**APPLETREE ANNUAL PERFORMANCE REPORT (APR)**

Form Approved

OMB Control Number: 0923-xxxx

Expiration Date: xx/xx/201x

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|  | | | | Page | of  Pages | | |
| 1.Federal Agency and Organization Element to  Which Report is Submitted | 2. Federal Grant or Other Identifying  Number Assigned by Federal Agency | | | 3a. DUNS Number | | | |
| 3b. EIN | | | |
| 4. Recipient Organization (Name and complete address including zip code) | | | | 5. Recipient Identifying Number or Account Number | | | |
| 6. Project/Grant Period  Start Date: *(Month, Day, Year)* End Date: *(Month, Day, Year)* | | 7. Reporting Period End Date  *(Month, Day, Year)* | | 8. Final Report? | |  | Yes No |
|  |
| 9. Report Frequency *annual*  *semi-annual* *quarterly other (If other, describe: \_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | | |
| 10. Performance Narrative *(attach performance narrative as instructed by the awarding Federal Agency)* | | | | | | | |
| 11. Other Attachments *(attach other documents as needed or as instructed by the awarding Federal Agency)* | | | | | | | |
| **12. Certification:** **I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.** | | | | | | | |
| 12a. Typed or Printed Name and Title of Authorized Certifying Official | | | 12c. Telephone *(area code, number and extension)* | | | | |
| 12d. Email Address | | | | |
| 12b. Signature of Authorized Certifying Official | | | 12e. Date Report Submitted *(Month, Day, Year)* | | | | |
|  | | | 13. Agency use only | | | | |

ATSDR estimates the average public reporting burden for this collection of information as 3 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-xxxx).

APR, Page 1 of 4

***APPLETREE Annual Performance Report (APR) Instructions***

The *APPLETREE Annual Performance Report (APR)* is a performance progress and evaluation reporting format used by the Agency for Toxic Substances and Disease Registry (ATSDR) to collect performance information from recipients of ATSDR funds, excluding those that support research. General instructions for completing the *APR* are contained below. For further instructions on completing the *APR,* please contact the agency’s points of contact specified in the "Agency Contacts" section of your award document.

## Report Submissions

1. The recipient must submit the *APR* cover page and any of the forms (*APR A-F*), which ATSDR requires, as specified in the award terms and conditions.

1. The *APR* must be submitted to the attention of the agency’s points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.

1. If additional space is needed to support the *APR*, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

**Reporting Requirements**

1. All recipients of grants or cooperative agreements awarded under all ATSDR programs, excluding those that support research, are required to submit an *APR* in accordance with the terms established in the award document.

1. The *APR* will be submitted in accordance with program guidance and award terms and conditions which may be quarterly, semi-annual, or annual. A final *APR* shall be required at the completion of the award agreement.

1. For interim *APRs*, due dates will be in accordance with program guidance based on required reporting frequency and budget period start dates.

APR, Page 2 of 4

1. For final *APRs* due dates are required not later than 90 days after the end of the reporting period end date.

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| **APPLETREE Annual Performance Report** | | |
| Item | Data Elements | Line Item Instructions for APR |
| 1 | Awarding Federal agency and Organizational Element to Which Report  is Submitted | Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency. |
| 2 | Federal Grant or Other  Identifying Number  Assigned by the awarding Federal agency | Enter the grant/award number contained in the award document. |
| 3a | DUNS Number | Enter the recipient organization's Data Universal Numbering System  (DUNS) number or Central Contract Registry extended DUNS number. |
| 3b | EIN | Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service. |
| 4 | Recipient Organization | Enter the name of recipient organization and address, including zip code. |
| 5 | Recipient Account  Number or Account  Number | Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency. |
| 6 | Project/Grant Period | Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period. |
| 7 | Reporting Period End Date | Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document. |
| 8 | Final Report | Mark appropriate box. Check “yes” only if this is the final report for the project/grant period specified in Box 6. |
| 9 | Report or Frequency | Select the appropriate term corresponding to the requirements contained in the award document. “Other” may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A110. |
| 10 | Performance Narrative | Attach performance narrative as instructed by the awarding Federal agency. |
| 11 | Other Attachments | Attach other documents as needed or as instructed by the awarding Federal agency. |

APR, Page 3 of 4

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| **APPLETREE Annual Performance Report** | | |
| Item | Data Elements | Line Item Instructions for APR |
| Remarks, Certification, and Agency Use Only | | |
| 12a | Typed or Printed Name and Title of Authorized Certifying Representative | Authorized certifying official of the recipient. |
| 12b | Signature of Authorized Certifying Official | Original signature of the recipient's authorizing official. |
| 12c | Telephone (area code, number and extension) | Enter authorized official's telephone number. |
| 12d | Email Address | Enter authorized official's email address. |
| 12e | Date Report Submitted (Month, Day, Year) | Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period. |
| 13 | Agency Use Only | This section is reserved for the awarding Federal agency use. |

APR, Page 4 of 4