**IMLS INTERIM PERFORMANCE REPORT COVERSHEET**

**For Projects with Award Dates before September 30, 2015**

**(i.e., award number ends in -15 or lower)**

**Please consult the IMLS Interim Performance Report Instructions when filling out this form.**

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| 1. Federal agency and organization element to which report is submitted:**Institute of Museum and** **Library Services** | 2. Federal award or other identifying number assigned by federal agency: | Page  | of Pages |
| 3a. D-U-N-S® number: |
| 3b. EIN/TIN:  |
| 4. Recipient organization (name and complete address, including ZIP+4/postal code): | 5. Recipient identifying or account number: |
| 6a. Award period of performance start date (MM/DD/YYYY):  | 6b. Award period of performance end date (MM/DD/YYYY):  | 7. Reporting period end date (MM/DD/YYYY):  |
| 8. Project URLs, if any:  | 9. Report frequency:[ ]  annual[ ]  semi-annual[ ]  final[ ]  otherIf other, describe:  |
| 10. Other attachments? [ ]  Yes [ ]  No Contact the appropriate IMLS program office to receive instructions for transmitting additional attachments. |
| 11a. Name and title of Project Director: | 11b. Telephone (area code, number, extension):  |
| 11c. Email address: |
| **12. Certification: By submitting this report I certify to the best of my knowledge and belief that this information is correct and complete for performance of activities for the purposes set forth in the award documents.**  |
| 13a. Signature of Authorized Certifying Official: | 13b. Date report submitted (MM/DD/YYYY): |
| 13c. Name and title of Authorized Certifying Official: | 13d. Telephone (area code, number, extension): |
| 13e. Email address: |

**Burden Estimate and Request for Public Comments:** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Institute of Museum and Library Services, 955 L’Enfant Plaza North, SW, Suite 4000, Washington, DC 20024-2135.