

PERFORMANCE PROGRESS REPORT
Strengthening Communities Fund, Nonprofit Capacity Building Program
Administration for Children and Families, Office of Community Services
U.S. Department of Health and Human Services

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1. Federal Agency and Organization Element to Which Report is Submitted OCS/ACF/DHHS	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/Grant Period Start Date: <i>(Month, Day, Year)</i> End Date: <i>(Month, Day, Year)</i>	7. Reporting Period End Date <i>(Month, Day, Year)</i>	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Report Frequency <input type="checkbox"/> <i>annual</i> <input type="checkbox"/> <i>semi-annual</i> <input checked="" type="checkbox"/> <i>quarterly</i> <input type="checkbox"/> <i>other</i> <i>(If other, describe: _____)</i> _____		
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. Telephone <i>(area code, number and extension)</i>		
		12d. Email Address		
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted <i>(Month, Day, Year)</i>		
		13. Agency use only		

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

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 control number.

NOTE ON SECURITY SETTING (MACROS) FOR THIS FORM

To add rows in this form set your security level for Macros to Medium or Low. (Tools>Macros>Security for Word 2003 users). Field level instructions may be accessed by clicking F1 on any field.

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Cover Page Instructions

Federal Agency and Organization Element to Which Report is Submitted: This form has been populated with the acronyms of the following Federal agency and organizational elements: the Office of Community Services (OCS), Administration for Children and Families (ACF), Department of Health and Human Services (DHHS). You may not change this field.

Federal Grant or Other Identifying Number Assigned by Federal Agency: Enter the grant/award number contained in the award document. *This number is found in box 3 of ACF's "Federal Financial Assistance Award" form.*

DUNS: Enter the recipient organization's Data Universal Numbering System (DUNS) number. This unique identifier is assigned by Dun & Bradstreet and was required for your grant application. You can search for your DUNS number at this website: <http://fedgov.dnb.com/webform/displayHomePage.do>.

EIN: Enter your Employer Identification Number as assigned by the Internal Revenue Service.

Recipient Organization: Enter the complete legal name and address (including zip code) of the recipient organization.

Recipient Identifying Number or Account Number: Enter the account number or any other identifying number assigned by the recipient to the award. *This number is for the recipient's use only and is not required.*

Project/Grant Period: Indicate the project period established in the award document during which Federal sponsorship begins and ends. *See box 9 of the Financial Assistance Award for this grant.*

Reporting Period End Date: Enter the ending date of the reporting period. For quarterly progress reports, the following calendar quarter reporting period end dates shall be used: 3/31, 6/30, 9/30, and 12/31. For final PPRs, the reporting period end date shall be the end date of the project period.

Final Report?: Select Yes or No. Note: The final report is due 90 days after the end of the entire project/grant period. In some cases, the final report may simply finalize information provided in the previous progress report.

Report Frequency: The Strengthening Communities Fund requires reporting on a quarterly basis, so the box "quarterly" has already been completed on this form.

Performance Narrative: Provide any significant stories or findings concerning the impact of your project on benefiting organizations, including outcomes where the level of achievement was beyond what was expected. If the narrative exceeds 1500 characters, attach additional pages.

Other Attachments:

Budget Progress Attachment - Provide a report on the progress of spending in each budget category from your most recent Financial Assistance Award (FAA). This attachment supplements, but does not replace, the SF-269 Financial Status Report, also due quarterly. See additional instructions under "Budget Progress Attachment" below.

Training and Technical Assistance Attachment - Attach information about technical assistance and/or training engagements lasting an hour or longer during the reporting period. See additional instructions under "Training and Technical Assistance Attachment" below.

Certification: The signature of the Authorizing Official is required to certify the accuracy of the performance reports. The Authorizing Official is listed beneath the organization address in box 11 of the Financial Assistance Award letter.

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A. Grantee and Subrecipient Information

(1) Label	(2) Additional Information on Grantee or Grant Project	(3) Provide Grantee or Grant Project information requested:
Grantee	Contact Person, Email Address, & Telephone	a) name: b) email address: c) telephone:
Grantee	Organization Profile	a) organization type: b) number of paid full-time equivalents: c) annual operating budget: d) previous Federal funding history:
Grant Project	Social Service Priorities	Comment:
Grant Project	Geographic Scope	State: Comment:
Grant Project	Relationship to other Federal Initiatives	Weed and Seed: <input type="checkbox"/> TANF: <input type="checkbox"/> VISTA: <input type="checkbox"/> Other: <input type="checkbox"/> Description of relationship:
Subrecipient 1	Organization Name and Complete Address	
Subrecipient 1	Contact Person, Email Address, & Telephone	a) name: b) email address: c) telephone:
Subrecipient 1	Organization Profile	a) organization type: b) number of paid full-time equivalents: c) annual operating budget: d) previous Federal funding history:
Subrecipient 1	Description of Programs Benefiting from SCF	Other:
Subrecipient 1	Geographic Scope	State:
Subrecipient 1	Relationship to other Federal Initiatives	Weed and Seed: <input type="checkbox"/> TANF: <input type="checkbox"/> VISTA: <input type="checkbox"/> Other: <input type="checkbox"/> Description of relationship:
Subrecipient 1	Start and end date of award	a) start date: b) end date:

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A. Grantee and Subrecipient Information			
(1) Label	(2) Additional Information on Grantee or Grant Project	(3) Provide Grantee or Grant Project information requested:	
Subrecipient 1	Organization Name & Complete Address		
Subrecipient 2	Contact Person, Email Address, & Telephone	a) name: b) email address: c) telephone:	
Subrecipient 2	Organization Profile	a) organization type: b) number of paid full-time equivalents: c) annual operating budget: d) previous Federal funding history:	
Subrecipient 2	Description of Programs Benefiting from SCF	Other:	
Subrecipient 2	Geographic Scope	State:	
Subrecipient 2	Relationship to other Federal Initiatives	Weed and Seed: <input type="checkbox"/> TANF: <input type="checkbox"/> VISTA: <input type="checkbox"/> Other: <input type="checkbox"/> Description of relationship:	
Subrecipient 2	Start and end date of award	a) start date b) end date	
Subrecipient 3	Organization Name & Complete Address		
Subrecipient 3	Contact Person, Email Address, & Telephone	a) name: b) email address: c) telephone:	
Subrecipient 3	Organization Profile	a) organization type: b) number of paid full-time equivalents: c) annual operating budget: d) previous Federal funding history:	
Subrecipient 3	Description of Programs Benefiting from SCF	Other:	
Subrecipient 3	Geographic Scope	State:	
Subrecipient 3	Relationship to other Federal Initiatives	Weed and Seed: <input type="checkbox"/> TANF: <input type="checkbox"/> VISTA: <input type="checkbox"/> Other: <input type="checkbox"/> Description of relationship:	
Subrecipient 3	Start and end date of award	a) start date b) end date	

Add Subrecipients

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Section A: Grantee and Subrecipient Information

(Part 1) This section of the form collects standard information about your organization and project.

Contact Person, Email Address, & Telephone: There are four fields in this box: You must enter:

- a) the first and last name of someone that can be contacted about your report.
- b) the contact person's email address,
- c) the contact person's area code and phone number.

Organization Profile: There are four fields in this box. You must enter:

- a) your organization's type (by selecting an organization type from the list),
- b) your organization's number of paid full-time staff equivalents (FTEs), and
- c) your organization's annual operating budget (by selecting a budget range from the list),
- d) whether your organization has previously received Federal funding (by selecting from the list).

Social Service Priorities: Enter a description of the focus of the project consistent with the approved work plan by selecting from the list. If "other," describe in the Comments field.

Geographic Scope: You can use the text box to enter a brief description of the geographic area served by the project, usually the name of a county, city, or town. Select the state from the list. The geographic scope must be consistent with the approved work plan, but you may write comments regarding any issues with the approved scope.

Relationship to other Federal initiatives: Select the checkboxes that correspond to other Federal initiatives your project may be involved with. You may describe your project's relationship to the other initiatives in the Description field.

(Part 2): Subrecipient Information This section of the form collects standard information about each of the subrecipients (organizations that have received financial assistance in the form of SCF funds) during the project period. You must fill out a section for each of your organization's subrecipients, and you may add as many additional sections as you need (click the "Add Subrecipient" button).

Organization Name and Complete Address: Enter the complete legal name and physical address, including zip code, of the subrecipient.

Contact Person, Email Address, & Telephone: There are four fields in this box: You must enter:

- a) the first and last name of someone that can be contacted about your report.
- b) the contact person's email address,
- c) the contact person's area code and phone number.

Organization Profile: There are four fields in this box. You must enter:

- a) your organization's type (by selecting an organization type from the list),
- b) your organization's number of paid full-time staff equivalents (FTEs), and
- c) your organization's annual operating budget (by selecting a budget range from the list),
- d) whether your organization has previously received Federal funding (by selecting from the list).

Description of Programs Benefiting from SCF: Enter a description of the subrecipient programs that benefit from the use of SCF funds by selecting one or more items from the list. You may also enter a description in the Other field if none of the selections in the list apply.

