PERFORMANCE PROGRESS REPORT
SF-PPR
Administration for Native Americans
Administration for Children and Families
U.S. Department of Health and Human Services
Project Impact Assessment

1. Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	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

6. Project Reporting Period		7. Reporting Period End Date	8. Final Report? ☒ Yes ☐ No
Start Date: *(Month, Day, Year)*	*(Month, Day, Year)*	*(Month, Day, Year)*	9. Report Frequency ☐ *annual* ☐ *semi-annual* ☐ *quarterly* ☒ *other* *(If other, describe:* **End of Project***)*

10. Performance Narrative *(performance narrative is covered in the attached PPR forms)*

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. Telephone *(area code, number and extension)*
	12d. Email Address
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted *(Month, Day, Year)*
	10. Agency Use Only

OMB Approval Number: XXXX-XXXX
Expiration Date: mm/dd/yy

PERFORMANCE PROGRESS REPORT
SF-PPR (Supplemental Continuation of Cover Page)

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

IDENTIFYING INFORMATION: To be completed by the Evaluator prior to the site visit		
(1) Label	**(2) Additional Information on Grantee**	**(3) Provide Information Requested:**
PIA-A101	Evaluator's Name:	
PIA-A102	Other ANA Staff/Contractors Present at Site Visit:	
PIA-A103	Date of Evaluation:	
GRANTEE INFORMATION:		
PIA-A201	Geographic Designation: http://www.ers.usda.gov/Data/RuralurbanContinuumCodes/2003/	
PIA-A202	Office Phone:	
PIA-A203	Grantee Fax Number:	
PIA-A204	Contact's Name *(if different from Authorized Grant Representative)*	
PIA-A205	Contact's Title:	
PIA-A206	Contact's Phone #:	
PIA-A207	Contact's Fax #:	
PIA-A208	Contact's Email:	
PIA-A209	Grantee Type	☐ Tribe
ANA CONTACTS:		
PIA-A301	ANA Program Specialist	
PIA-A302	Grants Management Specialist	

PERFORMANCE PROGRESS REPORT
SF-PPR (Supplemental Continuation of Cover Page)

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

IDENTIFYING INFORMATION: To be completed by the Evaluator prior to the site visit

(1) Label	(2) Additional Information on Grant Project	(3) Provide Information Requested:
GRANT INFORMATION:		
PIA-A401	Project Title:	
PIA-A402	All proposed staff positions filled?	☐ Yes ☐ No
PIA-A403	List positions vacant and reasons for hiring delays:	
PIA-A404	Project Period:	☐ 12 mos. ☐ 24 mos. ☐ 36 mos. ☐ Other *(Specify:_____)*
PIA-A405	Original Project Start Date *(mm/dd/yyyy)*	
PIA-A406	Original Project End Date *(mm/dd/yyyy)*	
PIA-A407	Amended Start Date *(mm/dd/yyyy)*	
PIA-A408	Amended End Date (w/NCEs)	
PIA-A409	Project Status at Time of Visit	☐ Project ended ☐ Final 3 months ☐ Other *(Specify:_____)*
PIA-A410	Total Grant Amount	$
PIA-A411	Total for Year 1:	$
PIA-A412	Total for Year 2:	$
PIA-A413	Total for Year 3:	$
PIA-A414	Total for Year 4:	$
PIA-A415	Total for Year 5:	$
PIA-A416	Any supplements?	☐ Yes Amount $_____ ☐ No Date _____
PIA-A417	Any carryovers?	☐ Yes Amount $_____ ☐ No Date _____
PIA-A418	Did the project receive an LCE (low cost extension)?	☐ Yes Amount $_____ ☐ No Date _____
PIA-A419	Did the project receive TA during implementation?	☐ Yes ☐ No If Yes, what type? *(Check multiple if applicable.)* ☐ Electronic ☐ On-Site ☐ PIP

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

GRANT INFORMATION (Continued): To be completed by Evaluator prior to site visit

PIA-A420	Grant Type	

☐ Social Development
- ☐ Youth Development   ☐ Cultural Preservation Activities
- ☐ Supporting Elders   ☐ Education Development
- ☐ Supporting People with Disabilities

☐ Economic Development
- ☐ Business Development   ☐ Transportation for Elders and Disabled
- ☐ Community Strategic Planning   ☐ Transportation for Workforce Development
- ☐ Organizational Capacity Building   ☐ International Tourism and Trade
- ☐ Subsistence Project   ☐ Job Training
- ☐ Emergency Response Activities

☐ Governance
- ☐ Tribal Governance & Program Enhancement   ☐ Constitutional Reform
- ☐ Management and Leadership Development   ☐ Operational Planning
- ☐ Information Management Systems   ☐ Tribal Court Systems
- ☐ Codes and Ordinances   ☐ Leadership Development/ Management

☐ Family Preservation I - Planning
- ☐ Curriculum Development   ☐ Community Assessment
- ☐ Develop Family Preservation Strategic Plan

