Interim Performance Report

An Interim (Annual) Performance Report must be received within 90 days after the end of the first year of the date of the signed grant agreement and 90 days after the end of each subsequent year until the expiration date of the grant period. You are required to report on the administration of the agreement and each project approved within the agreement.

# 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 that has been 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** |
| --- | --- |
|  |  |
|  |  |
|  |  |

# Annual Project Report Template

Annual Performance Reports must illustrate the progress made toward 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.

If a project is completed at the time of Annual Performance Report submission, the project report should be submitted in Final Performance Report format.

## Project Information

|  |  |
| --- | --- |
| **Project Title** | Enter Project Title as Stated on the Grant Agreement. |
| **Recipient Organization Name:** | Enter Recipient Organization Name. |
|  |
| **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. |

## Project Report

|  |  |
| --- | --- |
| **Annual Report Type:** | Enter the Type of Annual Report (e.g., 1st Annual, 2nd Annual). |
| **Reporting Period:** | **Start Date:** | Enter Date. | **End Date:** | Enter Date. |

# Performance Narrative

## Activities Performed

Address the below sections as they relate to this reporting period.

### Accomplishments

**Estimate the Total Percentage (%) of Work Completed on the Project** Enter Percent%

List your accomplishments or activities for this period of performance, and indicate how these accomplishments assist in the fulfillment of your project’s objective(s), identifying the specific objective(s) from the Accepted Project Proposal.

| **#** | **Accomplishment/Activity** | **Relevance to Objective** |
| --- | --- | --- |
| **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 reporting period. If those challenges or developments resulted or will result in corrective actions and/or changes to the project, include those in the space below.

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

### Outcome and Indicator Results to Date

Please list the Outcomes and Indicators you selected in your accepted project proposal, and identify the quantifiable results, along with an update on their progress. It is understood that the results may not yet be final at the time that this report is submitted; however, please provide an update on the progress to date.

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

### Discussion of activities performed (If Needed)

Provide any additional information that has not already been covered by Accomplishments, Challenges, and/or Outcomes sections. This section is not required.

|  |
| --- |
|  |

## Upcoming Activities

Describe activities you plan to complete during the next reporting period.

|  |  |  |
| --- | --- | --- |
| **#** | **Activity** | **Anticipated Completion** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

## Project Expenditures to Date

### 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** |  |  |
|  |  |  |

### Discussion of expenditures

For 1st Annual Reports if this amount is less than 30 percent and for 2nd Annual Reports if this amount is less than 60 percent, include a statement explaining how the grant funds will be expended and project activities completed as planned by the end date on the grant agreement.

|  |
| --- |
|  |

### Program Income (if applicable)

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

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

**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.