Geographic Scope: You can use the text box to enter a brief description of the geographic area served by the subrecipient, usually the name of a county, city, or town. Select the state from the list.

Relationship to other Federal initiatives: Select the checkboxes that correspond to other Federal initiatives the subrecipient organization may be involved with. You may describe the organization's relationship to the other initiatives in the Description field.

Start and end date of award: There are two fields in this box. You must enter:

- a) the start date of the subaward agreement with the subrecipient, and
- b) the end date of the subaward agreement with the subrecipient.

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B. Capacity-Building Services Provided Through SCF

(1) Label	(2) Objective/Goal Description	(3) Measure	(4) Base line	(5) Target Year	(6) Project Target	(7) Actual To Date	(8) Explanation
Output Measure	Provide technical assistance	Number of hours provided	N/A	2011			
Output Measure	Provide technical assistance	Number of organizations assisted	N/A	2011			
Output Measure	Provide training	Number of hours provided	N/A	2011			
Output Measure	Provide training	Number of organizations assisted	N/A	2011			
Output Measure	Provide financial assistance	Amount of financial assistance provided	N/A	2011	\$	\$	
Output Measure	Provide financial assistance	Number of organizations assisted	N/A	2011			

This section of the form collects information about the capacity-building services provided through the end of the reporting period. These services may be:

- *Technical assistance*: long-term and ongoing one-on-one consultation that is specifically customized or tailored to needs of its recipients.
- *Training*: group-based adult education or skill-building activities (such as workshops).
- *Financial assistance*: SCF funds provided to subrecipients to implement SCF-approved capacity-building activities.

Provide technical assistance (Number of hours provided)

Project Target: Enter the number of hours of technical assistance to be provided by the end of the project according to the approved work plan.

Actual To Date: Enter the total number of hours of technical assistance provided through the end of the reporting period.

Provide technical assistance (Number of organizations assisted)

Project Target: Enter the number of organizations to be assisted by the end of the project according to the approved work plan.

Actual To Date: Enter the total number of organizations that the project has assisted through the end of the reporting period. Count each organization only once.

Provide training (Number of hours provided)

Project Target: Enter the number of hours of training to be provided by the end of the project according to the approved work plan.

Actual To Date: Enter the total number of hours of training that the project has supported through the end of the reporting period. Do not multiply the length of a training event by the number of attendees.

Provide training (Number of organizations assisted)

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Project Target: Enter the number of organizations to be trained by the end of the project according to the approved work plan.

Actual To Date: Enter the total number of organizations trained through the end of the reporting period. Count each organization only once.

Provide financial assistance (Amount of financial assistance)

Project Target: Enter the amount of financial assistance to be provided to subrecipient organizations to help them build organizational capacity according to the approved work plan.

Actual To Date: Enter the amount of financial assistance delivered through the end of the reporting period.

Provide financial assistance (Number of organizations)

Project Target: Enter the number of organizations to be assisted financially by the end of the project according to the approved work plan.

Actual To Date: Enter the total number of organizations that your organization assisted financially through the end of the reporting period.

Explanation (8)

You may provide an explanation of your accomplishments, or the variance between your target and actual accomplishments for this reporting period, in this column.

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C. Project Milestones			
(1) Activity Label	(2) Activity Description	(3) Status	(4) Explanation
Work plan development and approval			
Outreach			
Request for Applications			
Training			
Technical Assistance			
Subaward Agreements Signed			
Outcome Measurement Plan			
Subaward Data Collection			
Enter additional milestone here			

Add Row

This section of the form collects information about your project's progress toward significant project milestones through the end of the reporting period. A list of standard activities appears in the first column. You may add any number of your organization's other SCF-related activities to the bottom of the list by clicking the "Add Row" button.

Activity Description (2)

Enter a description of each of the activities that your organization has engaged in during the reporting period. These activities are the major milestones in your proposed SCF project.

Status (3)

Enter the status for each activity by entering the date that each activity was accomplished or will be accomplished.

Explanation (4)

You may provide an explanation of your organization's activities in this column.

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D. Capacity-Building Financial Assistance to Subrecipients

(1) Benefiting Organization	(2) Description of budgeted expenditures	(3) Total Estimated Expenditures	(4) Funding Expended
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$

Add Row*

This section of the form collects information on financial assistance to subrecipients through the end of the reporting period.

Benefiting Organization (1)

Enter each of the subrecipient organization names listed in Section A, one benefiting organization in each row.

Description of budgeted expenditures (2)

Describe each planned expenditure, and itemize its anticipated cost. For example, "Staff time: \$220, Office supplies: \$32, Computer printer: \$148."