☐ Family Preservation II – Implementation
- ☐ Relationship and Marriage Education   ☐ Responsible Fatherhood or Parenting
- ☐ Foster Care   ☐ Grandparents Raising Grandchildren
- ☐ Foster Parent Training   ☐ Research

☐ Environmental Regulatory Enhancement
- ☐ Environmental Assessment   ☐ Enforcement
- ☐ Infrastructure Improvement   ☐ Energy Assessment
- ☐ Develop Regulations, Ordinances or Laws   ☐ Energy Projects for Export
- ☐ Develop a Technical Program   ☐ Renewable Energy Resources
- ☐ Training

☐ Language Preservation
- ☐ Assessment   ☐ Implementation
- ☐ Planning   ☐ Immersion

PIA-A421	Background Information:	

PERFORMANCE PROGRESS REPORT
Table of Activity Results SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

PRE-VISIT INFORMATION

Baseline Data:

(1) Label	(2) Subject	(3.1) Status Prior to Project	(3.2) Change after Project	(3.3) Comments		
PIA-B101						
PIA-B102						
PIA-B103						
PIA-B104						
PIA-B105						
PIA-B106						
PIA-B107						
PIA-B108						
PIA-B109						
PIA-B110						

POST-VISIT CHECKLIST
(To be completed by Evaluator during the site visit)

Please list all documents to be sent to the Evaluator by the grantee following the site visit.

(1) Label	(2) Document	(3.1) Due Date	(3.2) Comments		
PIA-B201					
PIA-B202					
PIA-B203					
PIA-B204					
PIA-B205					

1. OBJECTIVE WORK PLAN

(1) Label	(2) Question	(3.1) Response	(3.2) Comments		
PIA-B301	Was the OWP a useful guide for your project's implementation?	☐ Yes ☐ **No**			
PIA- B302	Was the OPR a useful to monitor your project?	☐ Yes ☐ **No**			
PIA- B303	What changes would you make to the OPR?				

PERFORMANCE PROGRESS REPORT
Table of Activity Results SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

1. OBJECTIVE WORK PLAN

1.1 *Evaluator: Using the OWP, list the grantee's objectives, the results and benefits, the criteria for evaluating the results and benefits and the deliverables for each objective below. This should be done in advance of the site visit. During the visit, confirm the status of these objectives with the grantee and note any comments below. Include the status of incomplete objectives with their projected completion date.* *(Pre-populate shaded areas.)*

(1) Label	(2) Year	(3.1) Objective	(3.2) Results and Benefits Expected	(3.3) Criteria for Evaluating Results and Benefits Expected	(3.4) Deliverables	(3.5) Product	(3.6) Documentation Reviewed	(3.7) Comments
PIA-1.001	1	1						
PIA-1.002	1	2						
PIA-1.003	1	3						
PIA-1.004	2	1						
PIA-1.005	2	2						
PIA-1.006	2	3						
PIA-1.007	3	1						
PIA-1.008	3	2						
PIA-1.009	3	3						
PIA-1.010	4	1						
PIA-1.011	4	2						
PIA-1.012	4	3						
PIA-1.013	5	1						
PIA-1.014	5	2						
PIA-1.015	5	3						

Note: This page can be duplicated

OMB Approval Number: XXXX-XXXX
Expiration Date: mm/dd/yy

PERFORMANCE PROGRESS REPORT

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

2. PROJECT IMPACT

2.1 Impact Indicators

2.1.1 Partnerships:

(1) Label	(2) Partner's Name	(3) Pre-existing or New?		(4)
PIA-2.1.101		☐ Pre-existing	☐ New	
PIA-2.1.102		☐ Pre-existing	☐ New	
PIA-2.1.103		☐ Pre-existing	☐ New	
PIA-2.1.104		☐ Pre-existing	☐ New	
PIA-2.1.105		☐ Pre-existing	☐ New	
PIA-2.1.106		☐ Pre-existing	☐ New	
PIA-2.1.107		☐ Pre-existing	☐ New	
PIA-2.1.108		☐ Pre-existing	☐ New	
PIA-2.1.109		☐ Pre-existing	☐ New	
PIA-2.1.110		☐ Pre-existing	☐ New	
PIA-2.1.111		☐ Pre-existing	☐ New	
PIA-2.1.112		☐ Pre-existing	☐ New	
PIA-2.1.113		☐ Pre-existing	☐ New	
PIA-2.1.114		☐ Pre-existing	☐ New	
PIA-2.1.115		☐ Pre-existing	☐ New	
PIA-2.1.116		☐ Pre-existing	☐ New	
PIA-2.1.117		☐ Pre-existing	☐ New	
PIA-2.1.118		☐ Pre-existing	☐ New	
PIA-2.1.119		☐ Pre-existing	☐ New	
PIA-2.1.120		☐ *Pre-existing*	☐ *New*	

2.1.2 Consider the three partnerships that were most important to your project's implementation. What made them crucial to your project?

