INTERIM PERFORMANCE REPORT FORM

OMB Burden Statement:

This collection of information is approved by OMB under the Paperv
are mandatory [2 CFR Part 200]. An agency may not conduct or sp
control number. The public reporting and recordkeeping burden fo
the accuracy of the provided burden estimates and any suggested methods for m
NW; Washington, D.C. 20460. Include the OMB control number in any correspond

Instructions for Grantees:

* This form requests performance information across five sheets: (1) Project Over
* This form should be used during each discrete reporting period (e.g., quarterly,
* Please refer to the supplemental instructions document for guidance on how to
* Please speak to your EPA Project Officer to confirm that you understand all the r
* The information you report should represent the actual implementation of the p
* Use your Work Plan as a reference when completing this form, but do report an
* You can add information about outputs and outcomes for each activity at any ti
* You can use this spreadsheet to complete each new interim performance report
* If you have any questions about how to complete this form, please contact your

August 6, 2024		OMB CONTROL NUMB

work Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2090
ponsor, and a person is not required to respond to, a collection of infor
or this collection of information is estimated to be 20 hours per respons
inimizing respondent burden to Director, Information Engagement Division; U.S. Enviro
dence. Do not send the completed form to this address.

rview, (2) Activities, Dates, Locations, and Partners; (3) Outputs; (4) Outcomes; and (5) F
semi-annually, annually) up to the end of the project.
complete each section.
reporting expectations for your program.
project activities.
y changes or additional unplanned activities.
me after you initially report the activity. Just be sure to indicate the date of data entry
t, by adding new rows in each section. Just be sure to indicate the date of data entry in
EPA Project Officer.

ER = 2090-NEW, Expiration Date = mm/dd/yyyy

0-NEW. Responses to this collection of information
rmation unless it displays a currently valid OMB
e. Send comments on the Agency’s need for this information,
onmental Protection Agency (2821T); 1200 Pennsylvania Ave.,

Financial Reporting.

in Column A.
Column A.

SECTION 1: PROJECT OVERVIEW

Project Information	
Instructions: *Please complete the information below.*	
Project Lead Name	
Project Title	
EPA Grant #	
EPA Program (e.g., FIFRA)	
EPA Project Officer	
Project Start Date	
Expected Project End Date	

Project Objectives
Instructions: *List the specific objectives as outlined in the approved grant work plan.*
1. 2. etc.

Interim Performance Report Submission Schedule

Instructions - start of project: *Working with your Project Officer, please enter the expected dates in the submission schedule for the interim progress reports. Add or delete rows as needed to accurately represent the number and type of reports you are expected to submit for each year of the project.*
Instructions - when submitting each report: *Enter the actual date that you submit that report.*

Project Year	Report Title	Deadline Date for Submission	Actual Date of Submission
1	**Interim Progress Report 1**	6/30/2024	
1	**Interim Progress Report 2**	9/30/2024	
1	**Interim Progress Report 3**	12/31/2024	
1	**Interim Progress Report 4**	3/31/2025	
2	**Interim Progress Report 5**	6/30/2025	
2	**Interim Progress Report 6**	9/30/2025	
2	**Interim Progress Report 7**	12/31/2025	

2	**Interim Progress Report 8**	3/31/2026	

SECTION 2: ACTIVITIES & LOCATIONS

Instructions

Use this section to report your activities and associated infor

Report each activity on a new (horizontal) row.

Insert additional rows in Part A if you have multiple items to

Instructions for completing each column are provided below

If you have any questions or need further assistance, please

Part A - Activity Log

A. Date of Data Entry	B. Project Year	C. Project Reporting Period
Include the date(s) on which you are reporting the information in each row.	Select the project year for which you are providing information about the project activities.	Select the project reporting period (e.g., quarters, semiannual, annual) for which you are providing information about the project activities.
10/13/2023	Year 1	Q1

10/16/2024	Year 2	Q1
10/18/2025	Year 2	Q2

rmation (e.g., locations, dates, partners, etc.).

report for an activity (e.g., locations).

