



## FINAL 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;"><b>Institute of Museum and Library Services</b></p>		2. Federal award or other identifying number assigned by federal agency:		Page	of Pages
				3a. DUNS 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:		
<b>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.</b>					
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					



- **Community**
  - Strengthen museums and libraries as essential partners in addressing the needs of their communities
- **Content and Collections**
  - Broaden access and expand use of the Nation’s content and collections
  - Improve management of the Nation’s content and collections
  - Improve preservation, conservation, and care of the Nation’s content and collections

For **Learning** and **Community** projects

Performance Measure Statement	Survey Respondent	No. of Participants	No. Total Responses	No. Responses Per Answer Option				No. Non Responses
				Strongly Disagree	Disagree	Agree	Strongly Agree	

For **Content and Collections** projects, proceed directly to Question 20b.

**b. Program and Project-Level Results**

Intended Result(s)	Actual Result(s)	Explanation of Any Variance

**21. Lessons Learned**

**22. Next Steps**

**23. Appendices**

**Burden Estimate and Request for Public Comments:** Public reporting burden for this collection of information is estimated to average 12.22 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, 955 L'Enfant Plaza North, SW, Suite 4000, Washington, DC 20024-2135, and to the Office of Management and Budget, Paperwork Reduction Project 3137-0029, Washington, DC 20503.