



INTERIM PERFORMANCE REPORT

Please consult attached instructions when filling out this form.

1. Federal agency and organization element to which report is submitted: <p style="text-align: center;">Institute of Museum and Library Services</p>	2. Federal award or other identifying number assigned by federal agency:	Page	of Pages
		3a. D-U-N-S® number:	
		3b. EIN/TIN:	
4. Recipient organization (name and complete address, including ZIP+4/postal code):		5. Recipient identifying or account number:	
6a. Award period of performance start date (mo/day/yr):	6b. Award period of performance end date (mo/day/yr):	7. Reporting period end date (mo/day/yr):	
8. Project URLs, if any:		9. Report frequency: <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other If other, describe:	
10. Other attachments? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			
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 address:	
14. Agency use only			