.

review the supplemental instructions for this form, and then speak to your EPA Pr

D. Activity	E. Dates of Activity	F. State, Territory, or Tribe/Alaska Native Village
List each activity (i.e., specific tasks or actions) undertaken to achieve the objectives of the project (one per row).	**Include a single date or start/end dates for the reported activity, as appropriate. If ongoing, list start date and state end date as "ongoing."**	**Indicate whether the activity took place in a state, territory, or Tribe/Alaska Native Village.**
Example A: Implemented nutrient reduction strategy in Metropolis River Basin and track water quality.	July 15, 2023 – ongoing	Territory

Example B: Facilitated workshop with local stakeholders to discuss environmental concerns and inform project development	6/1/2024	State
Example C: Developed a database for a local government to aggregate data collected from a project funded with State Revolving Funds (SRF)	9/6/2025	State

oject Officer.

G. Specific State, Territory, or Tribe/Alaska Native Village	H. Type of Location Data	I. Unique ID for location
Select the specific state, U.S. territory, or Tribe/Alaska Native Village. Note that the drop-down menu options will change, dpeending on the answer provided in Column F.	Select the location data type that is appropriate for your project activity. If you are not sure, please consult your EPA Project Officer. If you want to add multiple locations for an activity, use additional rows.	Specify the unique ID that aligns with the location data type selected in Column H. If you want to add multiple locations for an activity, use additional rows.
Connecticut	Latitude-Longitude	Metropolis County

Arizona	ZIP Code	12345
Michigan	County	Generic County

J. Does the location include 1+ communities that are disadvantaged, marginalized, underserved, or overburdened by pollution?	K. Further Information for Answer in Column J
Select yes or no to indicate whether the location includes 1+ communities that are disadvantaged, marginalized, underserved, or overburdened by pollution.	If you answered "yes" to Column J, list the relevant communities in this column.
No	

Yes	All CBOs were from zip code that has high prevalence (95th percentile) of nearby Superfund sites and a high rate of poverty (80th percentile)
Yes	Generic County has higher levels of polluted water bodies (70th percentile)

L. Source of Information for Answer in Column J	M. Partners and/or Collaborators
Indicate the screening tool or source (e.g., CEJST, EJScreen, etc.) used to make the determination in Column J.	List individuals, organizations or entities that either collaborated with you to conduct the activity, or contributed resources, expertise, or financial support to the activity. Indicate if no partners were involved. Please consult your EPA Project Officer for more information.
CEJST	No partners

EJ Screen	The Local Nonprofit Group (nonprofit)
CEJST	Trusted Contractor LLC (contractor)

N. Partner Contributions
Describe the roles and contributions (whether financial or non-financial) of each partner or collaborator listed in Column M. Write "not applicable" if no partners or collaborators participated in this activity.
Not applicable

The Local Nonprofit Group (subawardee) identified stakeholders and coordinated the meeting.
The grantee directly communicated with a Generic County government representative to ensure the new database met all the local government's requirements for collecting, storing, and extracting/exporting data in support of their SRF funded project. The grantee communicated these requirements to Trusted Contractor LLC, who then developed the database. The grantee kept the Generic County official updated on the status of the database development and communicated some minor database adjustments to Trusted Contractor LLC.

O. Comparison with Work Plan

Compare the completed activities with the planned activities described in the Work Plan. If any changes were made to the planned design or implementation, briefly explain the reason(s) for these changes.

activity conducted in line with work plan

activity conducted in line with work plan
The workshop intended to have at least 3 community community-based organizations attend, but one CBO withdrew 24 hours before the workshop due to an unforseen scheduling conflict.

