## RRP Value Add Project Funding **Project Accomplishment Form**



Project name		
Project manager/supervisor		
Project costs (actual vs. budgeted costs)		
Key accomplishment and learnings		
Unanticipated barriers or issues		
How will the project outcomes be applied within the HARP?		
How will the project outcomes be applied within the BC renal network?		
Recommendations for next steps		
Executive Sponsor	Date	
Medical Director	Date	
Renal Director/Lead/Manager	Date	















