

ACL PROGRAM PERFORMANCE REPORT

1. Recipient Organization	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period (MM/DD/YYYY to MM/DD/YYYY)
		3b. EIN	
(1) Item	(2) Activity Description	(3) Performance Indicator	(4) Explanation
01	Major activities and accomplishments during this period		
02	Challenges		
03	Significant findings and events		
04	Dissemination activities		

Through this information collection, ACL is gathering information to understand the performance of ACL-funded programs. Public reporting burden for this collection of information is estimated to average **XXXX** hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (**cite authority**). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact evaluation@acl.hhs.gov.

05	Other Activities		
06	Activities planned for next reporting period		

Item	Data Elements	Instructions
1.	Recipient Organization	Enter the name of the receipt organization, as listed on the Federal Notice of Award.
2.	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the Federal Notice of Award.
3a.	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or System for Award Management (SAM) extended DUNS Number.
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.
4.	Reporting Period	Indicate the project/grant period for which the organization is reporting, which is established in the Federal award document.

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