brief discussion as to how each goal listed in the grant application was fulfilled and the level of accomplishment. In addressing each Program Goal, refer to the "Impact Indicators" section of the grant application.
2. Provide a brief discussion as to how each Specific Objective listed in the grant application was fulfilled and the level of accomplishment. Please discuss each objective individually. In addressing each specific objective, refer to the "Performance Indicators" section of the grant application.

**PROBLEMS ENCOUNTERED**

Provide a brief description of problems encountered during project implementation and how they were resolved. This information will be useful in helping future similar projects to avoid the same pitfalls.

**RECOMMENDATIONS OF THE SUBGRANTEE**

Include recommendations for other projects needed as a result of the observations of staff while implementing this project; recommendations for procedural changes; etc.

**SPIN-OFF ACTIVITIES GENERATED**

Frequently, other beneficial related activities are generated as a result of a Highway Safety project, separate from the project goals and activities. Please provide a brief description of any new activities initiated as a result of this project.

**PRESS COVERAGE ACHIEVED**

Please describe any press/media attention given to the project and attach copies of any new articles completed.

**ATTACHMENT OF MATERIALS DEVELOPED THROUGH THE PROJECT**

Please provide copies of all materials developed through the project.

|  |  |
| --- | --- |
| **FUNDING** |  |
| Amount of Award $ | Amount Expended $ |
| **CONTACT** |  |
| **Name of Project Director, Title** |  |
| **Name of Implementing Agency** |  |
| **Address** |  |
|  |  |
|  |  |
| **Phone Number** |  |
| **Project Director Signature & Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Person** |  |
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Please label the report as "Final Narrative Report" and email it to your assigned Program Coordinator.