P. Additional Information (Optional)	Part B - Supplemental Information
Include additional information related to the activity that is requested by the program. Note that outputs and outcome will be reported on separate sheets/tabs (see list at the bottom of this window).	**Provide any relevant information or updates include unexpected challenges, innovative pr or any other pertinent developments.**
Not applicable	

Not applicable
Database type & brief description (requested by program): The database is an an Excel document that automatically updates the relevant collected data every day in a new sheet, named after the day the data was collected (format XXMONXXXX, e.g., 11APR2024). Previous/historical data is not overwritten.

s about the activities that have not been captured in the standard reporting columns in this sheet. This may
ractices adopted, communications activities (e.g., social media posts, physical signs, media engagements, etc.)

SECTION 3: OUTPUTS - Products, Services, or Events Produ

Instructions

Use this section to report the outputs of your activities.

For each activity in Part A, enter an output that you wish to report (

Insert additional rows (horizontal) to Part A, if needed.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review

Part A - Output Reporting

A. Date of Data Entry	B. Project Year	C. Reporting period
Include the date(s) on which you are reporting the information in each row.	Select the project year for which you are providing information about the output.	Select the project reporting period (quarters, semiannual, annual) for which you are providing information about the output. Please speak to your EPA Project Officer to confirm which reporting periods you should use.
	Year 1	Q1

10/13/2023	Year 1	Q1
	Year 1	Q1
10/16/2024	Year 2	Q1
10/18/2025	Year 2	Q2

ced by the Activities

each activity can have multiple outputs).

the supplemental instructions for this form, and then speak

D. Activity	E. Output Identification Number
List each activity undertaken to achieve the objectives of the project (one per row). **You can copy this information from Column D in Section 2: Activities**	**Assign a sequential identification number to each ouput for every activity.**
Example A: Implemented nutrient reduction strategy in Metropolis River Basin and track water quality.	1

	2
	3
Example B: Facilitated meeting with local stakeholders to discuss environmental concerns and inform project development	1
Example C: Developed a database for a local government to aggregate data collected from a project funded with State Revolving Funds (SRF)	1

to your EPA Project Officer.

F. Outputs: Products, Services, or Events
List the products, services, or events that were produced or delivered as part of the activity. Provide the number of each product, service, or event that was produced or delivered. The supplemental instructions for this form provides more information about different types of outputs you could report.
Approved implementation plan

Water quality monitoring data
Monthly updates on water quality posted on website
1 four-hour workshop
1 database for post-award data collection developed

OPTIONAL **G. Enagement with Output** **Indicate the amount of engagement you documented for the output over a defined time-period. For example, this could be the number of people or groups who participated in the activity, used the product/service, attended the event, etc. Where possible, delineate engagement from different communities or groups.**
not applicable

not applicable
unknown
2 community-based organizations attended
not applicable

H. Comparison with Work Plan
Compare the recorded outputs against any relevant indicators listed in your Work Plan (e.g., number of outputs, target audience, timeline, etc.). Briefly explain any differences noted between the expected outputs and the delivered outputs.
output produced in line with target

Part B - Suppleme
Provide any relevant i include unexpected ch

output produced in line with target
output produced in line with target and planned timeline
The workshop intended to have at least 3 community community-based organizations attend, but one CBO withdrew 24 hours before the workshop due to an unforseen scheduling conflict.
This is the first of 5 expected databases developed. The other 4 are expected to be developed in Q3 and Q4 of Year 2 of this project. The grantee agreed to develop a fifth database for Standard County after the grantee's project commenced, hence the discrepancy between 4 databases expected in the workplan and the current expectation for 5 databases developed by the end of Year 2.

ental Information
nformation or updates about the outputs that have not been captured in the standard reporting columns on this allenges, new outputs, innovative measurement of audience engagement with outputs, or any other pertinent c

s sheet. This may
developments.

SECTION 4: OUTCOMES - Results of the Activities

Instructions

Use this section to report the results you have documented for your activiti

For each activity in Part A, enter an outcome (result) that you wish to repor

Insert additional rows (horizontal) to Part A, if needed.

Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the sup

Part A - Outcome Reporting

A. Date of Data Entry Include the date(s) on which you are reporting the information in each row.	B. Project Year Select the project year for which you are providing information about the outcome.	C. Project Reporting Period Select the project reporting period (quarters, semiannual, annual) for which you are providing information about the outcome. Please speak to your EPA Project Officer to identify the reporting periods to be used.
10/13/2024	Year 2	Q3

10/13/2024	Year 2	Q3
10/16/2024	Year 2	Q1
10/25/2025	Year 3	Q1
11/2/2026	Year 3	Q2
11/2/2026	Year 3	Q2
11/2/2026	Year 3	Q2

ies (including timeframe and date that you recorded the res
rt (each activity can have multiple outcomes).

pplemental instructions for this form, and then speak to your

D. Activity	E. Outcome Identification Number
List each activity undertaken to achieve the objectives of the project (one per row). **You can copy this information from Column D in Section 2: Activities**	**Assign a sequential identification number to each outcome for every activity.**
Example A: Implemented nutrient reduction strategy in Metropolis River Basin and track water quality.	1

	2
Example B: Facilitated meeting with local stakeholders to discuss environmental concerns and inform project development	1
	2
Example C: Developed a database for a local government to aggregate data collected from a project funded with State Revolving Funds (SRF)	1
	2
	3

ult).

r EPA Project Officer.

F. Measured or Calculated Outcomes
List any results from the activity that you have measured or calculated (e.g., via modeling). Results should be aligned with your specific project objectives. The supplemental instructions for this form include a list of example outcome categories.
Since July 15 2023 (1 year ago): * 95,000 pounds of total nitrogen load reduction * 16,000 pounds of total phosphorous load reduction * 85 tons of sediment load reduction

Since July 15, 2023 (1 year ago): * 100,000 recreation users recorded in visitor logs, an increase of 20,000 users compared to previous year (July 15 2022 to July 15, 2023)
An intake survey and post workshop survey indicated an increased understanding of the CBO's role in identifying environmental concerns and developing projects to address these environmental concerns.
Collaboration with local stakeholders in project proposal, implementation and/or future grant submission
The Generic County government officials' self rated knowledge and understanding of post-award databases more than doubled from 3 to 7 out of 10 (10 being a theoretical perfect knowledge understanding).
1st SRF recipient stated they can better collect, store, evaluate, and report data from their funded project.
The Generic County government officials' self rated evaluation and reporting skills increased from 4 to 8 out of 10 (10 being a theoretical perfect understanding of evaluation and reporting).

G. Outcome Methodology
Indicate the methdology you used to measure or calculate your outcome. Example methodologies for different categories of outcomes are provided in the supplemental instructions. The supplemental instructions for this form include example methods to measure or calculate different types of outcomes.
scientific measurement

Document review (visitor logs)
Intake survey and post workshop survey.
Follow up survey one year after workshop
Intake survey and follow up survey delivered one year after database implementation.
Intake survey and follow up survey delivered one year after database implementation.
Intake survey and follow up survey delivered one year after database implementation.

H. Outcome Time Frame	I. Communities or Groups
Please indicate Please indicate whether this is a short-term outcome, an intermediate outcome, or a long-term outcome, based on the definitions provided by your EPA program: short-term outcome = documented within [A months and B months] after the activity intermediate outcome = documented within [C months/years and D months/years] after the activity long-term outcome = documented within [X months/years and Y months/years] after the activity	List the communities or groups impacted by the outcome (result).
	Residents of Metropolis County

	Residents of Metropolis County
	Community members in zip code 12345
	Community members in zip code 12345
	Community members in Generic County
	Community members in Generic County
	Community members in Generic County

J. Results experienced by 1+ communities that are disadvantaged, marginalized, underserved, or overburdened by pollution	K. Further Information for Answer in Column I
Select Yes or No to indicate whether whether the measured or calculated results affect one or more communities categorized as disadvantaged, marginalized, underserved, or overburdened by pollution.	If you answered "yes" to Column J, list the relevant communities in this column.
No	

