**FSMIP Interim Performance Report**

**Report Number/Period: (for example: #1 Sept 29, 201x – Mar 31, 201x)**

**Date: Today’s Date**

**Recipient Contact: Name/Telephone/E-mail**

**Recipient Name:** Organization Name

**Project Title: As it appears on the G**rant Agreement

**Grant Number:** 1X-FSMIP-State-Grant Number

**Total Awarded Budget:** $ Amount

**Total Match:** $ Amount

### Although a subrecipient or another third party may prepare performance reports, it is nonetheless the recipient’s responsibility to review and approve them before forwarding them to FSMIP.

### MAJOR ACTIVITIES COMPLETED - Summarize activities performed and milestones achieved for each objective or sub-element of the narrative. Also discuss:

* + Are goals being accomplished as anticipated in the proposed timeline?
	+ Have there been any project changes (personnel, administrative, stakeholder involvement, etc.) that may be impacting the pace and success of the project? If yes, explain.

### UNEXPECTED DELAYS - Note unexpected delays or impediments as well as favorable or unusual developments. **Explain what the organization did to resolve or address these issues.**

### NEXT STEPS - Outline work to be performed during the next 6-month period; and

### FINANCIAL SUMMARY- Comment on the level of grant funds and matching contributions expended to date on the project. **Note the reasons for budget revisions, if made, and when FSMIP approval was granted. Report any program income generated, if any, and how it was utilized.**

*According to the Paperwork Reduction Act of 1995, 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 0581-0240. The time required to complete this information collection is estimated to average 4 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.*

# USDA’s Nondiscrimination Statement (effective 2015)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.