

**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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| Standard(s) of Performance: |  | | |
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| [Use the project title listed in your annual work plan] | | [Indicate whether completed or ongoing; include dates] | |
| Project Description/ Outputs/ Outcomes: | | | |
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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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