

# **INTERIM PERFORMANCE REPORT**

Please consult attached instructions when filling out this form.

1.	Federal agency and organization element to which report is submitted:			eral award or other identifying ober assigned by federal agency:		Page	of Pages
	Institute of Museum and Library Services					3a. D-U-N-S®	number:
						3b. EIN/TIN:	
4.	Recipient organization (name and complete address, including ZIP+4/postal code):					5. Recipient i	
6a.	Award period of performance start date (mo/day/yr):				· ·	orting period end date /day/yr):	
8. Project URLs, if any:						9. Report fre annual [ quarterly If other, desc	semi- annual other
10. Other attachments?  Yes No  Contact the IMLS program office to receive instructions for transmitting additional attachments.							
11a. Name and title of Project Director:			11b. Telephone (area code, number, extension):				
				11c. Email address:			
12. Certification: By submitting this report I certify to the best of my knowledge and belief that this information is correct and complete for performance of activities for the purposes set forth in the award documents.						ition is correct	
13a	13a. Signature of Authorized Certifying Official:			13b. Date report submitted (mo/day/yr):			
13c. Name and title of Authorized Certifying Official:				13d. Telephone (area code, number, extension):			
					13e. Email ac	ddress:	
					14. Agency u	se only	

The purpose of the interim performance report is to provide a record of grant-funded project activities at annual intervals throughout the grant period. If you have questions concerning the interim

performance reporting requirements, you may address them to the Program Officer who is assigned to your grant and whose name and contact information appear in your Official Award Notification. IMLS may share interim performance reports with grantees, potential grantees, and the general public to further the mission of the agency and the development of museum and library services. Reports may be distributed in a number of ways and formats, including online.

15.	<b>Recipient Organization:</b>
IJ.	necipieni Organization.

16. Proj	ect Title:
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### 17. Project Summary

#### 18. Activities

Activities Proposed in Your Application	Activities Completed during the Reporting Period	Explanation of Any Variance

## 19. Changes

Type of Change	Description	Date of Approval (if applicable)

### 20. Lessons Learned

**Burden Estimate and Request for Public Comments:** Public reporting burden for this collection of information is estimated to average 3.17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Institute of Museum and Library Services, Chief Information

Officer, 1800 M Street, NW, 9th Floor, Washington, DC 20036-5802, and to the Office of Management and Budget, Paperwork Reduction Project 3137-0029, Washington, DC 20503.