



FY 2024 Year-5 Semi-Annual Performance Review

<State> Space Grant Consortium Lead Institution:

Director:

Grant Number:

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

A. 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 5th year of the award as listed in the proposal of the 5th year extension. [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?]

B. Milestones

Refer directly to the Milestones chart included in your Year 5 Extension proposal (including any augmentation proposals if necessary. 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". Please provide the reason for any activities that have been delayed or cancelled.

Milestones	Status (On target, delayed, Cancelled)	Progress towards achieving milestone	Reason for Delay or Cancellation (if applicable)
Milestone #1			
Milestone #2			
Milestone #3			

Milestone #4			
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C. Expenditure Tracking:

This table shall provide an update on budget expenditures to date.

Award Year	Total amount of NASA Funds	Total Encumbered Funds (at university)	Total Expended Funds (debits against the Payment Management system)	Percentage of Expended Funds (total expended funds/Total NASA Funds)
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

D. Highlights (required):

Provide Student and/or Program Highlights that emphasize the work being done by your consortium for the first 6-months of Year 5 of the 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.

E. Program Challenges (Optional)

Detail any specific challenges that you wish to convey to the Program Office. Concerns/Comments that were not captured in the sections above should be entered here.