|  |  |
| --- | --- |
| **Project Information – Fixed Amount Award** | |
| **USDA Project Number:** |  |
| **Recipient Organization Name:** |  |
| **Project Title:** |  |
| **CDFA Grant Number:** |  |
| **Recipient’s Project Contact** | |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Project Report Information** | |
| **Annual Report Type:** | Select report type from drop down box |
| **Reporting Period:** | **Start Date:** Click here **End Date:** Click here |

# Accomplishments

## October 20xx – September 20xx

1. Estimate the total pe**rcentage (%) of work completed on this project** Enter Percent%
2. List each Objective in your project. Describe your activities and accomplishments for this reporting period and indicate how these activities and accomplishments assist in the fulfillment of your project’s Objective. Add more rows as needed.

| **#** | **Objective** | **Activity and Accomplishment** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

# Challenges and Developments

## October 20xx – September 20xx

1. Describe any challenges or delays that occurred during this reporting period and the corrective actions and/or changes to the project as a result. Add more rows as needed.

| **Challenge** | **Corrective Action and/or Project Change** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Describe any positive developments that have occurred outside of the project’s original intent that you experienced during this reporting period and any project changes as a result. Add more rows as needed.

| **Positive Development** | **Project Change** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Outcome and Indicator Results to Date

## October 20xx – September 20xx

1. List each Outcome and Indicator in your project. 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 this report is submitted; however, please provide an update on the progress to date. Add more rows as needed.

| **Outcome and Indicator** | **Quantifiable Results** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Discussion of Activities Performed (If Needed)

## October 20xx – September 20xx

1. Provide any additional information that has not already been covered by Accomplishments, Challenges/Developments, and/or Outcomes sections above. This section is not required. If there are no additional comments, enter N/A.

Response:

# Upcoming Activities

## October 20xx – September 20xx

1. Describe activities you plan to complete during the next reporting period. Add more rows as needed.

| **Activity** | **Anticipated Completion** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Federal Expenditures – Fixed Amount Award

1. Complete the table below using the Fixed Amount Award objectives and deliverables pay schedule outlined in your approved Scope of Work. Add more rows as needed.

| **Objective** | **Deliverable** | **Amount Approved in Budget** | **Actual Federal Expenditures** |
| --- | --- | --- | --- |
|  |  | $0.00 | $0.00 |
|  |  | $0.00 | $0.00 |
|  |  | $0.00 | $0.00 |
|  |  | $0.00 | $0.00 |
|  |  | $0.00 | $0.00 |
|  |  | $0.00 | $0.00 |
|  |  | $0.00 | $0.00 |
|  |  |  |  |
| **Total Federal Costs** |  | **$0.00** | **$0.00** |

1. A) Calculate the percentage spent to date by taking the total federal expenditures divided by the total grant amount.

Response:

Pe**rcentage (%) of expenditures to date** Enter Percent%

B) For Year One Reports, if this amount is less than 30%, and for Year Two Reports, if this amount is less than 60%, include a statement explaining how the grant funds will be expended and project activities completed as planned by the end date of the grant agreement.

Response:

# Program Income to Date

1. Complete the table below using the budget in your approved Scope of Work and the actual Program Income earned to date. List any unanticipated Program Income with a budget of zero dollars and the actual amount earned. If Program Income was neither budgeted nor earned, enter N/A. Add more rows as needed.

| **Source/Nature**  **(i.e., registration fees)** | **Amount Approved in Budget** | **Actual Amount Earned** |
| --- | --- | --- |
|  | $0.00 | $0.00 |
|  | $0.00 | $0.00 |
|  | $0.00 | $0.00 |
|  |  |  |
| **Total Program Income Earned** | **$0.00** | **$0.00** |

1. Describe how the earned program income was used to further the objectives of this project.

Response:

# Match/In-Kind Contributions to Date

1. Complete the table below using the budget in your approved Scope of Work and the actual Cost Share expenditures to date. List any unanticipated Cost Share with a budget of zero dollars and the actual amount of Cost Share. If Cost Share was neither budgeted nor expended, enter N/A. Add more rows as needed.

| **Type of Cost Share** | **Amount Approved in Budget** | **Actual Cost Share Expenditures** |
| --- | --- | --- |
|  | $0.00 | $0.00 |
|  | $0.00 | $0.00 |
|  | $0.00 | $0.00 |
|  |  |  |
| **Total Match/In-Kind Costs** | **$0.00** | **$0.00** |