

<b>PROCUREMENT TECHNICAL ASSISTANCE CENTER</b>		Prescribed by: Procurement Technical Assistance Program Sponsor: DLA Small Business (DB)	Form Approved OMB No. 0704-0320 Expires 12/31/2024
<b>COOPERATIVE AGREEMENT PERFORMANCE REPORT</b>			
The public reporting burden for this collection of information, 0704-0320, is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director (0704-0187), Washington, DC 20503. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
1. Cooperative Agreement Number	2. Recipient's Name and Address	3. Unique Entity Identifier	5. Cooperative Agreement Period of Performance Starts: _____ Ends: _____
		4. Report Type (Select)	6. Reporting Period: From: _____ To: _____
7. New Clients			
7.a. Number of small business concerns in block 7			
7.b. Number of distressed area concerns in block 7			
7.c. Number of covered small businesses in block 7			
8. Active Clients			
8.a. Number of small business concerns in block 8			
8.b. Number of distressed area concerns in block 8			
8.c. Number of covered small businesses in block 8			
9. Counseling Time			
9.a. Counseling time with small business concerns in block 9			
9.b. Counseling time with distressed area concerns in block 9			
9.c. Counseling time with covered small businesses in block 9			
10. Participated events			
11. Discuss progress made towards the achievement of performance goals including successes and/or difficulties experienced. If applicable, discuss action you have taken, or contemplate taking, to resolve problems.			
12. Discuss any development that has a significant impact, positive or negative, on the PTAC including problems, delays, or adverse conditions which will impair your ability to meet any of the cooperative agreement's requirements.			
13. Discuss any noteworthy client success stories facilitated by the PTAC's assistance and/or other significant programmatic accomplishments. Share any notable lessons learned and discuss promising practices that have improved program outcomes.			
14. Contract Awards by Federal Agencies			
14.a. Number of prime contract awards received by active clients that were awarded by Federal agencies			
14.b. Dollar value of awards in block 14.a.			
14.c. Number of awards received by active clients that are small business concerns in block 14.a.			
14.d. Dollar value of awards in block 14.c.			
14.e. Number of awards received by active clients that are covered small businesses in block 14.a.			
14.f. Dollar value of awards in block 14.e.			
15. Contract Awards by State and Local Governments			
15.a. Number of prime contract awards received by active clients that were awarded by State and local governments			
15.b. Dollar value of awards in block 15.a.			
15.c. Number of awards received by active clients that are small business concerns in block 15.a.			
15.d. Dollar value of awards in block 15.c.			
16. Subcontract Awards			
16.a. Number of subcontract awards received by active clients			
16.b. Dollar value of awards in block 16.a.			
16.c. Number of awards received by active clients that are small business concerns in block 16.a.			
16.d. Dollar value of awards in block 16.c.			
17. Number of survey respondents			
18. Results: survey question #1			
19. Results: survey question #2			
20. Results: survey question #3			
21. CERTIFICATION: By submitting this report, I certify that it is true, complete, and accurate to the best of my knowledge.			
21.a. Name and Title of Authorized Certifying Official	21.b. Telephone Number	21.c. Email Address	
21.d. Date Report Submitted (mm/dd/yyyy)	21.e. Signature		