PERFORMANCE PROGRESS REPORT SF-PPR HHS Administration for Children and Families FYSB Abstinence Education Program Performance Narrative

				Page 1 of 3
1.Federal Agency and Organization Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		3a. DUNS Number
				3b. EIN
4. Recipient Organization (Name and complete address including zip code)				5. Recipient Identifying Number or Account Number
				8. Final Report ? Xes
		7. Budget Period (i.e., 1 year)		No
Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	9. Report Frequency
				annual 🔤 semi-annual
				(If other, describe:
)
10. Performance Narrative				
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.				
12a. Typed or Printed Name and Title of Authorized Certifying Official			12c. exten	Telephone (area code, number and sion)
			12d.	Email Address
12b. Signature of Authorized Certifying Official			12e.	Date Report Submitted (Month, Day, Year)
			13. A	gency use only

INSTRUCTIONS FOR THE COMPLETION OF PERFORMANCE PROGRESS REPORT SF-PPR HHS Administration for Children and Families FYSB Abstinence Education Program Performance Narrative

Purpose of Performance Progress Report, Performance Narrative for the FYSB Abstinence Education Program

U.S. Code 42, Section 710 references the application of Section 706 of the same code to the abstinence education grant program for states. Section 706 requires block grant recipients to submit reports as directed by HHS.

ACF will use the information collected to collect comparative data required to account for the annual expenditure of \$50 million in Federal funds, assess the progress and impact of ACF's federally funded abstinence education programs against ACF's Strategic Plan goals, and provide feedback to assist State grantees.

The data collected also fulfill requirements of OMB for setting of performance targets and assessment and validation of accomplishments.

General Instructions

- Cell 1. Identify the federal agency and organization element to which the report is submitted.
- Cell 2. Identify the federal grant number assigned by the federal agency.
- Cell 3a. Identify the DUNS number of your organization.
- Cell 3b. Identify the EIN of your organization.
- Cell 4. Identify your organization's name and complete address, including zip code.
- Cell 5. Leave this field blank.
- Cell 6. Identify the project period as displayed on the financial assistance award for this grant (i.e., 5 years).
- Cell 7. Identify the budget period as displayed on the financial assistance award for this grant (i.e., 1 year).
- Cell 8. Indicate whether this is a final report for the budget period such as annual or an intermediate report such as 6month.
- Cell 9. Indicate the reporting frequency for this grant.
- Cell 10. Record any notes regarding the performance narrative in cell 10.

Attach a performance narrative that addresses the emboldened items described below. Use standard sized paper (8 $\frac{1}{2}$ x 11 inches). Clearly number all pages. Submit the narrative UNSTAPLED AND UNBOUND so that additional copies can be made for review, if necessary.

Focal Population(s) and Needs:

Describe the program recipients and the needs of program recipients that were addressed by the state. Describe additional focal population(s) that were served, such as parents or professionals that desired training in how to support decisions to delay sexual activity until marriage.

Implementation Plan:

Describe how the state addressed the needs of the focal population(s), attained the purpose set forth in Section 510(b) of the Social Security Act, and did not promote contraception or sexual activity outside of marriage. Describe the state's success in implementing its approved implementation plan, including as appropriate, the goals, activities, mechanisms and steps.

Include a description of any barriers in meeting the goals and how they were resolved.

Monitoring:

Describe how the state effectively monitored the work of each formal partner, implemented through subawards, to assure program integrity to the proposed plan and the priorities of the state and of ACF, including compliance with the legislative definition of abstinence education.

Budget:

Provide a detailed budget report which clearly demonstrates how the budget, matching funds, and subawardees' expenditures were used to accomplish the program goals. The budget report should include an account of the full amount of funds reported on the SF-269 as expended. Describe how the budgets of subawardees were monitored. Describe how funds were used to support service recipient involvement.

Objective Outcome Measure(s):

Describe the state's progress in reaching annual targets for its approved outcome measure(s). Describe how the state collected and analyzed data relevant to the proposed measure(s).

Objective Output Measures:

Describe the state's progress and any barriers in collecting and reporting data for SF-PPR-D, Table of Activity Results.

Service Recipient Involvement:

Describe how service recipients were involved in implementing the state proposed plan.

Assurances:

Describe the measures that were used to assure that all federally funded abstinence education program activities, curricula, and materials meaningfully represented each element of Section 510(b)(2)A-H, and did not promote contraception or sexual activity outside of marriage. Describe any barriers that were encountered in meaningfully addressing Section 510(b)(2)A-H.

Training Needs:

Describe training needs of Title V, Section 510 awardees and any ideas for addressing the needs through annual meetings of State Coordinators or other means.

- Cell 11. Record any notes regarding additional attachments in cell 11. Clearly mark and attach the documents behind the performance narrative.
- Cell 12. Self-explanatory.
- Cell 13. Agency use only.