

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 Budget Period Year Covered in the Report: Year 1 | Start Date: (Month, Day, Year) | End Date: (Month, Day, Year) | 7. Reporting Period End Date (Month, Day, Year) |
| | | 8. Quarter <input type="checkbox"/> Q1 <input type="checkbox"/> Q3 <input type="checkbox"/> Q2 <input type="checkbox"/> Q4 <input type="checkbox"/> Final (OER) <input type="checkbox"/> other (revisions, etc.) (If other, describe: _____) | |
| 9. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i> | | | |
| Project Title: | | | |
| Report prepared by: Name: _____ Date: _____ | | | |
| Email Address: _____ Telephone (area code, number and extension): _____ | | | |
| 10. Other Attachments: | | | |
| 11. 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) | |
| 13. Agency use only | | | |

1. Did your project have a late start? Yes No
If Yes, please elaborate on the cause(s) for the late start:

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

OBJECTIVE WORK PLAN UPDATE

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

If Yes, did you request OGM/ANA's approval for these changes? Yes No
Comments/Date requested:

If Yes, did you receive OGM/ANA's approval for these changes? Yes No
Comments/Date approved:

4. Please complete the tables below and include all objectives, results and benefits and activities from your approved OWP. If you require more space, please add additional tables as necessary.

Please use these instructions when filling out the table below:

Status of Activity: Please choose the status of the activity from the drop-down box below utilizing the following definitions:

- Completed (check this box if completed based on originally anticipated end date)
- Ongoing (check this box only if activity is supposed to continue past this quarter)
- N/A this quarter (check this box if activity is not supposed to be started during this current quarter)
- Not Completed (check this box if activity was not completed based on the originally anticipated end date)

GOAL:
Year:

| Objective 1: | | | |
|---------------------|--|--|--|
| <u>Activities</u> | Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc). | Originally Anticipated End Date (from OWP): | Status of Activity (see instructions above) |
| | Q1: Q2: Q3: Q4: | | If activity is not completed based on originally anticipated end date (from OWP), include expected completion date: dd/mm/yr |
| | Q1: Q2: Q3: Q4: | | If activity is not completed based on originally anticipated end date (from OWP), include expected completion date: dd/mm/yr |
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Please note this question only needs to be answered when submitting the 4th quarter report.
Results or Benefits Expected:
 Current Status of Expected Results and Benefits:

| Objective 2: | | | |
|---------------------|--|--|--|
| Activities | Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc.) | Originally Anticipated End Date (from OWP): | Please list one of the following options for the status of each activity in the spaces below: |
| | Q1: Q2: Q3: Q4: | | If activity is not completed based on originally anticipated end date (from OWP), include expected completion date: dd/mm/yr |
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| | | | |
|--|--------------------------|--|--|
| | Q1: Q2: Q3: Q4: | | If activity is not completed based on originally anticipated end date (from OWP), include expected completion date: dd/mm/yr |
|--|--------------------------|--|--|

Please note this question only needs to be answered when submitting the 4th quarter report.

Results or Benefits Expected:

Current Status of Expected Results and Benefits:

| Objective 3: | | | |
|---------------------|--|--|--|
| Activities | Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc.) | Originally Anticipated End Date (from OWP): | Please list one of the following options for the status of each activity in the spaces below: |
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Please note this question only needs to be answered when submitting the 4th quarter report.

Results or Benefits Expected:

Current Status of Expected Results and Benefits:

| Objective 4: | | | |
|---------------------|---|---|--|
| <u>Activities</u> | Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc.) | Originally Anticipated End Date (from OWP): | Please list one of the following options for the status of each activity in the spaces below: |
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Please note this question only needs to be answered when submitting the 4th quarter report.

Results or Benefits Expected:

Current Status of Expected Results and Benefits:

| Objective 5: | | | |
|---------------------|--|--|--|
| <u>Activities</u> | Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc.) | Originally Anticipated End Date (from OWP): | Please list one of the following options for the status of each activity in the spaces below: |
| | Q1: Q2: Q3: Q4: | | If activity is not completed based on originally anticipated end date (from OWP), include expected completion date: dd/mm/yr |
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Please note this question only needs to be answered when submitting the 4th quarter report.

Results or Benefits Expected:

Current Status of Expected Results and Benefits:

| Objective 6: | | | |
|---------------------|--|--|--|
| <u>Activities</u> | Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc.) | Originally Anticipated End Date (from OWP): | Please list one of the following options for the status of each activity in the spaces below: |
| | Q1: Q2: Q3: Q4: | | If activity is not completed based on originally anticipated end date (from OWP), include expected completion date: dd/mm/yr |
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Please note this question only needs to be answered when submitting the 4th quarter report.

Results or Benefits Expected:

Current Status of Expected Results and Benefits:

5. Please describe any challenges you encountered on this project during this reporting period and include how you overcame (or plan to overcome) them:
6. 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? Yes No

If Yes, what form of assistance would you like: Electronic On-site

Please provide details on the issues you would like assistance with:

FINANCIAL

7. What were your forecasted cash needs for this reporting period (from the Form 424A)? What were your actual expenditures (from the SF 269, line 10j Column II for Federal and 10i Column II for Non-Federal)?

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 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

If forecasted and actual amounts do not match, please explain why:

8. Did your project generate any program income (defined as funds generated as a result of ANA project activities)?

When was program income generated?

| Source | Dollar Value | Year | Quarter |
|--------|--------------|------|---------|
| 1. | \$ | | |
| 2. | \$ | | |
| 3. | \$ | | |

9. Did you access funds through the Division of Payment Management (DPM) during this reporting period? Yes No

If No, please explain:

10. Have any changes been made to your budget during this reporting period? Yes No

If Yes, did you request approval from OGM/ANA? Yes No

Comments/Date requested:

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

Comments/Date approved:

IMPACT INDICATORS

11. Please list all impact indicators for this project and provide details in the table below. Target numbers should come from the approved application.

Note: If your grant started FY 2008, please note you only have three impact indicators.

Total for this

Cumulative total since

| Impact indicators | Initial Targets | reporting period (quarter) | beginning of project |
|------------------------|-----------------|----------------------------|----------------------|
| 1. Partnerships Formed | # | # | # |
| 2. Resources Leveraged | \$ | \$ | \$ |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Comments:

LEVERAGED RESOURCES

12. Please list any resources leveraged in excess of the non-federal share (e.g., other grants secured as a result of this project, donated meeting space/equipment/advertising, volunteer hours, etc.) since the beginning of the project.

When were resources secured?

| Source | Federal or Non-Federal | Dollar Value | Year | Quarter |
|--------|------------------------|--------------|------|---------|
| 1. | | \$ | | |
| 2. | | \$ | | |
| 3. | | \$ | | |
| 4. | | \$ | | |
| 5. | | \$ | | |
| 6. | | \$ | | |
| 7. | | \$ | | |
| 8. | | \$ | | |
| 9. | | \$ | | |
| 10. | | \$ | | |

PARTNERSHIPS

13. Please list any partnerships formed since the project began:

| Partnering agency/organization/tribe | Brief description of partnership and how it is benefiting the project | When was it formed? | |
|--------------------------------------|---|---------------------|---------|
| | | Year | Quarter |
| 1. | | | |
| 2. | | | |
| 3. | | | |

| | | | |
|-----|--|--|--|
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

NATIVE AMERICAN YOUTH AND ELDER OPPORTUNITIES

14. 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 | Was this an inter- generational activity? |
|----------|-----------------------------|------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

14a. During this reporting period, did your project result in any intergenerational activities between grandparents and their grandchildren? Yes No

JOBS

15. Please list all new jobs created as a **direct** result of this award (i.e., salaries/consultant fees paid through ANA funding or non-federal share) since the project began:

| Position Title | Name | Hours per Week | Federal or Non- Federal | When was job created? | |
|----------------|------|----------------|-------------------------|-----------------------|---------|
| | | | | Year | Quarter |
| 1. | | | | | |

| | | | | | |
|----|--|--|--|--|--|
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

PROJECT PERSONNEL

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

If No, please list any positions currently vacant, reasons for hiring delays and when you expect the position to be filled?

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:

PROJECT SUSTAINABILITY:

Please respond to the questions below if you intend to continue project benefits and/or services after the project period has ended:

17. Please elaborate on any steps you have taken to ensure this project’s sustainability after ANA funding ends:

Note: Depending on the nature of your project, this question might not be applicable.

18. Please mark the following box that best describes your level of funding to sustain the project:

- Do not need additional funding to sustain
- Desired funding levels for sustainability in place
- Some funding already secured to sustain project
- Still seeking funding, none currently in place
- No funding secured, no plan yet in place through which to obtain funds

Note: Fundraising utilizing ANA funds is not allowed during the project period.

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