ANNUAL PERFORMANCE REPORT

An Annual Performance Report must be received within 90 days after the end of the first year of the date of the signed grant agreement and 90 days after the end of each subsequent year until the expiration date of the grant period. You are required to report on the administration of the agreement and each project approved within the agreement.

GRANT INFORMATION

AGREEMENT

AMS Agreement Number:	Enter Agreement Number (e.g., 16SCBGPXX####).			
Period of Performance:	Start Date:	Enter Date.	End Date:	Enter Date.
Award Amount:				

RECIPIENT

Recipient Organization Name:				
Recipient's Point of Contact				
Name:				
Phone:				
Email:				

REPORT

Report Type:	Enter the Type of Annual Report (e.g., 1st Annual, 2 nd Annual).
Date Report is Submitted:	Enter Date.

GRANT ADMINISTRATION

If funds were used for grant administration, indicate the amount of funding that has been expended from the beginning of the grant to the end of the reporting period covered by this report. Also, indicate the amount charged as indirect expenses versus the amount charged as direct expenses.

Amount Requested	Direct and/or Indirect Expended to Date

ANNUAL PROJECT REPORT TEMPLATE

Annual Performance Reports must illustrate the progress made toward the completion of each project within the grant agreement. Each project shall be outlined as separate project profiles. You will report on projects in the same order they were submitted in the approved application and subsequent amendments.

If a project is completed at the time of Annual Performance Report submission, the project report should be submitted in Final Performance Report format.

PROJECT INFORMATION

Project Title	Enter Project Title as Stated on the Grant Agreement.

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.		

PROJECT REPORT

Annual Report Type:	Enter the Type of Annual Report (e.g., 1st Annual, 2 nd Annual).			
Reporting Period:	Start Date:	Enter Date.	End Date:	Enter Date.

PERFORMANCE NARRATIVE

ACTIVITIES PERFORMED

Address the below sections as they relate to this reporting period.

ACCOMPLISHMENTS

Estimate the Total Percentage (%) of Work Completed on the Project______Enter Percent%

List your accomplishments or activities for this period of performance, and indicate how these accomplishments assist in the fulfillment of your project's objective(s), identifying the specific objective(s) from the Accepted Project Proposal.

#	Accomplishment/Activity	Relevance to Objective
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.

#	Challenge or Development	Corrective Action or Project Change
1		
2		
3		
4		

OUTCOME AND INDICATOR RESULTS TO DATE

Please list the Outcomes and Indicators you selected in your accepted project proposal, and identify the quantifiable results, along with an update on their progress. It is understood that the results may not yet be final at the time that this report is submitted; however, please provide an update on the progress to date.

#	Outcome/Indicator	Quantifiable Results
1		
2		
3		
4		

DISCUSSION OF ACTIVITIES PERFOR	RMED (IF NEEDED)			
Provide any additional information that sections. This section is not required.	has not already been covered by Accom	plishments, Challenges, and/or Outcomes		
UPCOMING ACTIVITIES				
Describe activities you plan to complete du	uring the next reporting period.			
# 1	Activity	Anticipated Completion		
2				
3				
4				
PROJECT EXPENDITURES TO	DATE			
EXPENDITURES				
Cost Category	Amount Approved in Budget	Actual Federal Expenditures (Federal Funds ONLY)		
Personnel				
Fringe Benefits Travel				
Equipment				
Supplies				
Contractual				
Other				
Direct Costs Sub-Total				
Indirect Costs				
Total Federal Costs				
DISCUSSION OF EVERNDITURES				
DISCUSSION OF EXPENDITURES For 1st Annual Reports if this amount is less include a statement explaining how the grate on the grant agreement.				

PROGRAM INCOME (IF APPLICABLE)

Source/Nature (i.e., registration fees)	Amount Approved in Budget	Actual Amount Earned

Source/Nature (i.e., registration fees)	Amount Approved in Budget	Actual Amount Earned
Total Program Income Earned		•

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