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UNITED STATES DEPARTMENT OF AGRICULTURE
Food and Nutrition Service

OMB Control Number: 0584-0512
Expiration Date: xx/xx/xxxx

PERFORMANCE PROGRESS REPORT

The public burden statement: 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 0584-0512. The time required to complete this information collection is estimated to average 3 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 in formation. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584 - 0512*). Do not return the completed form to this address.

<table>
<tr><td colspan="3">1. Recipient Organization</td></tr>
<tr><td colspan="2">a. Name:</td><td>2. Grant Federal Fiscal Year & Quarter:</td></tr>
<tr><td colspan="2">b. Address:

City: State: Zip:</td><td>3. Program Information:
Program Area:
Program:</td></tr>
<tr><td colspan="2">4. Primary POC:</td><td>5. Recipient Account Number (FAIN):</td></tr>
<tr><td>a. Name:</td><td>b. Title:</td><td rowspan="2">6. Type of Report (Select One):
☐ Final ☐ Quarterly Reporting Period: _____
☐ Semi-Annual</td></tr>
<tr><td>c. Telephone (Area Code & Number):</td><td>d. Email Address:</td></tr>
<tr><td colspan="3">7. Federal Grant Agreement Number:</td></tr>
<tr><td colspan="3">8. Additional POC (Optional)</td></tr>
<tr><td>a. Name:</td><td>b. Title:</td><td rowspan="2">9. Certification
I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</td></tr>
<tr><td>c. Telephone (Area Code & Number):</td><td>d. Email Address:</td></tr>
<tr><td colspan="3">10. Authorized Certifying Official</td></tr>
<tr><td>a. Name:</td><td>b. Title:</td><td>c. Signature of Authorized Certifying Official:</td></tr>
<tr><td colspan="3">13. Date Report Submitted (Month, Day, Year):</td></tr>
</table>

Program Management Information

1. Progress Summary

Progress Summary, highlighting your greatest achievements and challenges to date in this reporting period. For challenges, how did you resolve or overcome them? (Max 2000 Characters):

2. Personnel Information

a. Number of FTEs: _____ b. Were there any changes in key personnel? ☐ Yes ☐ No

c. If yes, please describe the changes in key personnel, including the individual leaving the project as well as the name and contact information (email address, phone number, and name of organization) of the individual joining the project. **Note:** This information does not serve as a formal request to approve the change in key personnel. This request must be forwarded to the Grants Officer in a separate request (Max 2000 Characters):

3. Amendments (Cost and No-Cost)

a. Number of amendments this quarter? _____ b. Type of amendments? _____

c. Did the amendment(s) require FNS approval? ☐ Yes ☐ No

d. Please describe the no-cost amendments this quarter (Max 2000 Characters):

4. Expenditures/Purchases:

a. Were there any significant expenditures or purchases, including any contracts entered during this reporting period? If so, please describe (Max 2000 Characters):

5. Deviations

a. Have there been any deviations? ☐ Yes ☐ No b. Type: _____

c. Proposed Plan Activities:

d. Budget Impact: _____ e. Timeline: _____

f. Justification:

Program Management Information (Continued)

6. Upcoming Activities and Anticipated Changes

a. Please describe activities planned for next quarter (Max 2000 Characters):

b. Do you anticipate any changes in your project timeline, activities or cost? (Max 2000 Characters):

c. If yes, please explain the anticipated changes (Max 2000 Characters):

7. Final Reporting Summary (Final Reporting Period Only)

a. Are all goals and objectives completed at this time? ☐ Yes ☐ No

b. Briefly describe the goals and objectives that were not completed and why they were not completed (75 words or less):

c. Was the project budget sufficient for meeting the project goals? ☐ Yes ☐ No

d. If no to answer 6c, briefly describe why the budget was insufficient for meeting the project goals (50 words or less):

8. Additional Comments

Program Activities							
Objective 1:							
	Activity	**Type**	**Anticipated Completion Date**	**Actual Completion Date**	**Optional**		
					Location	**Beneficiaries/Audience**	**Topic (if training)**
1							
2							
3							
4							
5							
6							
7							
8							
9							

Outcome Indicators								
Objective #:								
Activity #:								
Indicator Description	**Indicator Type**	**Quantitative**			**Qualitative**			**Narrative**
		Target	Actual (Cumulative)	Comments	% Complete (Cumulative)	Performance Status	Comments	
	quantitative							
Activity #:								
Activity #:								

Final Program Metrics (Final Reporting Period Only)

Evaluation Metric #: _____ Type: Checklist

Prompt: _____

		Answer Value 1: _____
Item 1:		
Item 2:		
Item 3:		
Item 4:		
Item 5:		
Item 6:		
Item 7:		
Item 8:		
Item 9:		
Item 10:		

Comments:

Evaluation Metric #: _____ Type: Free Form

Prompt: _____

Comments:

Evaluation Metric #: _____ Type: Cross Table

Prompt: _____

		Answer Value 1: _____	Answer Value 2: _____	Answer Value 3: _____	Answer Value 4: _____	Answer Value 5: _____
Item 1:						
Item 2:						
Item 3:						
Item 4:						
Item 5:						
Item 6:						
Item 7:						
Item 8:						
Item 9:						
Item 10:						

Comments:

The Privacy Act Statement:

Authority: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

Purpose: Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;

Routine Use: Information may be disclosed for any of the routine uses listed in the published System of Record notice **https://www.federalregister.gov/documents/2010/12/27/2010-32457/privacy-act-revision-of-privacy-act-systems-of-records#p-30**.

Disclosure: Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in withdrawal of store authorization to accept SNAP benefits.