annual

SCBGP Performance Report

Annual Performance Reports need to illustrate the progress being made toward the completion of your Specialty Crop Block Grant project within the grant agreement. If you have any questions, please contact Karen Fedor at Karen.fedor@maryland.gov.

## Project Information

|  |  |
| --- | --- |
| **Project Title** | Enter Project Title as Stated on the Grant Agreement. |
| **Recipient Organization Name:** | Enter Recipient Organization Name. |
| **Grant Agreement Number:** |  |
|  |
| **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, 2nd 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 performed (If Needed)

Provide any additional information that has not already been covered by Accomplishments, Challenges, and/or Outcomes sections. This section is not required.

|  |
| --- |
|  |

## Upcoming Activities

Describe activities you plan to complete during the next reporting period.

|  |  |  |
| --- | --- | --- |
| **#** | **Activity** | **Anticipated Completion** |
| **1** |  |  |
| **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 expenditures

|  |
| --- |
|  |

For 1st Annual Reports if this amount is less than 30 percent and for 2nd Annual Reports if this amount is less than 60 percent, include a statement explaining how the grant funds will be expended and project activities completed as planned by the end date on the grant agreement.

## Project MATCH to Date

Do not commingle non-federal funds with federal funds in the report.

| **Cost Category** | **Amount Submitted in Budget** | **Actual Match Expenditures****(Match Funds ONLY)** |
| --- | --- | --- |
| **Personnel** |  |  |
| **Fringe Benefits** |  |  |
| **Travel** |  |  |
| **Equipment** |  |  |
| **Supplies** |  |  |
| **Contractual** |  |  |
| **Other** |  |  |
|  |  |  |
| **Total Match**  |  |  |

### Program Income (if applicable)

| **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.* |
|  |