

## **IMLS PERFORMANCE REPORT FORM**

### **Native American Library Services Basic Grants**

If you have questions concerning the performance reporting requirements, you may address them to the Program Officer associated with your award in eGMS Reach.

Please note that IMLS may publish performance reports and attachments online or otherwise share them and the information they contain with awardees, potential awardees, and the general public to further the mission of the agency and the development of museum and library services.

[Data fields designated below in gray will be autofilled by eGMS (IMLS's electronic grants management system) and require no input from the user.]

**1. Date Submitted:** MM/DD/YYYY

**2. Federal Agency to Which Report is Submitted:** Institute of Museum and Library Services

**3. Federal Award or Other Identifying Number Assigned by Federal Agency:** FAIN

**4. Project Title:** Title

**5. Project Director:** Name, title, email address, phone number

**6. Recipient Organization:** Legal Applicant (Organizational Unit), Street Address, City, State, ZIP+4

**7. Recipient identifying or account number (optional):**

**8. Award period of performance start date:** MM/DD/YYYY

**9. Award period of performance end date:** MM/DD/YYYY

**10. Agency-level goal:** Goal No. and Text

**11. Grant program goal and objective(s):** Goal No., Objective Number(s), and text

#### **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. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name of Authorized Certifying Official: First Name Last Name

b. Signature of Authorized Certifying Official: *This report was signed electronically via eGMS Reach.* [To show on user's version of form: *Your name will be added to the IMLS Final Report Form as the Authorized Certifying Official when you click Submit Report.*]



### 13. Award Description

Text from approved eGMS award description.

### 14. Library Operations, Core Library Services, and Professional Development Activities

List and briefly describe the grant-funded activities relating to improving library operations and/or core library services that your project completed. Describe any training, continuing education, and/or other professional development activities that your project included.

Activity Proposed in Your Approved Application	Completion Status	Explanation if partially completed or not undertaken
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not undertaken	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not undertaken	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not undertaken	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not undertaken	

### 15. Changes

Changes in key personnel, budget, project plans, schedule of completion, and other actions may require prior approval from IMLS. Consult the [General Terms and Conditions for IMLS Discretionary Grant and Cooperative Agreement Awards](#) for your award, as well as [2 C.F.R. part 200 \(Uniform Guidance\)](#), for details. If there were any such changes for which you did not seek IMLS approval during the period of performance for your award, list them here. Show the type of change, the date it became effective, and the reason for it. Please note that listing such actions here does not constitute IMLS approval.

Type of Change	Date Change Became Effective	Reason for Change

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## 16. Project Results

In the space below, provide brief information on the following.

(a) Describe the results or accomplishments you achieved in your project. Compare them to the objectives identified in your approved application.

(b) If you did not meet established goals, provide the reasons.

(c) Please also include any additional pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

[TEXT BOX]

### 17. Attachments

You are welcome to upload any attachments as PDF, Word, Excel, or image files up to 100MB each in size through the Messages tab in eGMS. If you do not have any attachments to submit, please go to the next question.

If you are submitting attachments, please list and briefly describe them here. Identify any information you believe may be privacy-protected, proprietary, or otherwise confidential on the attachment itself and in the description below.

Attachment File Name	Brief Description

### 18. Lessons Learned

Describe observations, insights, and new understandings acquired during your project, focusing on information that could be of use to others doing similar work. Describe any problems, delays, or adverse conditions that were a barrier to success in your project, and describe the action you took to address them. Similarly, describe any favorable developments during your project that helped you meet time schedules and objectives sooner, at less cost, or produce more or different beneficial results than originally planned.

[TEXT BOX]

### 19. Next Steps

Describe your plans to sustain the benefit of this project beyond this award’s end date and/or to continue work in this area.

[TEXT BOX]

### 20. Performance Measurement

Rate your performance during the project, taking into consideration the performance measure statements you identified in your approved application. For each of the two performance measures, select one number, ranging from 1 (Never) to 5 (Always), that best represents your project work.

Performance Measure	Rating
<b>Effectiveness:</b> Our project’s activities contributed to achieving our intended results.	[Dropdown menu, 1-5]
<b>Timeliness:</b> We completed each task/activity within the projected timeframe.	

[Labels for dropdown menu: 1: Never; 2: Rarely; 3: Sometimes; 4: Usually; 5:



Always]

**Burden Estimate and Request for Public Comments:** The public reporting burden for this collection of information is estimated at an average of two hours per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. We welcome your suggestions for improving the form and making it as easy to use as possible. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [grantsadmin@imls.gov](mailto:grantsadmin@imls.gov). Please note that awardees are not required to respond to a collection of information unless it displays a currently valid U.S. Office of Management and Budget (OMB) control number.