**WCRS Project Completion Report**

This report will be used when projects are completed. Please complete all sections and be as detailed as possible.

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| **Name:** | **Region:** | **Topic/Project Completed:** |
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| **Project Description** |
| *Describe project and purpose of partnership.* |
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| **Project Implementation** |
| *As outlined in your work plan, list and describe any reduction of barriers or prevention measures met. Examples would be* *extended or altered office hours, providing child care, client or provider reminders, and sun safety measures. Use this section to describe any small or mass media used, any specific educational opportunities utilized during the project, etc.* |
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| **Key Partners and Collaborators** |
| *Identify partners (including name and contact information) and outline how they collaborated with the project. Did the partners provide additional support (financial or other)?* |
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| **Barriers, Challenges, and Successes** |
| *Describe your successes, challenges or barriers. How did you overcome any challenges or barriers? How can the WCP assist you with these barriers or challenges? Can the WCP provide any technical assistance?* |
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| **Project Evaluation** |
| *Have you evaluated your efforts? If working with a partner to increase screening rates, did you review baseline data and data after implementing the project? Was there an increase?  If you held a screening event, how many screenings were completed? If you worked on reduction of barriers such as extended office hours, what were the office hours? What results did you see? Is the effort sustainable? What tracking mechanisms were established? Were policies for sustainability created? If a Skin or FIT Kit Project, use this section to outline policy. If an HPV project, use this section for vaccination details (how many were given? What series?* |
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