quarterly Performance Report

Award Years 2016 Forward

A Quarterly Performance Report must be received within 30 days after the close of each quarter for the length of the project (see reporting schedule below).

**Reporting Periods Report Due on or before**

October 1 – December 31 January 31

January 1 – March 31 April 30

April 1 – June 30 July 31

July 1 – September 30 October 31

# quarterly Project Report Template

Provide the following information in the order requested:

* <Click here to enter the Name of Organization>
* <Click here to enter the Name of Point of Contact>
* <Click here to enter the SCBGP-FB Agreement Number>
* <Click here to enter the Date Report is Submitted>

Quarterly Performance Reports must illustrate the progress made toward the completion of the project.

## Project Title

Provide the project’s title. (Must be the title used in the approved grant award agreement.)

**<Click here to enter project title>**

# period of performance – October 2016 – December 2016

## Activities Performed

Address the below sections as they relate to this period of performance.

### Accomplishments

**Estimate the Total Percentage (%) of Work Completed on the Project** Enter Percent%

List your accomplishments for this period of performance and indicate how these accomplishments assist in the fulfillment of your project’s objective(s), outcome(s), and/or indicator(s).

|  |  |
| --- | --- |
| **Accomplishment** | **Relevance to Objective, Outcome, and/or Indicator** |
|  |  |
|  |  |
|  |  |

### 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 period of performance. If those challenges or developments resulted or will result in corrective actions and/or changes to the project, include those in the space below.

|  |  |
| --- | --- |
| **Challenges or Developments** | **Corrective Action and/or Project Change(s)** |
|  |  |
|  |  |
|  |  |

### Solely Enhancing the Competitiveness of Specialty Crops

If the project has the potential to benefit non-specialty crop commodities, describe the activities that were conducted to ensure that grant funds were used to solely enhance the competitiveness of specialty crops.

<Click here to describe or enter N/A>

## Project Expenditures to Date

### Expenditures

|  |  |  |
| --- | --- | --- |
|  |  | **Expenditures to Date** |
| **Total Expenditures** |  |  |
|  | **Source of program income****(i.e. registration fees)** |  |
| **Program Income (if applicable)** |  |  |
|  | **Source of matching funds****(i.e. salary, etc.)** |  |
| **Matching Funds (if applicable)** |  |  |

# period of performance – january 2017 – March 2017

## Activities Performed

Address the below sections as they relate to this period of performance.

### Accomplishments

**Estimate the Total Percentage (%) of Work Completed on the Project** Enter Percent%

List your accomplishments for this period of performance and indicate how these accomplishments assist in the fulfillment of your project’s objective(s), outcome(s), and/or indicator(s).

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| --- | --- |
| **Accomplishment** | **Relevance to Objective, Outcome, and/or Indicator** |
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| **Matching Funds (if applicable)** |  |  |

# period of performance – april 2017 – june 2017

## Activities Performed

Address the below sections as they relate to this period of performance.

### Accomplishments

**Estimate the Total Percentage (%) of Work Completed on the Project** Enter Percent%

List your accomplishments for this period of performance and indicate how these accomplishments assist in the fulfillment of your project’s objective(s), outcome(s), and/or indicator(s).

|  |  |
| --- | --- |
| **Accomplishment** | **Relevance to Objective, Outcome, and/or Indicator** |
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| **Matching Funds (if applicable)** |  |  |

# period of performance – July 2017 – September 2017

## Activities Performed

Address the below sections as they relate to this period of performance.

### Accomplishments

**Estimate the Total Percentage (%) of Work Completed on the Project** Enter Percent%

List your accomplishments for this period of performance and indicate how these accomplishments assist in the fulfillment of your project’s objective(s), outcome(s), and/or indicator(s).

|  |  |
| --- | --- |
| **Accomplishment** | **Relevance to Objective, Outcome, and/or Indicator** |
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