Outreach and Assistance for Socially Disadvantaged and Veteran Farmers and Ranchers

**Mid-year 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) |

1. **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 |

1. **Project Information**

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

1. **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 |

1. **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 |

1. **Additional Remarks**

|  |
| --- |
| Multiple lines of text |

1. **CERTIFICATION - Sign and Certify your Mid-year 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)

|  |
| --- |
|  |

Signature

|  |  |
| --- | --- |
|  | Date: |

**Mid-year 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