

ANNUAL PERFORMANCE PROGRESS REPORT

1. **Recipient Organization** *(Name and complete address including zip code)*

2. **Award Identification Number:**

3. **Performance Narrative**

(Please describe your project activities and progress made during the past fiscal year. This should include a description of federal and match expenditures to date (including the amount spent), key milestones, the primary activities needed to accomplish those milestones, significant project accomplishments, and any delays or challenges. Explain the reasons why any established goals were not met, if applicable.)

4. **Performance Metrics**

(Please identify the metrics you have established to assess program implementation and the progress made in achieving these metrics during the reporting period.)

5. **Performance Projections**

(Please describe your anticipated project activities and progress for the next fiscal year. This should include a description of federal and match expenditures (including the projected amount), key milestones, the primary activities needed to accomplish those milestones, significant project accomplishments, and any potential delays or challenges you foresee.)

Public Burden Statement: According to the Paperwork Reduction Act, as amended, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject to the requirements of the PRA, unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 60 hours per response. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Yuki Miyamoto, Federal Program Officer, National Telecommunications and Information Administration, U.S. Department of Commerce, 1401 Constitution Avenue, NW, Room 4078, Washington, DC 20230, or to Laurie Flaherty, Coordinator, National 911 Program, Office of Emergency Medical Services, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE, NPD-400, Washington, DC 20590.

6. **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.

5a. **Typed or Printed Name and Title of Authorized Certifying Official**

5b. **Signature of Authorized Certifying Official**

5c. **Telephone** (area code, number and extension)

5d. **Email Address**

5e. **Date Report Submitted** (Month, Day, Year)

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