

**ACF PERFORMANCE PROGRESS REPORT
ACF-OGM SF-PPR Cover Page**

Administration for Children and Families
U.S. Department of Health and Human Services

Page	of Pages
<input type="text"/>	<input type="text"/>

1. Federal Agency and Organization Element to Which Report is Submitted <input type="text"/>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <input type="text"/>	3a. DUNS <input type="text"/>
		3b. EIN <input type="text"/>

4. Recipient Organization (Name and complete address including zip code) <input type="text"/>	5. Recipient Identifying Number or Account Number <input type="text"/> 8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Project/Grant Period <table border="0"> <tr> <td>Start Date:</td> <td>End Date:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Start Date:	End Date:	<input type="text"/>	<input type="text"/>	7. Reporting Period End Date <input type="text"/>	9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other <i>If other, describe:</i> <input type="text"/>
Start Date:	End Date:					
<input type="text"/>	<input type="text"/>					

10. Performance Narrative
 Leave this space blank and attach a performance narrative that responds to questions in Form ACF-OGM SF-PPR Attachment B

11. Other Attachments *(Attach other documents as needed or as instructed by the awarding Federal Agency)*

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

12a. Typed or Printed Name and Title of Authorized Certifying Official <hr/> 12b. Signature of Authorized Certifying Official <hr/>	12c. Telephone (area code-number-extension) <input type="text"/> 12d. Email Address <input type="text"/> 12e. Date Report Submitted <input type="text"/>
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13. Agency use only

**ACF PERFORMANCE PROGRESS REPORT
ACF-OGM SF-PPR
COVER PAGE**

Administration for Children and Families
U.S. Department of Health and Human Services

INSTRUCTIONS

Item	Data Elements	Instructions
1.	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2.	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a.	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4.	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5.	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6.	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7.	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8.	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10.	Performance Narrative	Leave blank and complete Form ACF-OGM SF-PPR Attachment B
11.	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

**ACF PERFORMANCE PROGRESS REPORT
ACF-OGM SF-PPR Program Indicators – Attachment B**

Administration for Children and Families
U.S. Department of Health and Human Services

1. Federal Agency and Organization Element to Which Report is Submitted <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Page <input style="width: 40px;" type="text"/> of Page <input style="width: 40px;" type="text"/> 3a. DUNS <input style="width: 100%; height: 20px;" type="text"/> 3b. EIN <input style="width: 100%; height: 20px;" type="text"/>
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Program Indicators			
(1) Item	(2) Activity Description	(3) Indicator	(4) Explanation
B-01	Major activities and accomplishments during this period	Leave Blank	Attach a description of these activities
B-02	Problems	Leave Blank	Attach a description of these activities
B-03	Significant findings and events	Leave Blank	Attach a description of these activities
B-04	Dissemination activities	Leave Blank	Attach a description of these activities
B-05	Other Activities	Leave Blank	Attach a description of these activities
B-06	Activities planned for next reporting period	Leave Blank	Attach a description of these activities

ACF PERFORMANCE PROGRESS REPORT
ACF-OGM SF-PPR Program Indicators – Attachment B
Administration for Children and Families
U.S. Department of Health and Human Services
INSTRUCTIONS

Schedule

Submit the original progress report to the Office of Grants Management, Division of Discretionary Grants, and a copy to the Program Office. Reports are due 30 days after the end of the second and fourth quarters of the budget period (every six months), unless otherwise noted in the award documents.

A FINAL PERFORMANCE REPORT (PPR) IS DUE 90 DAYS AFTER THE PROJECT PERIOD END DATE.

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2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30 and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
Program Indicators		
B-01(4)	Major activities and accomplishments during this period	Recommend use of project task charts from approved grant application and/or project work plan with this section. Describe any draft/final products in this section. Use additional pages if needed.
B-02(4)	Problems	Describe any deviations or departures from the original project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Use this report section to advise Project Officer and Grants Management Specialist of assistance needs. Use additional pages if needed.
B-03(4)	Significant findings and events	(To be noted by project officer, or reported to regions, States, other agencies, Program Director/Commissioner, Assistant Secretary, Secretary, etc.) Use additional pages if needed.
B-04(4)	Dissemination activities	Briefly describe project related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, magazine articles or other published materials considered relevant to project activities, or used for project information or public relations purposes. Use additional pages if needed.
B-05(4)	Other Activities	Briefly describe. Use additional pages if needed.
B-06(4)	Activities planned for next reporting period	Briefly describe. Use additional pages if needed.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0334, which expires on 06/30/2009. The time required to complete this information collection is estimated to average three (3) hours per response, including the time to review the instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have suggestions about the accuracy of the estimate, we would be happy to hear from you.** You can email us at infocollection@acf.hhs.gov.