(1) Label	(2) Partner's Name	(3) Type of Partnership	(4) Description
PIA-2.1.101			
PIA-2.1.102			
PIA-2.1.103			

| | | | Page 8 | of | 24 | Pages |

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

2.1.3 Leveraged Resources: What resources other than the 20% non-federal match have you been able to attract as a result of this project?

PIA-2.1.300	Check here if grantee was unable to leverage resources.	☐ Unable to leverage resources	

(1) Label	(2) Source **(Pre-populate from OPR)**	(3.1) Documentation Reviewed	(3.2) Amount of Federal $	(3.3) Amount of Non-Federal $	(3.4) **Brief description of how the resource leveraged contributed to meeting the project goal and objectives**
PIA-2.1.301					
PIA-2.1.302					
PIA-2.1.303					
PIA-2.1.304					
PIA-2.1.305					
PIA-2.1.306					
PIA-2.1.307					
PIA-2.1.308					
PIA-2.1.309	**Total Leveraged Resources:**				

2.1.2 Impact Indicator Targets

(1) Label	(2) Impact/Performance Indicator	(3) Original Target	(4) Actual Achieved
PIA-2.1.401	Partnerships		
PIA-2.1.402	Resources Leveraged		
PIA-2.1.403			
PIA-2.1.404			

2.2 Statement of Need/Problem Statement

(1) Label	(2) Statement of Need/Problem Statement **(Pre-populate)**	(3) You stated this Statement of Need/Problem as your identified needs and problems in your community. To what extent do you feel this project addressed these problems and needs?
PIA-2.1.201		

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

2.3 Impact Summary: *(Evaluator: Have the grantee identify the beneficiaries of this project. Then ask the grantee to discuss the impact this project has had on each identified beneficiary.)*

(1) Label	(2) Beneficiary	(3.1) Realized Impact	
PIA-2.3.001			
PIA-2.3.002			
PIA-2.3.003			
PIA-2.3.004			
PIA-2.3.005			
PIA-2.3.006			

3. Community Involvement and Outreach

3.1 Who developed the project proposal?

(1) Label	(2) Name and Title	(3) Relationship to Community	
PIA-3.101		☐ Native (but not from community ☐ Tribal Member ☐ Consultant ☐ Program Staff ☐ Other (_____)	
PIA-3.102		☐ Native (but not from community ☐ Tribal Member ☐ Consultant ☐ Program Staff ☐ Other (_____)	
PIA-3.103		☐ Native (but not from community ☐ Tribal Member ☐ Consultant ☐ Program Staff ☐ Other (_____)	
PIA-3.104		☐ Native (but not from community ☐ Tribal Member ☐ Consultant ☐ Program Staff ☐ Other (_____)	
PIA-3.201	How was the project developed?		

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

3. Community Involvement and Outreach (continued)

(1) Label	(2) Name and Title	(3) Relationship to Community	(4)
PIA-3.301	Please rank the extent of community involvement During the project planning phase:	☐ Not Involved ☐ Involved ☐ Very Involved ☐ N/A	
PIA-3.302	Please rank the extent of community involvement During project implementation	☐ Not Involved ☐ Involved ☐ Very Involved ☐ N/A	
PIA-3.401	Were elders involved during Project Planning:	☐ Yes ☐ No	
PIA-3.402	Were elders involved during Project Implementation:	☐ Yes ☐ No If yes, how many?_____	
PIA-3.501	Were youth involved during Project Planning:	☐ Yes ☐ No	
PIA-3.502	Were youth involved during Project Implementation:	☐ Yes ☐ No If yes, how many?_____	
PIA-3.601	Did this project promote intergenerational exchanges?	☐ Yes ☐ No Specify: ☐ Elders/Youth ☐ Grandparents/Grandchildren	
PIA-3.700	What marketing materials/outreach activities worked best for you to bring attention to this project? List the top three:	1. _____ 2. _____ 3. _____	
PIA-3.800	Did any members of the community and/or general public express doubts or misgivings about this project?	☐ Yes ☐ No If yes, please elaborate:	
PIA-3.900	Did you face any opposition from the community/general public while implementing your project?	☐ Yes ☐ No If yes, please elaborate:	

PERFORMANCE PROGRESS REPORT
SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

4.1 Challenges Please tell us about the **major** challenges you encountered on this project, whether you anticipated them, and how you were able to overcome them.
(Evaluator: Allow the grantee to answer this open-ended question before following up with the specific challenges below. Place answers in the table provided below. Add additional comments on the following page)

(1) Label	(2) Challenge	(3.1) Rank	(3.2) Encountered Challenge?	(3.3) Expected/ Anticipated Challenge?	(3.4) Able to Overcome Challenge?	(3.5) If Applicable, How Challenge was Overcome
PIA-4.1.01	**Staff turnover**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.02	**Late start:** If late start, specify reason:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.03	**Scope too ambitious**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.04	**Geographic isolation / travel issues**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.05	**Lack of expertise**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.06	**Challenges with ANA processes**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.07	**Underestimated project cost**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.08	**Underestimated personnel needs**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.09	**Partnership fell through**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.10	**Lack of community support (implementation)**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.11	**Lack of community support (planning)**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.12	**Hiring delays**		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.13			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.14			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.15			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.16			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.17			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.1.18			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PIA-4.200	Additional comments on project challenges					
PIA-4.300	Is there anything you would have done differently in implementing your project?	☐ Yes ☐ No		Comments:		

PERFORMANCE PROGRESS REPORT
SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

5. STAFFING

5.1 PERSONNEL

5.1.1 Project Director:

(1) Label	(2) Question	(3.1) Answer	(3.2)	(3.3)	(3.4)	(3.5) Explanation
PIA-5.1.1.01	Are you the original project director?	☐ Yes ☐ No				
PIA-5.1.1.02	Did you attend an ANA Post-Award Training?	☐ Yes ☐ No				If not, why?

Please list all project directors of this grant (past and present) along with their start and end dates.

(1) Label	(2) Name	(3.1) Start Date	(3.2) End Date	(3.3)	(3.4)	(3.5)
PIA-5.1.1.03						
PIA-5.1.1.04						
PIA-5.1.1.05						

5.1.2 Consultants hired

PIA-5.1.2.01	Did you hire any consultants for this project?	☐ Yes ☐ No				
PIA-5.1.2.02	If yes, how many?					
PIA-5.1.2.03	How many are Native Americans?					

* For recording 'Total Jobs Created', see DPPE Impact Visit Manual

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*
HHS/ACF/ANA			

5.2 Full-time Job Equivalents Created   Please provide details of all positions that were funded by the project

5.1.1 Project Director:

(1) Label	(2) Position Title	(3.1) # of Positions	(3.2) # of People Who Filled Position	(3.3) # Native?	(3.4) Estimated Hours per Week	(3.5) Estimated # of Weeks	(3.6) Estimated Total (hours per week x # of weeks	(3.7) ANA Grant Funding	(3.8) Project-Generated Funding	(3.9) Lev. Funds	(3.10) NFS	(3.11) Job to continue after project?
Existed Prior												
PIA-5.2.01												
PIA-5.2.02												
PIA-5.2.03												
PIA-5.2.04												
PIA-5.2.05												
PIA-5.2.06	**Total People Employed**											
PIA-5.2.07	**Total Positions Created**											
PIA-5.2.08	**Total FTEs Created**											
Created During / For Project												
PIA-5.2.11												
PIA-5.2.12												
PIA-5.2.13												
PIA-5.2.14												
PIA-5.2.15												
PIA-5.2.16	**Total People Employed**											
PIA-5.2.17	**Total Positions Created**											
PIA-5.2.18	**Total FTEs Created**											
Fulltime Equivalents created for post-project (Anticipated)												
PIA-5.2.21												
PIA-5.2.22												
PIA-5.2.23												
PIA-5.2.24												
PIA-5.2.25												
PIA-5.2.26	**Total People Employed**											
PIA-5.2.27	**Total Positions Created**											
PIA-5.2.28	**Total FTEs Created**											

PERFORMANCE PROGRESS REPORT

SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

6. PROJECT RESULTS AND BENEFITS

6.1 Income Generated

PIA-6.1.100	Did the project generate income?.		☐ Yes ☐ No		

(1) Label	(2) Activity that Generated Income	(3.1) Documentation Reviewed	(3.2) $ Amount Generated to Date	(3.3)	(3.4)
PIA-6.1.201					
PIA-6.1.202					
PIA-6.1.203					
PIA-6.1.204					
PIA-6.1.205	**Total Income Generated by this Project:**				
PIA-6.1.206	:		Comments:		
PIA-6.1.300	If income will be generated after the project's completion, will it be used to sustain the work of the project?	☐ Yes ☐ No ☐ N/A	Please explain:		
PIA-6.2.100	Were any businesses created as a result of this project (i.e. through direct grant funding, income generated or resources leveraged by the grant)? If yes, please provide details below:	☐ Yes ☐ No			

(1) Label	(2) Business Name	(3.1) Purpose of Business	(3.2) Source of Funding (e.g., ANA Funds, Leveraged Funds)	(3.3)	(3.4)
PIA-6.2.101					
PIA-6.2.102					
PIA-6.2.103					
PIA-6.3.100	Did this project support native-owned businesses (e.g., purchased goods from Native-owned businesses)?	☐ Yes ☐ No			

6.4 Training

PIA-6.4.100	Did anyone receive training as a result of this project?	☐ Yes ☐ No			

(Evaluator: : Please discuss total # of people who successfully completed training with the grantee to ensure that the final total does not double-Count those who may have taken more than one training course/workshop.)

(1) Label	(2) Course/Workshop Name or Primary Objective of Course/Workshop	(3) # of people who successfully completed training	(4) # of new (unduplicated) people	(5) *For Family Preservation Only*: # hours needed to complete training
PIA-6.4.101				
PIA-6.4.102				
PIA-6.4.103				
PIA-6.4.104				
PIA-6.4.105				
PIA-6.4.106	**Totals:**			

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

6.5 Project Sustainability

(1) Label	(2) Question	(3) Response	(4) Explanation
PIA-6.5.100	Did you develop a formal sustainability plan for your project?	☐ Yes ☐ No	Provide a brief synopsis of how the project results/benefit/services will be sustained.
PIA-6.5.200	Please elaborate on any steps taken to finance this project's sustainability	☐ Other federal funds ☐ Tribal funds ☐ Private foundations ☐ State funds ☐ Non-Tribal Funds ☐ Colleges/universities ☐ Program income ☐ Additional funds not required ☐ Other: (_____)	
PIA-6.5.300	What level of future project funding do you currently have in place? (*Evaluator please only check one.*)	☐ Desired funding levels for sustainability in place ☐ Some funding already secured to sustain project ☐ Still seeking funding, none currently in place ☐ No continuation funding secured and no plan in place through which to obtain funds ☐ Do not need additional funding to sustain project benefits (stated by grantee)	
PIA-6.5.400	If you could share some best practices from your project with other ANA grantees, what would they be?		

7. FINANCIAL

PIA-7.1.100	*(Evaluator: Write in the applicant's required NFS total here:)*	(Pre-populate with applicant's required NFS total here)	
PIA-7.1.101	How did you track the non-federal contribution to the project?		
PIA-7.1.102	Documentation Reviewed:		
PIA-7.2.001	Did you make any changes to your budget?	☐ Yes ☐ No	If yes, what changes:
PIA-7.2.002	*(Evaluator: If you feel the budget changes are significant, ask the following question:)* Did you ask for ANA approval:	☐ Yes ☐ No	Explanation:
PIA-7.3.000	Were there, or do you expect there to be, any ANA funds left over at the end of the ANA project period?	☐ Yes ☐ No If yes, how much? $_____	Please explain why there were unspent funds
PIA-7.4.000	Did a financial staff member attend the ANA Post Award Training?	☐ Yes ☐ No Title: _____	
PIA-7.5.000	How often does someone from your staff meet with program staff with regard to this project?		
PIA-7.6.000	**Audit:** When was your most recent audit, compilation or review?		

7.7 Financial Procedures:

PIA-7.7.100	How often is your financial procedures manual updated?	
PIA-7.7.200	How frequently are actual expenditures compared to budgeted amounts?	
PIA-7.7.300	Who within your tribe/organization is responsible for the following actions? Please list the position title	
PIA-7.7.301	Authorizing cash disbursements:	
PIA-7.7.302	Drawing down cash?	
PIA-7.7.303	Conducting bank reconciliations?	

7.7.4. Verification of Financial Procedures: *(Evaluator: Review the budget and ask for documentation for the 3 most expensive line items. Ask for a few sample timesheets)*
- *On timesheets, verify signatures from employee and supervisor (for hourly positions); compare the salary to the approved budget; and verify the salary amount with the personnel file.*
- *For invoices, verify purchases with the approved budget; check which vendor/consultant was paid; verify authorization signature; and check bank reconciliation (unreconciled difference should be $0).*

PERFORMANCE PROGRESS REPORT

PIA-7.7.400	Comments/Findings:		

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

8. COMPETITIVE AREA-SPECIFIC QUESTIONS
Evaluator: Ask the grantee only those questions associated with their competitive area

SEDS Projects

PIA-8.100	Were any codes or ordinances developed as a result of this project?	☐ Yes ☐ No If yes, please list each below.	

(1) Label	(2) Type of code/ordinance: Environmental, Energy, Governmental Procedure, Financial, Business, Industry, Other (*specify*)	(3) Adopted/Implemented?	(4) Explanation
PIA-8.101		Was this code or ordinance adopted, enacted or passed? ☐ Yes ☐ No Was this code or ordinance implemented? ☐ Yes ☐ No	If implemented, please explain how: If not implemented, please explain why not:
PIA-8.102		Was this code or ordinance adopted, enacted or passed? ☐ Yes ☐ No Was this code or ordinance implemented? ☐ Yes ☐ No	If implemented, please explain how: If not implemented, please explain why not:
PIA-8.103		Was this code or ordinance adopted, enacted or passed? ☐ Yes ☐ No Was this code or ordinance implemented? ☐ Yes ☐ No	If implemented, please explain how: If not implemented, please explain why not:
PIA-8.104		Was this code or ordinance adopted, enacted or passed? ☐ Yes ☐ No Was this code or ordinance implemented? ☐ Yes ☐ No	If implemented, please explain how: If not implemented, please explain why not:

Family Preservation Projects

PIA-8.200	What curriculum was used to implement the activities of your project?		
PIA-8.300	Did you adapt an existing curriculum to be culturally appropriate?	☐ Yes ☐ No If no, did you develop your own curriculum? ☐ Yes ☐ No	If yes, please describe how you adapted the curriculum. Comments:

8.4 Project Participants

PIA-8.401	How many participants were served by the project?		
PIA-8.402	Of those served how many completed an educational training?		
PIA-8.403	How many couples (wed/unwed) were involved in the project?	Wed _____ Unwed _____	
PIA-8.404	How many single parents were involved in the project?	☐ Yes ☐ No	
PIA-8.500	Did you capture any baseline data before your	☐ Yes ☐ No	If yes, please describe the data you collected and any changes.

OMB Approval Number: XXXX-XXXX
Expiration Date: mm/dd/yy

	project began?		
PIA-8.600	Did your project conduct pre-post assessment surveys?	☐ Yes ☐ No If yes, how many surveys were collected? _____	Please summarize the findings

PERFORMANCE PROGRESS REPORT
SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

Language Projects

8.8 Language Surveys

PIA-8.8.100	How many language surveys were developed as a result of this project?		
PIA-8.8.200	If language surveys were developed, how many surveys were distributed and how many returned?	Distributed:_____ Returned: _____	
PIA-8.8.300	What strategies were used to encourage people to return the surveys?		

8.9 Language Classes (If immersion project, skip to Question 8.10)

8.9.1 Complete the following:

(1) Label	(2) Level	(3.1) # of classes	(3.2) # of class hours	(3.3) # of students	
PIA-8.9.101					
PIA-8.9.102					
PIA-8.9.103					

8.9.3 What were the top 3 activities/methods that most effectively engaged students and facilitated learning? (Structure, skill based, active language methods, games, etc)

(1) Label	(2) Activities/Methods		
PIA-8.9.201			
PIA-8.9.202			
PIA-8.9.203			
PIA-8.9.300	How was improvement measured?		

8.10 Language Immersion Classes

8.10.1 Complete the following:

(1) Label	(2) Level	(3.1) # of classes	(3.2) # of class hours	(3.3) # of students	
PIA-8.10.101					
PIA-8.10.102					
PIA-8.10.103					

8.10.2 What were the top 3 activities/methods that most effectively engaged students and facilitated learning? (Structure, skill based, active language methods, games, etc)

(1) Label	(2) Activities/Methods		
PIA-8.10.201			
PIA-8.10.202			
PIA-8.10.203			
PIA-8.9.300	How was improvement measured?		

8.11 Language Immersion Classes

PIA-8.11.100	How many language teachers were trained as a result of this project?			
PIA-8.11.200	Was this a certification program?	☐ Yes ☐ No		
PIA-8.11.300	If yes, what body issued the certification?			
PIA-8.11.400	How many teachers were certified?			

PERFORMANCE PROGRESS REPORT
SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

8.12 Number of people increasing ability to speak a native language:

(1) Label	(2) Question	(3) Response	(4) Explanation
PIA-8.12.100	How many individuals have increased their ability to speak the native language as a result of this project?	Youth (0-18 years) _____ Adults (18+ years) _____	Please explain how you arrived at this figure:
PIA-8.12.200	Has anyone achieved fluency in the native language as a result of this project?	☐ Yes ☐ No	If yes, how many achieved fluency? Youth (0-18 years) _____ Adults (18+ years) _____
PIA-8.12.300	How do you measure fluency?	Do you use an established language assessment tool? ☐ Yes ☐ No	If no, have you created your own tool? ☐ Yes ☐ No

Environmental Projects

PIA-8.13.000	What was the main focus of your project? *If applicable, ask questions associated with project focus identified:*	☐ Data Collection ☐ Staff Training ☐ Develop Regulations ☐ Environmental Education ☐ Develop/implement Management Systems (GiS, Enforcement) ☐ Develop a Tribal Environmental Protection Act (TEPA) ☐ Develop management plan(s) for specific resources ☐ Other *(Specify:_____)*	

8.14 Data Collection (to identify pollution sources or determine impact on environmental quality)

PIA-8.14.100	What was data was collected for?	☐ Establish Baseline ☐ Monitor condition/trend	
PIA-8.14.200	Has anyone achieved fluency in the native language as a result of this project?	☐ Yes ☐ No	
PIA-8.14.300	How is this data going to be used?		
PIA-8.14.400	Was what you learned different from your original hypothesis?	☐ Yes ☐ No	Comments:

8.14. Sustainability

PIA-8.14.501	How will future data collection be carried out?		
PIA-8.14.502	Is staff able to continue data collection efforts?		
PIA-8.14.601	Challenges – Did you experience any challenges specifically related to checkerboard reservation access?	☐ Yes ☐ No	Comments:

PERFORMANCE PROGRESS REPORT

PERFORMANCE PROGRESS REPORT
SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

8.15 Staff Training (to develop capacity to monitor or enforce regulatory programs)

(1) Label	(2) Question	(3) Response	(4)
PIA-8.15.100	Sustainability – how will future staff be trained in case of turnover or changes in the program?		

8.16 Staff Training (to develop capacity to monitor or enforce regulatory programs)

(1) Label	(2) Question	(3) Response			(4)
PIA-8.16.100	Were any environmental regulations, codes or ordinances created as a result of this project?	☐ Yes ☐ No If yes, please include details in the table below.			

(1) Label	(2) Type of Regulation, Code or Ordinance	(3.1) Was this regulation code or ordinance adopted enacted or passed?	(3.2) Was this regulation code or ordinance adopted implemented?	(3.3) If yes, please explain how. If no, please explain why not.	
PIA-8.16.101		☐ Yes ☐ No	☐ Yes ☐ No		
PIA-8.16.101		☐ Yes ☐ No	☐ Yes ☐ No		
PIA-8.16.101		☐ Yes ☐ No	☐ Yes ☐ No		
PIA-8.16.101		☐ Yes ☐ No	☐ Yes ☐ No		
PIA-8.16.101		☐ Yes ☐ No	☐ Yes ☐ No		
PIA-8.16.200	Sustainability – How will policies & procedures and enforcement plans be developed and carried out Sustainability – how will future staff be trained in case of turnover or changes in the program?				
PIA-8.16.300	Do you have TAS from EPA and/or is it needed for this (these) regulation(s)?				

8.17 Develop/Implement Management Systems (GIS, Enforcement)

(1) Label	(2) Question	(3) Response	(4)
PIA-8.17.100	GIS – Is the system up and running and do you have all types of data that you need?		
PIA-8.17.201	Sustainability – How are you going to keep your database updated?		
PIA-8.17.202	Sustainability – Do you have staff with time and resources to maintain it?		
PIA-8.17.300	Challenges – Did you have or do you foresee challenges getting data from partnering agencies or organizations?		

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

ADDENDUM

Evaluator: Include any project-specific questions for the grantee and community members here. These should be developed before the site visit based on your review of the grant file.

Questions for the grantee:

(1) Label	(2) Question	(3) Answer:	(4)
PIA-E01			
PIA-E02			
PIA-E03			
PIA-E04			
PIA-E05			

Questions for community members:

PIA-E06			
PIA-E07			
PIA-E08			
PIA-E09			
PIA-E10			

PERFORMANCE PROGRESS REPORT
SF-PPR-D

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

LIST OF INTERVIEWEES

(1) Label	(2) Interviewee's Name	(3.1) Title/Relationship to Project	(3.2) Phone	(3.3) Email	(3.4)
PIA-D01					
PIA-D02					
PIA-D03					
PIA-D04					
PIA-D05					
PIA-D06					
PIA-D07					
PIA-D08					
PIA-D09					
PIA-D10					
PIA-D11					
PIA-D12					
PIA-D13					
PIA-D14					
PIA-D15					
PIA-D16					
PIA-D17					
PIA-D18					
PIA-D19					
PIA-D20					

Note: This page can be duplicated

OMB Approval Number: XXXX-XXXX
Expiration Date: mm/dd/yy

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

ANA SERVICES

(1) Label	(2) Question	(3) Answer:	(4)
PIA-E100	Are you aware that ANA offers pre-application training and technical assistance (T/TA)?	☐ Yes ☐ No	
PIA-E101	If yes, how did you hear about it?	☐ ANA Program Specialist ☐ TA Provider's website ☐ Phone call from TA Provider ☐ ANA website ☐ Letter from TA Provider ☐ Word of mouth ☐ Other: *(Specify_____)*	
PIA-E200	Have you taken advantage of any technical assistance during your project not including any ANA trainings you attended?	☐ Yes ☐ No	
PIA-E201	If yes, please provide the name of the T/A Provide		
PIA-E202	What type of T/A did you receive?	☐ Electronic ☐ On-site	

On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate the Program specialists you listed above?

PIA-E300	**Quality** *(e.g., ability to answer your questions, ability to assist you in overcoming challenges):*	Poor Average Excellent 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐	Comments:

Please provide the names of the Program specialists you had during your project

(1) Label	(2)	(3) Name	(4)
PIA-E301	Specialist 1		
PIA-E302	Specialist 2		
PIA-E303	Specialist 3		
PIA-E304	Specialist 4		

On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate the Program specialists you listed above?

PIA-E305	**Responsiveness** (e.g., responding to your phone calls/e-mails/other communication in a timely manner:	Poor Average Excellent 1 2 3 4 5 Specialist 1 ☐ ☐ ☐ ☐ ☐ Specialist 2 ☐ ☐ ☐ ☐ ☐ Specialist 3 ☐ ☐ ☐ ☐ ☐ Specialist 4 ☐ ☐ ☐ ☐ ☐	Comments:
PIA-E306	**Ability to answer your questions**	Poor Average Excellent 1 2 3 4 5 Specialist 1 ☐ ☐ ☐ ☐ ☐ Specialist 2 ☐ ☐ ☐ ☐ ☐ Specialist 3 ☐ ☐ ☐ ☐ ☐ Specialist 4 ☐ ☐ ☐ ☐ ☐	Comments:
PIA-E307	**Ability to assist you in overcoming project challenges:**	Poor Average Excellent 1 2 3 4 5 Specialist 1 ☐ ☐ ☐ ☐ ☐ Specialist 2 ☐ ☐ ☐ ☐ ☐ Specialist 3 ☐ ☐ ☐ ☐ ☐ Specialist 4 ☐ ☐ ☐ ☐ ☐	Comments:

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

Program specialists rating (continued)

(1) Label	(2) Instructions	(3) Rating	(4)
PIA-E400	Please insert the name of the ANA staff member conducting the impact visit:	Matthew Gallagher ☐ Jeff Weiser ☐ Amanda Day ☐ Christopher Watson ☐ Richard Glass ☐ Courtney Roy ☐ Other ☐ *(Specify:_____)*	

On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate this person?

PIA-E401	**Communication prior to Impact Visit** (e.g., providing you with information, responding to your phone calls/e-mails/other communication in a timely manner):	Poor Average Excellent 1 2 3 4 5 Specialist 1 ☐ ☐ ☐ ☐ ☐ Specialist 2 ☐ ☐ ☐ ☐ ☐ Specialist 3 ☐ ☐ ☐ ☐ ☐ Specialist 4 ☐ ☐ ☐ ☐ ☐	Comments:
PIA-E402	**Impact Evaluator's Familiarity with Project:**	Poor Average Excellent 1 2 3 4 5 Specialist 1 ☐ ☐ ☐ ☐ ☐ Specialist 2 ☐ ☐ ☐ ☐ ☐ Specialist 3 ☐ ☐ ☐ ☐ ☐ Specialist 4 ☐ ☐ ☐ ☐ ☐	Comments:
PIA-E500	Please insert the name of the T/TA provider conducting the impact vitas:		
PIA-E501	**Familiarity with Project:**	Poor Average Excellent 1 2 3 4 5 Specialist 1 ☐ ☐ ☐ ☐ ☐ Specialist 2 ☐ ☐ ☐ ☐ ☐ Specialist 3 ☐ ☐ ☐ ☐ ☐ Specialist 4 ☐ ☐ ☐ ☐ ☐	Comments:
PIA-E502	**Ability to answer any technical assistance questions/provide suggestions and feedback to grantee:**	Poor Average Excellent 1 2 3 4 5 Specialist 1 ☐ ☐ ☐ ☐ ☐ Specialist 2 ☐ ☐ ☐ ☐ ☐ Specialist 3 ☐ ☐ ☐ ☐ ☐ Specialist 4 ☐ ☐ ☐ ☐ ☐	Comments:
PIA-E600	Please share any recommendations or comments you may have for improving ANA's Impact Evaluation process (e.g. initial contact, timing of visit, questions asked, and length of visit).		
PIA-E700	Do you read the monthly listserv sent by your ANA Program Specialist?	☐ Yes ☐ No Comments/Suggestions:	
PIA-E800	Do you visit the ANA website?	☐ Yes ☐ No Comments/Suggestions:	
PIA-E900	Please comment if you have any		

PERFORMANCE PROGRESS REPORT

	suggestions on how ANA can better serve you.		

PERFORMANCE PROGRESS REPORT
SF-PPR-B

1.Federal Agency and Organization Element to Which Report is Submitted **HHS/ACF/ANA**	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date *(Month, Day, Year)*

Photo Release

(1) Label	(2) Description:	(3) Response:	(4)
I give authorization to the Administration for Native Americans (ANA) to use my project-related photo(s) in support of the mission of ANA to help promote the self-sufficiency of Native Americans. I understand the photo(s) may or may not be used in PowerPoint presentations, the ANA website, ANA marketing materials, and Congressional Impact Reports.			
PIA-F100	Typed or Printed Name		
PIA-F200	Tribe/Organization affiliation		
PIA-F300	Description of Photos:		
PIA-F400	Location:		
PIA-F501 Signature		PIA-F502 Date Signed *(Month, Day, Year)*	
PIA-F601 For Minors – (Signature of Guardian)		PIA-F602 Date Signed (Month, Day, Year)	

Contact information Release

I give authorization to the Administration for Native Americans (ANA) to use my contact information to support the mission of ANA to help promote the self-sufficiency of Native Americans. I understand my contact information may or may not be used on the ANA website to promote collaboration among ANA grantees implementing projects of similar themes and goals.	
PIA-G100	Typed or Printed Name	
PIA-G200	Title	
PIA-G501 Signature	PIA-G502 Date Signed *(Month, Day, Year)*

Note: These sections can be duplicated