Final Performance Report

Award Years 2016 Forward

A Final Performance Report must be received within 120 days after the end of the grant agreement. You are required to report on the administration of the agreement and each project approved within the agreement. The completed Final Performance Report will be posted to the AMS website.

# Grant Information

## Agreement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AMS Agreement Number:** | Enter Agreement Number (e.g., AM200100XXXXGXXX ). | | | |
| **Period of Performance:** | **Start Date:** | Enter Date. | **End Date:** | Enter Date. |
| **Award Amount:** |  | | | |

## Recipient

|  |  |
| --- | --- |
| **Recipient Organization Name:** |  |
|  | |
| **Recipient’s Point of Contact** | |
|  | |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

## Report

|  |  |
| --- | --- |
| **Report Type:** | Enter the Type of Annual Report (e.g., 1st Annual, 2nd Annual). |
| **Date Report is Submitted:** | Enter Date. |

# Grant Administration

If funds were used for grant administration, indicate the amount of funding expended from the beginning of the grant to the end of the reporting period covered by this report. Also, indicate the amount charged as indirect expenses versus the amount charged as direct expenses.

| **Amount Requested** | **Direct and/or Indirect Expended to Date** |
| --- | --- |
|  |  |
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# Final Project Report Template

Final Performance Reports must illustrate the completion of each project within the grant agreement. Each project shall be outlined as separate project profiles. You will report on projects in the same order they were submitted in the approved application and subsequent amendments.

## Project Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** | Enter Project Title as Stated on the Grant Agreement. | | | |
| **Recipient Organization Name:** | Enter Recipient Organization Name. | | | |
| **Period of Performance:** | **Start Date:** | Enter Date. | **End Date:** | Enter Date. |
|  | | | | |
| **Recipient’s Project Contact** | | | | |
|  | | | | |
| **Name:** | Enter the Project Contact’s Name. | | | |
| **Phone:** | Enter the Project Contact’s Phone Number. | | | |
| **Email:** | Enter the Project Contact’s Email. | | | |

# Performance Narrative

## pROJECT bACKGROUND

Provide enough information for the reader to understand the importance or context of the project. This section may draw from the background and justification contained in the approved project proposal.

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## Activities Performed

Address the below sections as they relate to the entire project’s period of performance.

### Objectives

Provide the approved project’s objectives.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Objective** | **Completed?** | |
| **Yes** | **No\*** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

\*If no is selected for any of the listed objectives, you must expand upon this in the challenges and lessons learned sections.

### Accomplishments

List your accomplishments for the project’s period of performance, including the impact they had on the project’s beneficiaries, and indicate how these accomplishments assist in the fulfillment of your project’s objective(s), outcome(s), and/or indicator(s).

| **#** | **Accomplishment or Impact** | **Relevance to Objective, Outcome, and/or Indicator** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

### Challenges and Developments

Provide any challenges to the completion of your project or any positive developments outside of the project’s original intent that you experienced during this project. Also, provide the corrective actions you took to address these issues. If you did not attain an approved objectives, outcome(s), and/or indicator(s), provide an explanation in the Corrective Actions column.

| **#** | **Challenge or Development** | **Corrective Action or Project Change** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

### Lessons Learned

Provide recommendations or advice that others may use to improve their performance in implementing similar projects.

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### Continuation and Dissemination of Results (If Applicable)

Describe your plans for continuing the project (sustainability; capacity building) and/or disseminating the project results.

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## Beneficiaries

**Number of project beneficiaries**: Enter Number of Project Beneficiaries

## Outcome(s) and Indictator(s)/Sub-Indicator(s)

Provide the results of the project outcome(s) and indicator(s) as approved in your application and project proposal. The results of the outcome(s) and indicator(s) will be used to evaluate the performance of the Program on a national level.

### Outcome Measure(s)

Select the Outcome Measure(s) that were approved for your project.

**Outcome 1**: To increase the quantity and quality of locally grown food for food insecure individuals, families, neighborhoods, and communities

**Outcome 2**: To increase food security for at-risk members of the community through the development and enhancement of local agricultural resources and strategies

**Outcome 3**: Project Specific (Optional)

### Outcome Indicator(s)

Provide the indicator approved for your project and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator (add more rows as needed).

|  |  |  |
| --- | --- | --- |
| **#** | **Outcome and Indicator** | **Quantifiable Results** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

### Data Collection

Explain what data was collected, how it was collected, the evaluation methods used, and how the data was analyzed to derive the quantifiable indicator.

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## Federal Project Expenditures

### Expenditures

| **Cost Category** | **Amount Approved in Budget** | **Actual Federal Expenditures**  **(Federal Funds ONLY)** |
| --- | --- | --- |
| **Personnel** |  |  |
| **Fringe Benefits** |  |  |
| **Travel** |  |  |
| **Equipment** |  |  |
| **Supplies** |  |  |
| **Contractual** |  |  |
| **Other** |  |  |
|  |  |  |
| **Direct Costs Sub-Total** |  |  |
| **Indirect Costs** |  |  |
|  |  |  |
| **Total Federal Costs** |  |  |

### Program Income (if applicable)

| **Source/Nature**  **(i.e., registration fees)** | **Amount Approved in Budget** | **Actual Amount Earned** |
| --- | --- | --- |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
|  |  |  |
| **Total Program Income Earned** |  |  |

|  |
| --- |
| **Use of Program Income** |
| *Describe how the earned program income was used to further the objectives of this project.* |
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## Additional Information

Provide additional information available (i.e., publications, websites, photographs) that is not applicable to any of the prior sections.

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# paperwork reduction

According to the Paperwork Reduction Act of 1995 ([44 U.S.C. § 3501 *et seq.*](https://www.govinfo.gov/content/pkg/BILLS-104s244enr/pdf/BILLS-104s244enr.pdf)), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0320. The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reading and utilizing this document to prepare an application, reviewing which items are allowable, and understanding the terms and conditions of the grant award.