

# INTERIM PERFORMANCE REPORT

An Interim Performance Report must be received within 90 days after the end of the first year of the date of the signed grant agreement and 90 days after the end of each subsequent year until the expiration date of the grant period. Interim Performance Reports must illustrate the progress made toward the completion of each project within the grant agreement.

## GRANT INFORMATION

### AGREEMENT

<b>AMS Agreement Number:</b>	Enter Agreement Number (e.g., 17FSMIPXX####).		
<b>Project Title</b>	Enter Project Title as Stated on the Grant Agreement.		
<b>Period of Performance:</b>	<b>Start Date:</b>	Enter Date.	<b>End Date:</b> Enter Date.
<b>Award Amount:</b>	Enter AMS Funding Amount (\$).		
<b>Match Amount (if applicable):</b>	Enter Non-Federal Matching Amount (\$).		

### RECIPIENT

<b>Recipient Organization Name:</b>	Enter Recipient Organization Name.		
<b>Recipient's Project Contact</b>			
<b>Name:</b>	Enter the Project Contact's Name.		
<b>Phone:</b>	Enter the Project Contact's Phone Number.		
<b>Email:</b>	Enter the Project Contact's Email.		

### REPORT

<b>Interim Report Type:</b>	Enter the Type of Interim Report (e.g., 1 <sup>st</sup> Interim, 2 <sup>nd</sup> Interim).		
<b>Reporting Period:</b>	<b>Start Date:</b>	Enter Date.	<b>End Date:</b> Enter Date.

## PERFORMANCE NARRATIVE

### ACTIVITIES PERFORMED

Address the below sections as they relate to this reporting period.

### ACCOMPLISHMENTS

List your accomplishments for this reporting period and indicate how these accomplishments assist in the fulfillment of your project's objective(s), outcome(s), and/or indicator(s). This listing should identify your project's partners and their contributions.

#	Accomplishment	Relevance to Objective, Outcome, and/or Indicator
1		
2		
3		
4		

**CHALLENGES AND DEVELOPMENTS**

*Provide any challenges to the completion of your project or any positive developments outside of the project's original intent that you experienced during this reporting period. If those challenges or developments resulted or will result in corrective actions and/or changes to the project, include those in the space below.*

#	Challenges or Developments	Corrective Action and/or Project Change(s)
1		
2		
3		
4		

**OUTCOME AND INDICATOR RESULTS TO DATE**

*Quantify the overall progress on the outcomes and indicators of your project.*

#	Outcome/Indicator	Quantifiable Results
1		
2		
3		
4		

**DISCUSSION OF RESULTS**

*If necessary, include further explanation of the quantifiable results to date.*

**UPCOMING ACTIVITIES**

*Provide a description of the activities that you are planning to complete during the next reporting period.*

#	Activity	Anticipated Completion
1		
2		
3		
4		

**PROJECT EXPENDITURES TO DATE**

**EXPENDITURES**

Cost Category	Federal Funds Budget (FEDERAL PORTION ONLY)		Matching Budget (IF APPLICABLE)	
	Approved	Actual	Approved	Actual
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				

Cost Category	Federal Funds Budget (FEDERAL PORTION ONLY)		Matching Budget (IF APPLICABLE)	
	Approved	Actual	Approved	Actual
<b>Direct Costs Sub-Total</b>				
<b>Indirect Costs</b>				
<b>Total</b>				

**PROGRAM INCOME (IF APPLICABLE)**

Source/Nature (i.e., registration fees)	Amount Approved in Budget	Actual Amount Earned
<b>Total Program Income Earned</b>		

**Use of Program Income**  
*Describe how the earned program income was used to further the objectives of this project.*

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-NEW. 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.

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