

FINAL PERFORMANCE REPORT

A Final Performance Report must be received within 120 days after the end of the grant agreement. Final Performance Reports are required to fulfill the terms of the grant agreement and are an important vehicle for sharing research findings with other interested groups and the public. The completed Final Performance Report will be posted to the AMS website.

GRANT INFORMATION

AGREEMENT

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

RECIPIENT

| | |
|-------------------------------------|---|
| Recipient Organization Name: | Enter Recipient Organization Name. |
| Recipient's Project Contact | |
| Name: | Enter the Project Contact's Name. |
| Phone: | Enter the Project Contact's Phone Number. |
| Email: | Enter the Project Contact's Email. |

PERFORMANCE NARRATIVE

PROJECT BACKGROUND

Provide enough information for the reader to understand the importance or context of the project. This section may draw from the background and justification contained in the approved project proposal.

ACTIVITIES PERFORMED

Address the below sections as they relate to the grant's period of performance.

OBJECTIVES

Provide the approved project's objectives.

| # | Objective | Completed? | |
|---|-----------|------------|-----|
| | | Yes | No* |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

**If no is selected for any of the listed objectives, you must expand upon this in the challenges and lessons learned sections.*

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 | | |

LESSONS LEARNED

Provide recommendations or advice that others may use to improve their performance in implementing similar projects.

CONTINUATION AND DISSEMINATION OF RESULTS (IF APPLICABLE)

Describe your plans for continuing the project (sustainability; capacity building) and/or disseminating the project results.

OUTCOME(S) AND INDICATOR(S)/SUB-INDICATOR(S)

Provide the results of the project outcome(s) and indicator(s) as approved in your application or approved amendment to your application.

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.

PROJECT EXPENDITURES

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 | | | | |
| Direct Costs Sub-Total | | | | |
| Indirect Costs | | | | |
| Total | | | | |

PROGRAM INCOME (IF APPLICABLE)

| Source/Nature (i.e., registration fees) | Amount Approved in Budget | Actual Amount Earned |
|--|---------------------------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| Total Program Income Earned | | |

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

ADDITIONAL INFORMATION

Provide additional information available (i.e., publications, websites, photographs) that is not applicable to any of the prior sections.

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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