Total Estimated Expenditures (3)

Enter the total amount of financial assistance budgeted for this subrecipient.

Total Funding Expended (4)

Enter the total amount expended through the end of the reporting period for this subrecipient.

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E. Concerns/Problems - ongoing / since last report			
(1) Label	(2) Activity Description	(3) Deviation, Lesson, or Concern?	(4) Explanation
Assessment			
Training			
Technical Assistance			
Financial Assistance			
Grant Management			
Use of Technology			
Other			

This section of the form collects information about challenges your project faced during the reporting period. Identify each challenge as a deviation, lesson, or concern.

- *Deviation* refers to any change from your approved project plan.
- *Lesson* refers practical knowledge gained when implementing a practice that did not go well.
- *Concern* refers to an ongoing situation that may affect project performance.

Deviation, Lesson, or Concern (3)

For each of the activities listed in the first column, identify your concern or problem as a deviation, lesson, or concern by making a selection from the list. If there is nothing to report in this area, select "None."

Explanation (4)

Enter a brief description for each concern or problem. For deviations, please indicate whether you have discussed the deviation with your program specialist.

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F. Promising Practices			
(1) Label	(2) Activity Description	(3) Indicator	(4) Explanation
Assessment			
Training			
Technical Assistance			
Financial Assistance			
Grant Management			
Use of Technology			
Other			

This section of the form collects information about practices used to successfully implement your project. A *promising practice* is a program, activity, or strategy that has worked in an organization, which has an objective basis for claiming effectiveness, as well as the potential for replication.

Activity Description (2)

For each of the categories listed in the first column, describe any practices that have worked well for your project.

Indicator (3)

Briefly describe what indicates that this practice is successful.

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G. Capacity-Building Activities Completed and Outcomes

(1) Benefiting Organization	(2) Activities Completed	(3.1) Increase in persons served	(3.2) Expansion of service	(3.3) Improved success rate	(3.4) Interagency Collaboration
			:		:
			:		:
			:		:

Add Row

This section of the form collects information on the completion of standard capacity building activities by the grantee or organizations receiving more than ten hours of training and technical assistance. It also collects information on the outcomes resulting from those capacity building activities.

Benefiting Organization (1)

In the first column enter the name of the grantee or organization receiving more than ten hours of training and technical assistance through the project. Click the "Add Row" button to add additional rows.

Activities Completed (2)

For each benefiting organization, enter the SCF-supported capacity-building activities completed during the project period by selecting them from the list.

Leadership Development

- Create a volunteer management plan
- Create a volunteer recruitment plan
- Create board policies
- Create an executive succession plan
- Engage an executive coach
- Implement a volunteer management plan
- Provide management/leadership training to staff
- Provide training/written information for board of directors
- Recruit board members
- Recruit volunteers (non-board)

Organizational Development

- Create a staff performance review process
- Create a strategic plan
- Create financial management procedures/improve internal controls
- Create job descriptions
- Create marketing materials
- Create/revise organizational identity
- Create/update an annual report
- Implement a new accounting system
- Implement a new budgeting process
- Implement a staff performance review process
- Implement new financial management procedures
- Incorporate as a legally recognized organization

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- Install IT infrastructure
- Obtain 501(c)(3) status with the IRS
- Create a revenue development plan
- Identify potential funding sources
- Implement donor tracking software
- Provide revenue development training to staff

Program Development

- Obtain program-related equipment and durable supplies
- Research and develop new programs or services
- Take steps to expand current services to new geographic area
- Take steps to increase the effectiveness of existing services
- Take steps to increase the number of clients served in existing geographic area
- Take steps to increase the number or scope of services
- Take steps to reach an underserved population in existing geographic area

Collaboration and Community Engagement

- Assess effectiveness of existing collaborative efforts
- Conduct assessment of community needs
- Create a map/inventory of community assets
- Create action plan for coordinating/collaborating
- Create or update a brochure
- Create or update a website
- Create processes for collaborating with partners
- Develop new strategic partnerships
- Establish partnership agreements
- Make presentations to community groups

Evaluation of Effectiveness

- Implement systems to keep information related to client needs, referral sources, and services provided
- Implement systems to keep records on service recipient satisfaction and/or service recipient outcomes
- Collect information related to service recipient outcomes
- Collect information related to service recipient satisfaction
- Analyze outcome data/evaluate effectiveness of current services
- Create an outcome measurement plan

Increase in persons served (3.1)

Enter the increased number of clients served by the benefiting organization. This increase may be based on an average number of clients served during a relevant period (daily, weekly, monthly, or quarterly) or on the total number served during a particular year.

