**FY 2020 Year-1 Semi-Annual Performance Review**

### **XX\_FY20\_Year1\_Six Month Performance Review**

**<State> Space Grant Consortium Lead Institution:**

Director:

Grant Number:

**Please keep reports to a maximum of FIVE (5) pages.**

##### Narrative Summary

*This section shall provide a narrative summary of your Consortium’s progress as it relates to your project milestones for the first 6-months of the award as listed in the proposal of the 4-yr base award. [i.e., Are you generally making progress toward your milestones? Are there any major events within your consortium affecting your ability to meet your milestones?]*

Click or tap here to enter text.

##### 

##### Milestones

*Refer directly to the Milestones chart included in your Year 1 Augmented Proposal of the 4-yr base award. Please fill in the table below. You may add rows to accommodate your milestones. Under the Status Column, please only indicate whether the milestone is currently on target, delayed or cancelled. You can provide a short update under the column “Progress towards achieving milestone”. For each milestone categorized as “cancelled,” please include the dollar amount associated with the cancelled activity. under Budgetary Impact, or if the “cancelled” activity was impacted due to COVID-19, please include the dollar amount associated with that activity under COVID related budgetary impact.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Milestones | Status (On target, delayed, Canceled) | Progress towards achieving milestone | Non-COVID  Budgetary impact  (if any) | COVID related Budgetary impact (if any) |
| *Milestone #1* |  |  |  |  |
| *Milestone #2* |  |  |  |  |
| *Milestone #3* |  |  |  |  |
| *Milestone #4* |  |  |  |  |

##### COVID-19 Related Impacts

*This section shall provide, in bulleted form, a summary of how COVID-19 has/is impacted(ing) the implementation of your Year 1 of the 4-yr base award.*

Click or tap here to enter text.

##### Highlights (Optional)

*Provide Student and/or Program Highlights that emphasis the work being done by your consortium for the first 6-months of Year 1 of the 4-yr base award. If you have any photos of students/faculty participating in activities, please embed them along with captions in this document. The caption should include a brief description of what is taking place in the photo, as well as the state name and year that photo was taken* ***[State-fiscal year -caption text]****. If you wish to provide photos, please also attach the required press release form to your 6-month report submission. Press release forms are required for anyone whose faces are identifiable in a photo.*

Click or tap here to enter text.

##### Program Updates (Optional)

*Provide any information you wish to convey to the Program Office. Concern/Comments that were not captured in the sections above should be entered here.*

Click or tap here to enter text.