

Administration for Native Americans

Objective Progress Report (OPR)

The Paperwork Reduction Act of 1995: Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.

		Page:	of Pages
1. Grantee Name	2. Grant Number	3a. DUNS Number	
		3b. EIN	
4. Recipient Organization (Name and complete address including zip code)		5. SF269 Long Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Project Period Start Date: (Month, Day, Year)	7. Reporting Period End Date (Month, Day, Year)	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		9. Report Frequency <input type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency) Project Title: Report prepared by: Name: _____ Date: _____			
11. Other Attachments:			
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.			
13a. Typed or Printed Name and Title of Authorized Certifying Official		13c. Telephone (area code, number and extension)	
		13d. Email Address	
13b. Signature of Authorized Certifying Official		13e. Date Report Submitted (Month, Day, Year)	
14. Agency use only			

OBJECTIVE WORK PLAN UPDATE

1. Have any changes been made to the Objective Work Plan (OWP)? Yes No
 If Yes, please explain.

If Yes, did you receive ANA's approval for these changes? Yes No

2. Please complete the tables below and include all objectives and activities from your approved OWP. If you require more space, attach additional sheets and follow the same format.

GOAL:

OBJECTIVE 1: _____

Activity	Describe how each activity was accomplished (or what prevented activity from being completed)	Status
		<input type="checkbox"/> Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> N/A this quarter <input type="checkbox"/> Not Completed (if not completed, include expected completion date: dd/mm/yr)
		<input type="checkbox"/> Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> N/A this quarter <input type="checkbox"/> Not Completed (if not completed, include expected completion date: dd/mm/yr)
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OBJECTIVE 2: _____

Activity	Describe how each activity was accomplished (or what prevented activity from being completed)	Status
		<input type="checkbox"/> Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> N/A this quarter <input type="checkbox"/> Not Completed (if not completed, include expected completion date: dd/mm/yr)
		<input type="checkbox"/> Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> N/A this quarter <input type="checkbox"/> Not Completed (if not completed, include expected completion date: dd/mm/yr)
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OBJECTIVE 3: _____

Activity	Describe how each activity was accomplished (or what prevented activity from being completed)	Status
		<input type="checkbox"/> Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> N/A this quarter <input type="checkbox"/> Not Completed (if not completed, include expected completion date: dd/mm/yr)

		completion date: dd/mm/yr <input type="checkbox"/> Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> N/A this quarter <input type="checkbox"/> Not Completed (if not completed, include expected completion date: dd/mm/yr)
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OBJECTIVE 4: _____

**Describe how each activity was accomplished
(or what prevented activity from being completed)**

Activity		Status
		<input type="checkbox"/> Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> N/A this quarter <input type="checkbox"/> Not Completed (if not completed, include expected completion date: dd/mm/yr)
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OBJECTIVE 5: _____

Activity	Describe how each activity was accomplished (or what prevented activity from being completed)	Status
		<input type="checkbox"/> Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> N/A this quarter <input type="checkbox"/> Not Completed (if not completed, include expected completion date: dd/mm/yr)
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OBJECTIVE 6: _____

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IMPACT/PERFORMANCE INDICATORS

3. Please list all impact/performance indicators for this project and provide details in the table below.
 Note: If your grant started prior to 2004, please check here and skip to #3.

Impact/performance indicators	Initial Target # and/or \$	Total # and/or \$ for this reporting period	Total # and/or \$ since beginning of project
1. Resources Leveraged			
2. Partnerships Formed			
3.			
4.			
5.			

PARTNERSHIPS

4. Please list any partnerships formed during this reporting period:

Partnering agency/organization/tribe	Type of Partnership	Brief description of partnership and how it is benefiting the project
	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> National <input type="checkbox"/> Federal <input type="checkbox"/> International <input type="checkbox"/> Faith-Based <input type="checkbox"/> Philanthropic <input type="checkbox"/> Tribal <input type="checkbox"/> Other	

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LEVERAGED RESOURCES

5. Please list any resources leveraged during this reporting period that are over and above the non-federal share match (e.g., other grants secured as a result of this project, donated meeting space/equipment/advertising, volunteer hours, etc.).

Source	Federal or Non-Federal	Dollar Value

NATIVE AMERICAN YOUTH AND ELDER OPPORTUNITIES

6. During this reporting period, did this project provide any opportunities or activities for Native American youth or elders? Yes No NA

If Yes, please list activity and provide details below:

Activity	# of Youth Participating	# of Elders Participating	Description	Was this an inter-generational activity?

JOBS

7. Please list all jobs created during this reporting period as a *direct* result of this award (i.e., salaries/consultant fees paid through ANA funding or in-kind) and complete the following table:

Position Title	Name	Full or Part Time	Hours per Month	Federal or In-Kind

8. Were any jobs created in the community during this reporting period as a result of this project (e.g., through businesses and/or services resulting from this project but whose salaries were not paid with ANA funds)? Yes No

If Yes, please list below:

Position Title	Full or Part Time	Hours per Month

PROJECT PERSONNEL

9. Have you hired all key personnel, as outlined in the grant application? Yes No

If No, please list vacant positions and explain:

10. Did you have any changes or turnover in key personnel, consultants or contractors during this reporting period? Yes No

If Yes, please list affected positions and explain:

FINANCIAL

11. What were your forecasted cash needs for this reporting period (from the Form 424A)? What were your actual expenditures?

Please list in the table below:

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual
Federal								
Non-Federal								

12. Did you access funds through the Division of Payment Management (DPM) during this reporting period? Yes No
 If No, please explain:

13. Did you revise your budget during this reporting period? Yes No
 If Yes, was it approved by ANA? Yes No

If a revision was made, please explain:

14. Have you met your Non-Federal Share of the project costs for this reporting period? Yes No
 If No, please explain.

OTHER

15. Please describe any challenges you encountered on this project during this reporting period and include how you overcame (or plan to overcome) them:

16. ANA is committed to assisting you in the successful implementation of your project and offers free training and technical assistance. Are you in need of any training or technical assistance to carry out your project objectives? Yes No

If Yes, what type of assistance would you like: Electronic On-site Other _____
 Please explain:

17. Do you expect to complete your project objectives and activities by the project end date? Yes No
 If No, please explain:

18. Please include any other information you would like to share with ANA regarding your project here:

