



### Optional Project Performance Report\*

<b>1. Recipient/Cooperator Name:</b> _____		
<b>2. Agreement Number:</b> _____	<b>3. Project Title:</b> _____	
<b>4. Reporting Period End Date:</b> _____	<b>5. Report Type:</b> <input type="checkbox"/>	<input type="checkbox"/> <b>Final</b>
	<b>Interim</b>	

For each program/project in the agreement narrative, please provide brief information on the following:

- 6. Status Summary:
  
- 7. What has been accomplished to date? Please provide a comparison of actual accomplishments to the objectives established in the agreement narrative (quantify where possible):
  
- 8. Any problems encountered? Explain delays or changed costs or conditions that significantly impair the ability to meet agreement objectives and timelines. If necessary, please work with the F.S. program manager for an extension of the agreement period.
  
- 9. Any changes that you plan to propose? Please work with F.S. program manager to determine if a modification is needed (e.g., a change is needed to the objectives or financial plan).
  
- 10. Briefly describe work to be performed during the next reporting period.
  
- 11. Any other comments considered of importance but not discussed above?
  
- 12. Signatures of Authorized Representative: by signature below, the signing parties certify that they are the official representatives of their respective parties and authorized to act in their respective areas for matters related to the above-referenced grant/agreement.

<b>Submitted:</b> Cooperator Program Mar	<b>Signature:</b> _____	<b>Date:</b> _____
	<b>Name/Title:</b> _____	<b>Phone:</b> _____

\*Note to Cooperator Project Lead: This optional form helps respond to the performance reporting required by the agreement.

<b>Reviewed:</b> FS Program Mar	<b>Signature:</b> _____	<b>Date:</b> _____
	<b>Name/Title:</b> _____	<b>Phone:</b> _____



*\*Note to F. S. Program Manager: Please document this and any other monitoring activity in NRM or send to G&A Personnel.*

*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 0596-0217. The time required to complete this information collection is estimated to average 2 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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## INSTRUCTIONS FOR FORM FS-1500-23

1. Enter the recipient's or cooperator's name.
2. Enter the original U.S. Forest Service agreement number.
3. Enter the project's title.
4. Enter the type of report.
- 6-8. Provide information related to each program/project in the agreement narrative.
11. Self explanatory.