No	
Yes	All members are from zip code that has high prevalence (95th percentile) of nearby Superfund sites and a high rate of poverty (80th percentile).
Yes	All members are from zip code that has high prevalence (95th percentile) of nearby Superfund sites and a high rate of poverty (80th percentile).
Yes	Generic County has higher levels of polluted water bodies (70th percentile)
Yes	Generic County has higher levels of polluted water bodies (70th percentile)
Yes	Generic County has higher levels of polluted water bodies (70th percentile)

L. Source of Information for Answer in Column I Indicate the screening tool or source (e.g., CEJST, EJScreen, etc.) used to make the determination in Column J.
CEJST

CEJST
EJScreen
EJScreen
EJScreen
EJScreen
EJScreen

Part B - S

Provide any
unexpected

M. Comparison with Work Plan

Compare the recorded outcomes against any relevant indicators noted in your Work Plan (e.g., target results, target audience, timeline, etc.), briefly explaining any discrepancies.

* nitrogen load reduction was 5,000 pounds below the work plan target (100,000).
* phosphorous load reduction was 4,000 pounds below the work plan target (20,000 pounds)
* Sediment load reduction was 5 tons below work plan target (90 tons)

Explanation for discrepancies: Inclement weather and equipment failure stopped work on the project for 2 months

No specific target set in Work Plan
Outcome met the workplan performance indicator.
A follow up survey indicated both CBOs utilized training from the workshop when they each drafted a grant application. No further training requests were noted in any survey. As of X date, both CBOs were waiting to hear about the results of their grant application submission.
Not applicable
Expected results recorded: increase in user capability to collect, store, evaluate, and report data was demonstrated.
Expected results recorded: increase in evaluation and reporting skills for local government officials have been reported.

Supplemental Information

y relevant information or updates about the outcomes that have not already captured in the standard reporting
d challenges, additional benefits realized, innovative measurement of outcomes, or any other pertinent develop

sections. This may include
ments.

SECTION 5: PROJECT-LEVEL FINANCIAL REPORTING OPTIONAL: IF REQU

Instructions

In Part A, report your budget utilization for each project reporting period by line item, inc
In Part B, report any financial challenges you have encountered and the strategies you us
Instructions for completing each column are provided below.

If you have any questions or need further assistance, please review the supplemental inst

Part A - Budget Utilization

A. Project Year	B. Project Reporting Period	C. Line Item	D. Approved Awarded Budget
Select the project year for which you are providing financial information.	**Select the project reporting period (quarters, semiannual or annual) for which you are providing financial information.**	**Select the financial line item for which you are reporting information.**	**Specify the amount awarded for the selected line item for the project year.**
		Personnel	
		Fringe Benefits	
		Travel	
		Equipment	
		Supplies	
		Contractual	
		Construction	
		Other	
		Indirect Charges	

JESTED BY PROGRAM

luding how funds were allocated and spent. Report each line item in a new ro
ed to address them.

tructions for this form, and then speak to your EPA Project Officer.

E. Actual Expenses	F. Ending Balance	G. Expenses for Project Reporting Period (Optional)
Report the rolling expenses for the line item in the project year. For example, the Year 2 Q3 report should include cumulative actual expenses for Quarters 1 through 3 in Year 2.	Running balance that reflects prior and current expenses. NO DATA ENTRY REQUIRED	Report expenses for the specific project reporting period, if requested by your program.
	$0.00	
	$0.00	
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	$0.00	
	$0.00	

ow.

H. Program-Specific Information (Optional) **Include additional relevant information not captured in Columns A-G. This may include any specific information that is requested by your program.**

Part B - Additional Informati
Use this section to include any additi This could include any changes to the them.

on

ional information you wish to provide about your budget and finances.
e budget or challenges encountered and the strategies used to address