

Outreach and Assistance for Socially Disadvantaged and Veteran Farmers and Ranchers

Semi-Annual Report

1. Grantee Information

Organization	Single line of text
First Name	Single line of text
Last Name	Single line of text
Federal Award Identification Number (FAIN)	Single line of text
Email Address	Single line of text
Contact Phone Number	(000) 000-0000
Mailing Address	
Address Line 1	Single line of text
Address Line 2	Single line of text
City	Single line of text
State	Dropdown selection (AL - WY)
Zip Code	00000
Organization Type	Dropdown selection options: -Public and State Controlled Institute for Higher Education (IHE) -Native American tribal governments (Federally recognized) -Native American tribal organizations (other than Federally recognized tribal governments) -Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education -Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education -Private institutions of higher education
Type of Public IHE (if applicable)	Dropdown selection options: -1862 State cooperative institution/cooperative agent -1887 State cooperative institution/cooperative agent -1890 State cooperative institution/cooperative

	agent -1914 State cooperative institution/cooperative agent -1962 State cooperative institution/cooperative agent -1994 State cooperative institution/cooperative agent -Hispanic-Serving Institution of higher education (as defined in 7 U.S.C. §3103)
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2. Organization Points of Contact (POCs) if changes from the initial application or last report

Program Manager	
Last Name	Single line of text
First Name	Single line of text
Job Title	Single line of text
Contact Phone Number	(000) 000-0000
Email Address	Single line of text
Authorizing Official	
Last Name	Single line of text
First Name	Single line of text
Job Title	Single line of text
Contact Phone Number	(000) 000-0000
Email Address	Single line of text

3. Project Information

Project Title	Single line of text
Project Start Date	Date
Project End Date	Date
Total Requested 2501 Funds	Number
FTEs Supporting the Project	Number (2.5, 3.0, etc.)
Percentage of work completed on the project	Number
Project Summary for reporting period	Multiple lines of text

4. Project Feedback

Are you on track to accomplish your approved activities in the next 6 months?	Y/N
[Branching]If no, please provide more details.	Multiple lines of text

Did you accomplish your approved activities in the last 6 months?	Y/N/Unsure
[Branching]If no or unsure, please provide more details.	Multiple lines of text
Do you anticipate any changes to key personnel in the next 6 months?	Y/N
[Branching]If yes, please provide more details.	Multiple lines of text
Have there been any deviations from your budget during this reporting period?	Y/N
[Branching]If yes, please provide more details.	Multiple lines of text
Are you on track to spend your approved budget this project year?	Y/N
[Branching]If no, please provide more details.	Multiple lines of text

5. Technical Assistance

Does your organization need technical assistance with any element of the grant or project or foresee any obstacles?	Y/N
[Branching]If yes, please provide more details.	Multiple lines of text

6. Additional Remarks

Multiple lines of text

7. **CERTIFICATION - Sign and Certify your Semi-Annual Report.** Certification Statement: “By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.” (U.S. Code, Title 18, Section 1001). *Reports without signatures will not be accepted.*

Project Director (Printed)

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Signature

	Date:
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Semi-Annual Report Instructions

1. **Grantee Information** - Enter text in each line, and a phone number in (000) 000-0000 format. Zip codes should be entered as 5-digit numbers. Select the options that apply for each dropdown menu.
2. **Organization POCs** - Enter contact information only if this has changed since the last report or application.
3. **Project Information** - Please ensure that this information is entered consistently across the application and following reports.
4. **Project Feedback** - Please use this area to indicate what elements of your project are on track, what elements are behind, and any elements that may have changed. List any challenges encountered during this report period and any proposed or enacted corrective actions. If there are any developments that may lead to changes in the project, please list those here.
5. **Technical Assistance** - Please indicate if your organization needs assistance with any element of your project or award and provide as much detail as possible.
6. **Additional Remarks** - Please provide any other comments or details you would like to include. This may include questions or feedback for the program staff.
7. **Certification** - This report should be signed and certified by your organization's Authorized Representative or Project Manager listed in your Key Contacts form.

Appendix

List of languages (from LEP.GOV):

- Amharic
- Arabic
- Armenian
- Bengali
- Bosnian
- Bulgarian
- Burmese
- Cambodian
- Cantonese
- Catalan
- Croatian
- Czech
- Danish
- Dari
- Dutch
- Estonian
- Finnish
- French
- German
- Greek
- Gujarati
- Haitian Creole
- Hebrew
- Hindi
- Hmong
- Hungarian
- Icelandic
- Ilocano
- Indonesian
- Italian
- Japanese
- Kackchiquel
- Korean
- Kurdish
- Kurmanci
- Laotian
- Latvian
- Lithuanian
- Mandarin
- Mam
- Mon
- Norwegian
- Persian
- Polish
- Portuguese
- Punjabi
- Qanjobal
- Quiche
- Romanian
- Russian
- Serbian
- Slovak
- Slovenian
- Somali
- Spanish
- Swahili
- Swedish
- Tagalog
- Tamil
- Thai
- Turkish
- Ukrainian
- Urdu
- Vietnamese
- Welsh
- Xhosa
- Yiddish
- Yoruba
- Zulu