Expansion of service (3.2)

If the benefiting organization has expanded its services, indicate the type of expansion by making a selection from the list. Enter a brief description (one or two sentences).

Improved success rate (3.3)

Enter a brief description (one or two sentences) of the benefiting organization's improved success rates in achieving desired social service outcomes. If you have more information, you may include it in your Performance Narrative (entered in section 10 of the Cover Page).

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Interagency Collaboration (3.4)

If the benefiting organization has contributed staff time, money, or volunteers to an inter-organizational effort, you should indicate the results of the collaboration by making a selection from the list. Enter a brief description (one or two sentences). The organization's participation in the collaborative effort must be attributable to the SCF project, and efforts that would have occurred in the SCF project's absence should not be reported.

Training and Technical Assistance Attachment

Grant Number:

Organization Name:

Reporting Period End Date:

Attach information about technical assistance and/or training engagements lasting an hour or longer during the reporting period. The attachment should include dates of engagements, location, the type of organization(s) served, technical assistance or training methods used, and the capacity building needs identified or addressed. It should also provide the name of the organization assisted (if technical assistance), or the number of organizations attending (if training).

Any format is allowable. Below are instructions for this template.

TTA Method (1) - List technical assistance or training methods: needs assessment, one-on-one expert coaching, or training workshop

Date (2) - Provide the date of engagement

Location (3) - Provide the city and state

of organizations (4) or name of organization assisted (5) – For training events, provide the number of organizations attending. If one-on-one assistance is provided, enter the name of organization assisted.

Type (6) - Indicate if the organization is faith-based charity (FBO), or secular non-profit (CBO), subrecipient or non-subrecipient

Capacity building needs identified or addressed (7) —Identify critical area of capacity building and focus of improvements.

Training and Technical Assistance Engagements Table						
(1) TTA Method	(2) Date	(3) Location	(4) # of orgs	(5) Name of organization assisted	(6) Type	(7) Capacity building needs identified/ addressed
<i>needs assessment</i>	<i>5/12/06</i>	<i>Jacksonville, FL</i>	<i>1</i>	<i>Read, INC.</i>	<i>FBO, sub- awardee</i>	<i>comprehensive assessment</i>
<i>grants training</i>	<i>6/30/06</i>	<i>Palm Beach, FL</i>	<i>50</i>	<i>N/A</i>	<i>N/A</i>	<i>Organizational development, Revenue development training</i>

Budget Progress Attachment

Grant Number:

Organization Name:

Reporting Period End Date:

Federal Share - Indicate the progress of spending through the end of the reporting period in each budget category from your most recent Financial Assistance Award (FAA) letter, box 16. This approved budget may be different from the budget you submitted in your original application. Provide names of staff, contractors, and consultants where applicable.

Non-Federal Share (Cost sharing/match) - Provide the amount of spending on the total non-federal share of project budget, as documented in the grant application and subsequent continuation applications. *The final progress report must substantiate the total non-federal match for the entire project.* Failure to provide required match will result in the disallowance of Federal expenditures in proportion to the shortage of matching funds expended.

NOTE: Box 17 of the FAA reflects the minimum non-federal share for all program applicants. However, the grantee is responsible for the *proposed* applicant share, found on the Budget Information section of the Application for Federal Assistance, SF-424A.

SF-269 - The budget progress attachment supplements the SF-269. Be sure to also submit a complete, signed SF-269 Financial Status Report form.

Sample Table - The table below is a sample; you may provide the information in a spreadsheet or other file format. Be sure to indicate the grant number, organization name and reporting period.

Sample Budget Progress Table					
Budget Category	Staff/Recipient Name	Approved Budget (FAA)	Amount Spent	Under/Over Spending	Approaches to Address Variations
Personnel does not include the costs of consultants					
Fringe Benefits health insurance, FICA, retirement insurance, taxes, etc.	No Data Requested				
Travel costs for key staff to attend trainings or workshops	No Data Requested				

Sample Budget Progress Table

Budget Category	Staff/Recipient Name	Approved Budget (FAA)	Amount Spent	Under/Over Spending	Approaches to Address Variations
Equipment nonexpendable property having a useful life of more than one year and an acquisition cost <\$5,000 per unit	No Data Requested				
Supplies property valued at less than \$5,000 per item	No Data Requested				
Contractual payments to other organizations, not individuals					
Other consultants and professional services; space and equipment rental; printing and publication; local travel; training costs; administrative costs					
Indirect Costs	No Data Requested				
Total Federal Share					

	Staff / Recipient Name	Proposed <u>Cost Share</u> (SF-424A)	Amount Spent	Under/Over Spending	Approaches to Address Variations
Total Non-Federal Share					