

**2024 Local Program Annual Performance Report**

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| Local Program Name: | Report Completion Date: |
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| ETS #1: |  |
| ETS #2: |  |
| CBS: |  |
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| ETS #1 [ ]  | ETS#2 [ ]  | CBS [ ]  | Other [ ]  |
| Standard(s) of Performance: |  |
| Project Title: | Project Completion Status: |
|  [Use the project title listed in your annual work plan] | [Indicate whether completed or ongoing; include dates] |
| Project Description/ Outputs/ Outcomes: |
| * [Provide a 1-2 sentence project description]
* [Identify what was implemented/accomplished/completed. Quantify activities as much as possible]
* [Describe results and how you measured the impact].
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| Please list any PROJECTS to be implemented in the next 12 months that you anticipate will require NMMS TECHNICAL ASSISTANCE. |
| Project: | NMMS Assistance Needed: |
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| Please list weaknesses identified through the Main Street America Accreditation Self-Assessment process. |
| Standard/Focus Area/Indicator: | Weakness To Be Addressed in 2025: | NMMS Assistance Needed? [ ]  |
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| Standard/Focus Area/Indicator: | Weakness To Be Addressed in 2025: | NMMS Assistance Needed? [ ]  |
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