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UNITED STATES DEPARTMENT OF AGRICULTURE
Food and Nutrition Service

OMB Control Number: 0584-0512
Expiration Date: xx/xx/xxxx

PERFORMANCE PROGRESS REPORT

The public burden statement: 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 0584-0512. The time required to complete this information collection is estimated to average 3 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 comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584 - 0512*). Do not return the completed form to this address.

1. Recipient Organization		2. Grant Federal Fiscal Year & Quarter: Federal Fiscal Year and Quarter should reflect the time this Progress Report is submitted	
a. Organization Name:		a: Federal Fiscal Year: b. Federal Quarter:	
b. Street Address:		3. Program Information:	
City:	State:	Zip:	Program Area:
4. Primary POC:		Program:	
a. First Name:	Last Name:	b. Title:	Tag:
c. Telephone (Area Code & Number):		5. Recipient Account Number (FAIN):	
d. Email Address:		6. Type of Report (Select One):	
7. Federal Grant Agreement Number:		<input type="checkbox"/> Final <input type="checkbox"/> Quarterly Reporting Period: _____	
8. Additional POC (Optional)		<input type="checkbox"/> Semi-Annual	
a. First Name:	Last Name:	b. Title:	
c. Telephone (Area Code & Number):		d. Email Address:	
9. Report Submitted By:			
a. First Name:	Last Name:	b. Title:	10. Certification
			<input type="checkbox"/> I certify by checking this box that, to the best of my knowledge and belief, this report is correct and complete for performance of activities set forth in the award documents.
11. Date Report Submitted:			

Program Management Information

1. Progress Summary

Provide summary of progress this reporting period, highlighting your greatest achievements and challenges to date in this reporting period. For challenges, how did you resolve or overcome them? (Max 2000 characters):

2. Personnel Information

- a. Number of FTEs: _____ b. Were there any changes in key personnel? Yes No
- c. If yes, please describe the changes in key personnel, including the individual leaving/joining the project as well as the name and contact information (email address, phone number, and name of organization) of the individual. Note: This information does not serve as a formal request to approve the change in key personnel. This request must be forwarded to the Grants Officer in a separate request (Max 2000 Characters):

3. Projected Amendments (Cost and No-Cost)

- a. Number of amendments projected this upcoming quarter?
- b. Do the projected amendment(s) require FNS approval? Yes No
- c. Please describe the type of amendment(s) projected and justification for each. Note: This information does not serve as a formal request to approve amendments. This request must be forwarded to the Grants Officer in a separate request (Max 2000 characters):

4. Expenditures/Purchases:

- a. Were there any significant expenditures or purchases, including any contracts entered during this reporting period? Yes No
- b. If so, please describe (Max 2000 Characters):

5. Deviations (Changes this quarter outside of the agreed upon scope, timeline, or budget):

- a. Have there been any deviations? Yes No b. Type: _____
- c. Describe any deviation(s), including a justification and impacts to budget/timeline (Max 2000 characters):
- d. Please describe proposed activities to mitigate the impact of the deviation(s) (Max 2000 characters):

Program Management Information (Continued)

6. Upcoming Activities and Anticipated Changes

a. Please describe activities planned for next quarter (Max 2000 Characters):

b. Do you anticipate any changes in your project timeline, activities or cost? Yes No

c. If yes, please explain the anticipated changes (Max 2000 Characters):

7. Final Reporting Summary (Final Reporting Period Only)

a. Are all goals and objectives completed at this time? Yes No

b. Briefly describe the goals and objectives that were not completed and why they were not completed (Max 2000 Characters):

c. Was the project budget sufficient for meeting the project goals? Yes No

d. If no to answer 7c, briefly describe why the budget was insufficient for meeting the project goals (Max 2000 Characters):

8. Additional Comments

Program Activities

Objective 1 :

	Activity	Type	Anticipated Completion Date	Actual Completion Date	Optional		
					Location	Beneficiaries/ Audience	Topic (if training)
1							

Add Activity	Remove Activity
Add Objective	Remove Objective

Outcome Indicators

Objective 1 :

Activity 1

Indicator Description	Indicator Type			
		Target	Actual (Cumulative)	Comments

Add Indicator	Remove Indicator
Add Activity	Remove Activity

Final Program Metrics (Final Reporting Period Only)

Metric **1** _____ Type: _____

Prompt:

	Answer Value 1:	Answer Value 2:	Answer Value 3:	Answer Value 4:	Answer Value 5:
	_____	_____	_____	_____	_____
Item 1:					
Item 2:					
Item 3:					

Add Item

Remove Item

Comments:

