



Congressional Data Report Form Worksheet

Following is a sample of the Congressional Data Reporting Form used in the fall of 2005. This sample gives you an idea of the types and format of questions. You may use it as a worksheet to begin gathering your data. You may also use it as you plan ongoing data collection, to be sure you will be capturing project information that you will be asked to report annually.

We encourage you to use this worksheet to prepare for your actual report. You will fill out the report online with assistance from the AFI Resource Center.

Note:

This worksheet is *not* the final form that you will likely use. Each year, the AFI Program staff try to improve the reporting form and make it easier for grantees to use. You will report your actual data only on the final Congressional Report Data Form and only in a Web-based procedure, online.

Assets for Independence Program

2005 Worksheet -- Data Report for Congress

Section I -- Grantee Contact Information		
I.A.1	Grantee Agency Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
I.A.2	Contact Name for questions about information submitted on this form.	
	Telephone Number	
	Fax Number	
	E-Mail Address	
I.A.3	Grant Number	90ei _ _ _ _
I.A.4	Calendar Year Grant was Awarded	
I.A.5	Reporting Period:	Start Date: End Date: Sept 30, 2005

Section II -- AFI Project Structure

This section asks about the grantee organization and any sub-grantee or sub-contractor that offer IDAs funded with the AFI grant.

II.A.	AFI PROJECT TYPE	
II.A.1.	<p>SINGLE AGENCY AFI PROJECT – Check here if the grantee manages a Single Agency Project.</p> <p>A Single Agency AFI Project is one run by a single organization. The one agency opens AFI IDA Accounts either at one location or at several locations. A Single Agency Project does not have sub-grantees or sub-contractors that open AFI IDAs</p>	Check here
II.A.2.	<p>NETWORK AFI PROJECT – Check here if the grantee manages a Network Project.</p> <p>A Network AFI Project is one where the grantee agency manages a number of sub-grantees or sub-contractors, each of which open AFI IDAs as part of one Project. AFI grant funds are received by one agency that distributes them to multiple, independent agencies that open AFI IDA accounts.</p>	Check here
II.A.3.	OTHER – If the grantee administers a different type of AFI Project, please describe it.	The data form will have a text box with room for a complete description.
II.B.	GRANTEE ORGANIZATION	
II.B.1	<p>AGENCY TYPE</p> <p>Which of the following categories best describes the grantee organization? Please choose only one. If your agency falls within multiple categories, please choose “other” and provide details in the text box.</p>	The data form will have a drop down menu. Choose one from this list.

	Community Action Agency (non-profit) Community Action Agency (government agency) Community Development Corporation Credit Union Economic Development Agency (State/County/City government agency) Educational Institution Faith-Based Organization Housing Agency (State/County/City government agency) Housing Organization (non-profit) Human Services Organization (non-profit) Human Services Agency (State/County/City government agency) Micro-Enterprise Development Organization Refugee Resettlement Organization United Way Organization Workforce Development Agency (State/County/City government agency) Youth Development Organization	
II.B.1.a	Other If the grantee organization type is not in the list above, please choose "other" and provide details. Similarly, if the organization type is within multiple categories, please choose "other" and describe it in the text box.	The data form will have a text box with room for a complete description.
II.B.2	AGENCY BUDGET	\$
	What is the grantee organization's total annual budget for the current year?	
II.B.3	PROJECT STAFFING	
II.B.3.a	Estimate of the average number of hours per week the grantee organization's employees (including full-time and part-time employees) work on the AFI Project.	hours per week
II.B.3.b	Estimate of the average number of hours per week AmeriCorps personnel (VISTA or State or National AmericaCorp personnel) work on the AFI Project.	hours per week
II.B.3.c	Estimate of the average number of hours per week volunteers (other than AmeriCorps personnel) contribute to the AFI Project.	hours per week
II.C.1	GRANTEE – SINGLE AGENCY AFI PROJECT If the grantee organization administers a Single Agency AFI Project, please respond to the following statements. (Note: If the grantee organization administers a Network AFI Project, please skip this series of questions and go to question II.C.2.)	

II.C.1.a	The grantee organization recruits and enrolls participants.	Yes or No
II.C.1.b	The grantee organization opens AFI IDA accounts with participants.	Yes or No
II.C.1.c	The grantee organization provides AFI IDA services from one location only.	Yes or No
II.C.1.d	The grantee organization tracks participant account activity.	Yes or No
II.C.1.e	The grantee organization provides participants with case management in-house.	Yes or No
II.C.1.f	The grantee organization has arrangements whereby other organizations provide case management to AFI participants.	Yes or No
II.C.1.g	The grantee organization reports to OCS about the AFI Project.	Yes or No
II.C.1.h	The grantee organization is responsible for non-federal cash contribution for the AFI grant.	Yes or No
II.C.2	<p>GRANTEE – NETWORK AFI PROJECT</p> <p>If the grantee organization administers a Network AFI Project, please respond to the following statements. These statements are about the grantee organization only (they are not about any sub-grantees or sub-contractors).</p> <p>(Note: If the grantee organization administers a Single Agency AFI Project, skip this series and go to question III.A.)</p>	
II.C.2.a	The grantee organization opens AFI IDA accounts with participants.	Yes or No
II.C.2.b	The grantee organization administers the Network AFI Project; it does not open AFI IDA accounts.	Yes or No
II.C.2.c	Partner agencies (sub-grantees or sub-contractors) open AFI IDA accounts.	Yes or No
II.C.2.d	The grantee organization provides AFI IDA services from multiple locations.	Yes or No
II.C.2.e	The grantee organization manages a centralized AFI Project Reserve Account for all its sub-grantees and sub-contractors (that open AFI accounts with participants).	Yes or No
II.C.2.f	The sub-grantees or sub-contractors that open AFI accounts each manage individual AFI Project Reserve Accounts.	Yes or No
II.C.2.g	The grantee organization is responsible for the entire non-federal cash contribution for the entire project.	Yes or No
II.C.2.h	The sub-grantees or sub-contractors are responsible for a portion of the non-federal cash contribution for the AFI Project.	Yes or No
II.C.2.i	The grantee organization uses a computerized system to track account transactions for the entire AFI Project.	Yes or No
II.C.2.j	The grantee organization is responsible for maintaining participants' documentation and records (e.g., applications and bank statements) for reporting and evaluation purposes for the entire AFI Project.	Yes or No

II.C.3	SUB-GRANTEE AND SUB-CONTRACTOR ORGANIZATIONS – NETWORK AFI PROJECTS ONLY For each sub-grantee or sub-contractor, please indicate the type of agency and the average amount of staff and volunteer hours worked on the AFI Project in a typical week. (Note: If the grantee organization administers a Single Agency AFI Project, skip this series of questions and go to question III.A.)	
II.C.3.a.	How many sub-grantees or sub-contractors open AFI IDAs as part of this AFI Project?	
II.C.3.a1	Name of partner organization #1	
II.C.3.b1	Organization type	The data form will have a drop down menu. Choose one from this list.
II.C.3.c1	Average number of paid staff hours in a typical week.	
II.C.3.d1	Average number of volunteer staff hours in a typical week.	
The data form will have space for 15 sub-grantees or sub-contractors. More space will be available, if needed.		

Section III -- AFI Project Features		
III.A.	SAVINGS PLAN AGREEMENT CHARACTERISTICS	
III.A.1	FREQUENCY AND SCHEDULE OF PARTICIPANT SAVINGS DEPOSITS Please indicate whether the AFI Project allows participants to make deposits as listed below.	
III.A.1.a	One-time deposits	Yes or No
III.A.1.b	Weekly deposits	Yes or No
III.A.1.c	Monthly deposits	Yes or No
III.A.1.d	Quarterly deposits	Yes or No
III.A.1.e	Other (If other, please provide details in the text box.)	Yes or No The data form will have a text box with room for a complete description.
III.A.2.	WHAT IS THE MINIMUM AMOUNT A PROJECT PARTICIPANT MAY DEPOSIT TO OPEN AN AFI IDA ? If this varies, select the “varies” response and provide details in the text box.	\$ The data form will have a text box with room for a complete description.
III.A.3.	WHAT IS THE MINIMUM REGULAR DEPOSIT AMOUNT AND TIME PERIOD? Indicate both the dollar amount and the time unit. For example, \$25 per month, or \$10 per week. If this varies, select the “varies” response and provide details in the text box.	\$ per time period. The data form will have a text box with room for a complete description.
III.A.4.	WHAT IS THE MAXIMUM AMOUNT OF AFI IDA SAVINGS THE AFI PROJECT WILL MATCH? This is the maximum amount a participant can save and receive match funds. It does not include the match money. If this varies, select the “varies” response and provide details in the text box.	\$
III.A.5.	HOW MANY SCHEDULED DEPOSITS MAY AN AFI PROJECT PARTICIPANT MISS BEFORE THEY ARE TERMINATED FROM THE PROJECT? If this varies, select the “varies” response and provide details in the text box. If they may	

	not miss any deposits, enter 0.	
III.A.5.a.	WHAT TYPES OF ASSETS DOES THE AFI PROJECT ALLOW PARTICIPANTS TO SAVE FOR AND ACQUIRE?	
III.A.5.a.i	Home purchase	Yes or No
III.A.5.a.ii	Education	Yes or No
III.A.5.a.iii	Business	Yes or No
III.A.5.a.iv	Transfer to Dependent	Yes or No
III.A.6.	WHAT ARE THE MATCH RATE(S) FOR THE FOLLOWING USES? If the match rate for a particular use have changed over time, please provide details in the text box.	The form will have a drop down menu with match rates ranging from 1:1 to 8:1. It will also have a text box with room for a complete description of any variations.
III.A.6.a	Home purchase	
III.A.6.b	Education	
III.A.6.c	Business	
III.A.7.	WHAT ARE THE MAXIMUM AMOUNT OF TIME PROJECT PARTICIPANTS MAY SAVE IN THEIR IDA? Please state the time in months. If this varies, select the “varies” response and provide details in the text box.	The data form will have a text box with room for a complete description.
III.A.7.a	Home Purchase	
III.A.7.b	Education	
III.A.7.c	Business	
III.A.7.d	Transfer to Dependent	
III.B.	CLIENT SERVICES	
III.B.1.	Training Please include information applicable for AFI Project participants. (Note: The number of participants who have completed any training type listed below should not be greater than the number reported for question IV.A.3, “Total number of individuals who enrolled in the AFI IDA project through September 2005.”)	
III.B.2.	Financial Literacy Training	
III.B.2.a	Total number of hours each participant is required to complete.	Hours
III.B.2.b	Number of months each participant may take to complete training.	Months

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III.B.2.c	Number of participants who have completed the training through September 30, 2005.	Participants
III.B.3.	Asset Specific Training – Home Purchase and Ownership	
III.B.3.a	Total number of hours each participant is required to complete.	Hours
III.B.3.b	Number of months each participant may take to complete training.	Months
III.B.3.c	Number of participants who have completed the training through September 30, 2005.	Participants
III.B.4.	Asset Specific Training – Education	
III.B.4.a	Total number of hours each participant is required to complete.	Hours
III.B.4.b	Number of months each participant may take to complete training.	Months
III.B.4.c	Number of participants who have completed the training through September 30, 2005.	Participants
III.B.5.	Asset Specific Training – Business	
III.B.5.a	Total number of hours each participant is required to complete.	Hours
III.B.5.b	Number of months each participant may take to complete training.	Months
III.B.5.c	Number of participants who have completed the training through September 30, 2005.	Participants
III.C.	OTHER SERVICES – Please see the supplementary chart at the end of this worksheet.	
III.D.	SOURCES OF FUNDING Please indicate all sources of funding the grantee organization uses or used to support the AFI Project. Please indicate whether the funding was for operating expenses, participant match dollars, both. If the grantee did not receive any funding from the sources, please indicate that, too. Please provide any details in the text box.	

III.D.1. Government Funding Source and Uses						
		Operating Expenses	Participant Match Dollars	Both Uses	Check the box if the grantee did not receive funding from this source.	The data form will have a text box with room for a complete description.
		Check if Yes	Check if Yes	Check if Yes		
	Assets for Independence Program grant					
	Federal Home Loan Bank					
	U.S. Department of Health and Human Services / Office of Refugee Resettlement					
	U.S. Department of Health and Human Services / Community Services Block Grants (CSBG)					
	U.S. Department of Health and Human Services / Other (Please list the program in the text box.)					
	U.S. Department of Housing and Urban Development / Community Development Block Grant (CDBG)					
	U.S. Department of Housing and Urban Development / Hope VI					
	U.S. Department of Housing and Urban Development / Other (Please list the program in the text box.)					
	U.S. Department of Labor (Please describe in the text box.)					
	Local government funding. (Please list the program or source in the text box.)					
	Local Housing Authority (Please describe the funding in the text box.)					
	Local Housing Authority / Family Self Sufficiency Program					
	Local government tax credits (Please describe the tax credits in the text box.)					

	State government funding (Please describe the funding in the text box.)					
	State tax credits (Please describe the tax credits in the text box.)					
	State welfare program funds (Please describe the funding in the text box.)					
	Public Education Institutions (Please describe in the text box.)					
III.D.2.	Non-Government Funding Sources and Uses					
		Operating Expenses Check if Yes	Participant Match Dollars Check if Yes	Both Uses Check if Yes	Check the box if the grantee did not receive funding from this source.	The data form will have a text box with room for a complete description.
	Businesses (Please list donors in the text box.)					
	Civic or Fraternal organizations (Please list donors in the text box.)					
	Faith-Based Organizations (Please list donors in the text box.)					
	Financial Institutions (Please list donors in the text box.)					
	Individuals					
	Local United Way (Please describe funding in the text box.)					
	Other (Please describe in the text box.)					

Section IV – AFI IDA Account Holder Characteristics

This section asks about the AFI IDA Account Holders as of the day they enrolled in the AFI Project. An AFI IDA Account Holder is a participant who has opened an AFI IDA account through the program on which you are reporting. An AFI Project Enrollee is a participant who is receiving services under the AFI Project (such as financial literacy training), but has not opened an AFI IDA account.

The questions request cumulative data from the date the AFI Project began through September 30, 2005.

If data is known for some, but not all AFI IDA Account Holders, please provide the number for which is it unknown in the “unknown” field.

Please provide total numbers of AFI IDA Account Holders, including those who have already closed their account for any reason.

If the Project did not collect a particular data element from the AFI Account Holders, please check the “did not collect” response.

IV.A.	NUMBER OF AFI PROJECT ENROLLEES AND AFI IDA ACCOUNT HOLDERS	
IV.A.1	As of September 30, 2005, total number of individuals who attended an AFI Project orientation or informational meeting.	
IV.A.2	As of September 30, 2005, total number of individuals who submitted an applied for enrollment in the AFI Project.	
IV.A.3	As of September 30, 2005, total number of individuals who were enrolled in the AFI Project.	
IV.A.4	As of September 30, 2005, total number of individuals who opened an AFI IDA account. (Note: If the Project allows participants to open IDA accounts when they enroll in the program, the answers for IV.A.3 and IV.A.4 will be the same.)	
IV.B.	GENDER OF AFI IDA ACCOUNT HOLDERS Please indicate the number of AFI IDA Account holders in each of the following demographic categories.	
	Did the grantee collect data on this topic?	Yes or No
IV.B.1	Male	
IV.B.2	Female	
IV.B.3	Unknown	
IV.C.	RACE/ETHNICITY OF AFI IDA ACCOUNT HOLDERS Please indicate the number of AFI IDA Account Holders in each of the following demographic categories.	

	For any "Other" response, please provide details about these individuals in the text box.	
	Did the grantee collect data on this topic?	Yes or No
IV.C.1	African American	
IV.C.2	Asian American / Pacific Islander	
IV.C.3	Caucasian	
IV.C.4	Hispanic (Please keep in mind that "Hispanic" is an exclusive category that takes precedence over all other categories.)	
IV.C.5	Native American	
IV.C.6	Other (please specify number and provide details in text box)	The data form will have a text box with room for a complete description.
IV.C.7	Number of Unknown	
IV.D.	AGE GROUP OF AFI ACCOUNT HOLDERS AT TIME OF ENROLLMENT Please indicate the number of AFI IDA Account Holders in each of the following demographic categories. (The sum of these should be the number reported in question IV.A.4.)	
	Did the grantee collect data on this topic?	Yes or No
IV.D.1	19 years and under	
IV.D.2	20-29 years	
IV.D.3	30-39 years	
IV.D.4	40-49 years	
IV.D.5	50 years and older	
IV.D.6	Unknown	
IV.E.	MARITAL STATUS OF AFI IDA ACCOUNT HOLDERS AT TIME OF ENROLLMENT Please indicate the number of AFI IDA Account Holders in each of the following demographic categories. For any "Other" response, please provide details about these individuals in the text box. (The sum of these should be the number reported in question IV.A.4.)	
	Did the grantee collect data on this topic?	Yes or No

IV.E.1	Single, never married	
IV.E.2	Married	
IV.E.3	Separated	
IV.E.4	Divorced	
IV.E.5	Widowed	
IV.E.6	Other (please specify number and provide details in the text box)	The data form will have a text box with room for a complete description.
IV.E.7	Unknown	
IV.F.	EMPLOYMENT STATUS OF AFI IDA ACCOUNT HOLDER AT TIME OF ENROLLMENT Please indicate the number of AFI IDA Account Holders who reported the following employment status categories. (The sum of these should be the number reported in question IV.A.4.)	
	Did the grantee collect data on this topic?	Yes or No
IV.F.1	Full Time Employed	
IV.F.2	Part Time Employed	
IV.F.3	Unemployed	
IV.F.4	Student (Note: If a participant was a student and also working, please include them in the "Full Time Employed" or "Part Time Employed" data field, as appropriate. Please do not count them as a "student" for this data form.)	
IV.F.5	Retired	
IV.F.6	Other (please specify number and provide details in the text box)	The data form will have a text box with room for a complete description.
IV.F.7	Unknown	
IV.G.	EDUCATIONAL ATTAINMENT AT TIME OF ENROLLMENT Please indicate the number of AFI IDA Account Holders who reported the following educational attainment levels at time of enrollment in the AFI Project. (The sum of these should be the number reported in question IV.A.4.)	
	Did the grantee collect data on this topic?	Yes or No

IV.G.1	Completed grades K-5	
IV.G.2	Completed grades 6-8	
IV.G.3	Completed grades 9-11	
IV.G.4	High School Diploma	
IV.G.5	Vocational School Diploma / Degree	
IV.G.6	Some College	
IV.G.7	AA Degree / Graduated two-year college	
IV.G.8	BA/BS Degree / Graduated four-year college	
IV.G.9	Some Graduate School / Attended Graduate School	
IV.G.10	MA/MS, etc. Graduate Degree(s)	
IV.G.11	Unknown	
IV.H.	LOCATION TYPE AT TIME OF ENROLLMENT	
	Please indicate the number of AFI IDA Account Holders who reported their primary address as one of the following geographic categories.	
	(The sum of these should be the number reported in question IV.A.4.)	
	Did the grantee collect data on this topic?	Yes or No
IV.H.1	Major urban area (metropolitan statistical area with population greater than 1,000,000)	
IV.H.2	Minor urban area (metropolitan statistical area with population less than 1,000,000)	
IV.H.3	Rural Area	
IV.H.4	Remote Area	
IV.I.	HOUSEHOLD COMPOSITION (ADULT) AT TIME OF ENROLLMENT	
	Please indicate the number of AFI IDA Account Holders who reported the following categories of adults (age 18 and older) lived in their household at time of enrollment. Please include the account holder in the count.	
	(The sum of these should be the number reported in question IV.A.4.)	
	Did the grantee collect data on this topic?	Yes or No
IV.I.1	One adult	
IV.I.2	Two adults	
IV.I.3	Three adults	
IV.I.4	Four adults	
IV.I.5	Five adults	

IV.I.6	Six or more adults	
IV.I.7	Unknown	
IV.J.	HOUSEHOLD COMPOSITION (CHILD) AT TIME OF ENROLLMENT	
	Please indicate the number of AFI IDA Account Holders who reported that the following categories of children (age 17 and younger) lived in their household at time of enrollment.	
	(Note: The sum of these should be the number reported in question IV.A.4.)	
	Did the grantee collect data on this topic?	Yes or No
IV.J.1	No children	
IV.J.2	One child	
IV.J.3	Two children	
IV.J.4	Three children	
IV.J.5	Four children	
IV.J.6	Five children	
IV.J.7	Six or more children	
IV.J.8	Unknown	
IV.K.	REPORTED EARNED INCOME AT TIME OF ENROLLMENT	
	Please indicate the number of AFI IDA Account Holders who reported earned income at the following levels at the time or enrollment.	
	(Note: The sum of these should be the number reported in question IV.A.4.)	
	Did the grantee collect data on this topic?	Yes or No
IV.K.1	Below the federal poverty line.	
IV.K.2	100 – 150 percent of the federal poverty line	
IV.K.3	150 – 200 percent of the federal poverty line	
IV.K.4	More than 200 percent of the federal poverty line	
IV.L.	AUTOMOBILE OWNERSHIP	
	Did the grantee collect data on this topic?	Yes or No
	Number of AFI IDA Account Holders who owned an automobile at the time of enrollment.	
IV.M.	HOME OWNERSHIP	
	Did the grantee collect data on this topic?	Yes or No
	Number of AFI IDA Account Holders who owned a home at the time of enrollment.	

IV.N.	BUSINESS OWNERSHIP	
	Did the grantee collect data on this topic?	Yes or No
	Number of AFI IDA Account Holders who owned a business at the time or enrollment.	
IV.O.	TANF BENEFITS	
	Did the grantee collect data on this topic?	Yes or No
	Number of AFI IDA Account Holder who were TANF recipients at the time or enrollment.	
IV.P.	EITC PAYMENTS	
	Did the grantee collect data on this topic?	Yes or No
	Number of AFI IDA account holders who had ever received EITC refunds at time of enrollment.	
	It is important to make a distinction between those who are EITC eligible and those who applied for and received EITC "payments." Including ONLY those individuals who received EITC payments.	
IV.Q.	SAVINGS ACCOUNT ACTIVITY AND ACCOUNT STRUCTURE	
	Did the grantee collect data on this topic?	Yes or No
IV.Q.1	Number of AFI IDA account holders who had ever owned a Checking Account prior to opening an AFI IDA account.	
IV.Q.2	Number of AFI IDA account holders who had ever owned a Savings Account prior to opening an AFI IDA account.	
IV.Q.3	Number of AFI IDA account holders who used Direct Deposit procedure for their paychecks prior to opening an AFI IDA account.	
IV.R.	PARTICIPANT'S ANTICIPATED USE OF THE AFI IDA AT TIME OF ENROLLMENT (This is how the AFI IDA account holders originally intended to use their IDA account.)	
	Did the grantee collect data on this topic?	Yes or No
IV.R.1	First Home Purchase	
IV.R.2	Education	
IV.R.3	Business capitalization	
IV.R.4	Transfer to a dependent	
IV.R.5	Unknown	

Section V – Project Reserve Accounts		
V.A.	AFI GRANTS, NON-FEDERAL FUNDS, and the PROJECT RESERVE ACCOUNT	
V.A.1.	Amount of AFI Grant award	\$
V.A.2.	Amount of non-Federal cash contribution pledged in the AFI grant application.	\$
V.A.3.	As of September 30, 2005, total amount of AFI Grant award ever drawn down and deposited into the Project Reserve Account. (Please do not adjust for any grant funds used for any reason or disbursed to participants.)	\$
V.A.4.	As of September 30, 2005, total amount of non-Federal cash contribution ever deposited into the Project Reserve Account. (Please do not adjust for any amount of funds used for any reason or disbursed to participants.)	\$
V.A. 5.	PROJECT RESERVE ACCOUNT FINANCIAL INSTITUTIONS Name(s) of Financial Institution(s) where any portion of the Project Reserve Account was on deposit on September 30, 2005. Provide the total account balance at each institution on September 30, 2005. (Note: <u>Unlike</u> items V.A.2 and V.A.4, here we are looking for the balance, accounting for both deposits and withdrawals.)	
V.A.5.a.i.	Please list the name(s) of each financial institution(s) that held any part of the Project Reserve Account on September 30, 2005.	The data form will have a text box with room for the name of each financial institution.
V.A.5.a.ii.	Total amount of Project Reserve Account on deposit at this institution on September 30, 2005.	\$
V.A.5.ii	Total amount of Project Reserve Account on deposit at all financial institutions as of September 30, 2005. Please provide the total amount in the Project Reserve Account. If the Project Reserve Account is held in multiple financial institutions, this is the sum of the balances in all institutions.	\$
The data form will have space for information about 10 financial institutions that hold any portion of the Project Reserve Account. More space will be made available, if necessary.		

Section VI -- AFI IDA Account Holder Savings		
VI.A.	TOTAL NUMBER OF AFI IDA ACCOUNT HOLDERS ORIGINALLY ANTICIPATED, AS INDICATED IN THE GRANT PROPOSAL.	
VI.B	CURRENT EXPECTATION OF THE NUMBER OF AFI IDA ACCOUNT HOLDERS. If the total number of planned AFI IDA account holders (under this AFI grant) has changed since the grant award, please enter the current expectation here. If it has not changed, please enter the originally anticipated number.	
VI.C	DIFFERENCE BETWEEN NUMBER OF AFI IDA ACCOUNT HOLDERS ORIGINALLY PLANNED AND CURRENTLY PLANNED.	
VI.D	WHAT WERE THE REASONS FOR ANY CHANGE?	
VI.D.1	Incomplete use of match funds by AFI IDA Account Holders	Yes or No
VI.D.2	Change in program features (match rate or maximum savings matched)	Yes or No
VI.D.3	Terminations	Yes or No
VI.D.4	Recruitment difficulties	Yes or No
VI.D.5	Other (Please provide details in the text box.)	The data form will have a text box with room for a complete description.
VI.E	AS OF SEPTEMBER 30, 2005, NUMBER OF AFI IDA ACCOUNTS EVER OPENED. This number should reflect all AFI accounts ever opened between the grant start date and September 30, 2005, regardless of their current status. Therefore, please include in this count all accounts that are currently open, those closed due to matched withdrawals, and those closed due to terminations or voluntary withdrawals. This number should equal the number reported in IV.A.4 above.	
VI.F	NUMBER OF AFI IDA ACCOUNTS EVER CLOSED. This number should reflect all AFI IDA accounts that have been closed for any reason – that is, after a successful asset purchase or termination for any reason.	
VI.F.1	Number of closed AFI IDA accounts for which the participant received matching funds (a matched withdrawal)	\$
VI.F.2	Number of closed AFI IDA accounts for which the participant was terminated or made an voluntary withdrawal (an unmatched withdrawal).	\$

VI.G	TOTAL AMOUNT OF FUNDS THAT AFI IDA PARTICIPANTS EVER <u>DEPOSITED</u> INTO THEIR AFI IDA ACCOUNTS. This is the cumulative total amount that any participants EVER deposited into their AFI IDA accounts between the grant start date and September 30, 2005. Please include amounts deposited by any AFI IDA participant at any time. Please do not make adjustments for any withdrawals or account closing for any reason. Hint: This amount is roughly equal to the sum of the total amount of current account balances (reported in IV.I) plus the total amount of participant withdrawals (reported in VII.A).	\$
VI.H	NUMBER OF AFI IDA ACCOUNT HOLDERS WHO USE AUTOMATIC ALLOTMENT / DEPOSIT PROCEDURES. This is the number of AFI IDA account holders who have money transferred into their AFI IDA accounts, whether from another bank account or through direct deposit.	
VI.I	NAMES OF PARTNER FINANCIAL INSTITUTIONS AND TOTAL AFI IDA ACCOUNT BALANCES ON DEPOSIT IN THOSE INSTITUTIONS AS OF SEPTEMBER 30, 2005. (Note: Unlike Items VI.G above where we asked for the total amount ever deposited into the AFI IDAs, here we are looking for the current balances on September 30, 2005, accounting for all deposits and minus all withdrawals.)	
VI.I.A.i	Name of Participant Account Financial Institution #1	
VI.I.A.ii	Number of AFI IDA accounts open at that institution on September 30, 2005	
VI.I.A.iii	Amount of funds in AFI IDA accounts at that institution on September 30, 2005	
The data form will have space for 15 Partner Financial Institutions. More space will be made available, if needed.		

SECTION VII -- AFI IDA Account Holder Withdrawals

This section asks for information about the number, amount and asset goal of participant AFI IDA withdrawals. We are interested in information about the funds disbursed AFI Grant funds and non-federal cash contribution. All amounts should be cumulative – reflecting withdrawal activity from the beginning of the grant period through September 30, 2005.

VII.A	CATEGORIES OF WITHDRAWALS	
VII.A.1	<i>Home Purchase</i>	
VII.A.1.a	Total number of withdrawals made for this purpose.	
VII.A.1.b	Total number of participants who made withdrawals for this purpose.	
VII.A.1.c	Total amount of funds withdrawn from participant IDAs for this purpose (do not include match funds).	
VII.A.1.d	Total amount of AFI Grant funds disbursed as matching funds for this purpose.	
VII.A.1.e	Total amount of non-federal cash contribution disbursed as matching funds for this purpose.	
VII.A.2	<i>Education</i>	
VII.A.2.a	Total number of withdrawals made for this purpose.	
VII.A.2.b	Total number of participants who made withdrawals for this purpose.	
VII.A.2.c	Total amount of funds withdrawn from participant IDAs for this purpose (not including match funds).	
VII.A.2.d	Total amount of AFI Grant funds disbursed as matching funds for this purpose.	
VII.A.2.e	Total amount of non-federal cash contribution disbursed as matching funds for this purpose.	
VII.A.3	<i>Business</i>	
VII.A.3.a	Total number of withdrawals made for this purpose.	
VII.A.3.b	Total number of participants who made withdrawals for this purpose.	
VII.A.3.c	Total amount of funds withdrawn from participant IDAs for this purpose (not including match funds).	
VII.A.3.d	Total amount of AFI Grant funds disbursed as matching funds for this purpose.	
VII.A.3.e	Total amount of non-federal cash contribution disbursed as matching funds for this purpose.	

VII.A.4	<i>Transfer to Family Member's IDA</i>	
VII.A.4.a	Total number of withdrawals made for this purpose.	
VII.A.4.b	Total number of participants who made withdrawals for this purpose.	
VII.A.4.c	Total amount of funds withdrawn from participant IDAs for this purpose (not including match funds).	
VII.A.4.d	Total amount of AFI Grant funds disbursed as matching funds for this purpose.	
VII.A.4.e	Total amount of non-federal cash contribution disbursed as matching funds for this purpose.	
VII.A.5	<i>Emergency</i> Emergency withdrawals are those that are made by participants with permission from the AFI Project managers to meet such emergencies as medical expenses, etc.	
VII.A.5.a	Total number of withdrawals made for this purpose.	
VII.A.5.b	Total number of participants who made withdrawals for this purpose.	
VII.A.5.c	Total amount of funds withdrawn from participant IDAs (not including matching funds)	
VII.A.6	<i>Voluntary or "Non-Approved" Withdrawals and Withdrawals due to Terminations</i> Voluntary withdrawals are those that are made by the participant for a purpose other than for an approved asset purchase or in the event of an emergency. Participants who make such withdrawals either quit the Project or are terminated from it.	
VII.A.6.a	Total number of non-approved withdrawals	
VII.A.6.b	Total number of participants who made non-approved withdrawals.	
VII.A.6.c	Total amount of funds withdrawn from participant IDAs (not including matching funds)	

COMMENT SECTION:

Please use this section to further explain any responses given in the form.

III.C. OTHER SERVICES AND ASSISTANCE

This section asks for grantees to indicate any types of services and assistance offered to AFI IDA Account Holders. For each type of service or assistance listed, please indicate whether it was offered to participants, how it was provided, and the number or participants who received the service or assistance.

(Note: The on-line response form will feature drop down choices for each type of service or assistance provided.)

	Type of Service or Assistance	Offered to Participants? - Yes, to ALL - Yes, to SOME - Not offered	How Provided? -By Grantee -Outsourced -Both	Number of Participants who have Received this Services or Assistance
III.C.1.	Personal and Employment Interventions			
III.C.1.a.	Employment Support			
III.C.1.b.	Child Care			
III.C.1.c.	Transportation			
III.C.1.d.	Medical (treatment)			
III.C.1.e.	Crisis management			
III.C.1.f.	Structured planning exercises			
III.C.1.g.	Mentoring			
III.C.1.h.	Peer Support			
III.C.1.i.	Other (please describe)			
III.C.2.	Financial Interventions			
III.C.2.a	Cash grant			
III.C.2.b	Counseling			
III.C.2.c	Loans			
III.C.2.d	Credit Repair			
III.C.2.e	Other (please describe)			
III.C.3	Specialized or Advanced Financial Education			

