**OMB Control No: New**

 **Expiration Date:**

**PERFORMANCE PROGRESS REPORT**

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**TRIBAL PERSONAL RESPONSIBILITY EDUCATION PROGRAM**

|  |  |  |
| --- | --- | --- |
|  | Page | of Pages |
| 1.Federal Agency and Organization Element to Which Report is Submitted | 2. Federal Grant Number  | 3a. DUNS  |
| 3b. EIN |

|  |  |
| --- | --- |
| 4. Recipient Organization (Name and complete address including zip code) | 5. Recipient Identifying Number or Account Number |
| 6. Project/Grant Period | 7. Reporting Period End Date | 8. Final Report?  *[ ]*  Yes [ ]  No |
| Start Date: *(Month, Day, Year)* | End Date: *(Month, Day, Year)*  | *(Month, Day, Year)* | 9. Report Frequency |
|  ***[ ]***  *annual*  ***[ ]*** *semi-annual****[ ]*** *quarterly* ***[ ]***  *other*  *(If other, describe: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* |
| 10. Performance Narrative |
| 11. Other Attachments *(attach other documents as needed or as instructed by the awarding Federal Agency)* |
| **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)* |
| 13. Agency use only |

**PERFORMANCE PROGRESS REPORT**

**COVER PAGE**

**TRIBAL PERSONAL RESPONSIBILITY EDUCATION PROGRAM**

**INSTRUCTIONS**

| **Item** | **Data Elements** | **Instructions** |
| --- | --- | --- |
| **1.** | **Awarding Federal agency and Organizational Element to Which Report is Submitted** | Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency. |
| **2.** | **Federal Grant or Other Identifying Number Assigned by the awarding Federal agency** | Enter the grant/award number contained in the award document. |
| **3a.** | **DUNS Number** | Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number. |
| **3b.** | **EIN** | Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service. |
| **4.** | **Recipient Organization** | Enter the name of recipient organization and address, including zip code. |
| **5.** | **Recipient Account Number or Account Number** | Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency. |
| **6.** | **Project/Grant Period** | Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period. |
| **7.** | **Reporting Period End Date** | Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31and 9/30;. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document. |
| **8.** | **Final Report** | Mark appropriate box. Check “yes” only if this is the final report for the project/grant period specified in Box 6. |
| **9.** | **Report or Frequency** | Select the appropriate term corresponding to the requirements contained in the award document. “Other” may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110. |
| **10.** | **Performance Narrative** | **Leave blank and complete Form PREP Program Indicators** |
| **11.** | **Other Attachments** | Attach other documents as needed or as instructed by the awarding Federal agency. (See Attached Sample Program Indicators Chart on pages 9 and 10) |

 **OMB Control No: New**

 **Expiration Date:**

**PERFORMANCE PROGRESS REPORT**

**PROGRAM INDICATORS**

**TRIBAL PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

|  |  |  |
| --- | --- | --- |
|  | Page | of Pages |
| 1.Federal Agency and Organization Element to Which Report is Submitted | 2. Federal Grant Number  | 3a. DUNS  | 4. Reporting Period End Date *(MM/DD/YYYY)*  |
| 3b. EIN |

| **Program Indicators** |
| --- |
| **(1)****Item** | **(2)****Activity Description** | **(3)****Indicator**  | **(4)****Explanation** |
| **B-01** | **Major activities and accomplishments during this period** |  |  |
| **B-02** | **Describe any challenges related to the areas addressed in item B-01** |  |  |
| **B-03** | **Significant Observations** |  |  |
| **B-04** | **Organizational Issues** |  |  |
| **B-05** | **Technical assistance and Training** |  |  |
| **B-06** | **Activities planned for next reporting period** |  |  |

**PERFORMANCE PROGRESS REPORT**

**PROGRAM INDICATORS**

**TRIBAL PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

**INSTRUCTIONS**

**Schedule**

Submit the original progress report to the Office of Grants Management, and a copy to the Program Office through the Online Data Collection (OLDC) system. Reports are due 30 days after the end of the second and fourth quarter of the budget period (every 6 months).

A FINAL PROGRAM REPORT IS DUE 90 DAYS AFTER THE PROJECT PERIOD END DATE.

|  |  |  |
| --- | --- | --- |
| **Item** | **Data Elements** | **Instructions** |
| 1  | **Awarding Federal agency and Organizational Element to Which Report is Submitted**  | Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.  |
| 2  | **Federal Grant or Other Identifying Number Assigned by the awarding Federal agency**  | Enter the grant/award number contained in the award document.  |
| 3a  | **DUNS Number**  | Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.  |
| 3b  | **EIN**  | Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.  |
| 4  | **Reporting Period End Date**  | Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30 and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.  |
| **Program Indicators** |
| B-01(4)  | **Major activities and accomplishments during this period** | Recommend attachment of updated project task charts from approved grant application, project work plan and/or Sample Program Indicators Chart (Attachment 1) with this section. Describe any draft/final products related to the project. Include the following:1. Sub-awardees: Provide a description of the each sub-awardees’ activities and accomplishments.
2. Participants: Provide a description of activities related to recruitment, retention and follow-up with program participants.
3. Fidelity and Adaptations: Describe the process and tools used to monitor fidelity and provide a discussion of any adaptations to the curriculum/a being implemented.
4. Evaluation and Data: Provide a description of all evaluation activities.
5. Adulthood Preparation Subjects: Describe how the adulthood preparation subjects have been incorporated in your program.
6. Collaboration/Partners: Describe any new or established partnerships or collaborative efforts.
7. Training: Describe any training activities for Tribal PREP staff and sub-awardees’ staff.
8. Other Major Activities or Accomplishments

Provide updates on level of participation as charted in Attachment 2 of this document.Submit any relevant forms/documents (i.e., fidelity monitoring, evaluation survey, MOUs) to your Project Officer.\*Information in B-01 may be documented via chart format. The chart may be uploaded through the OLDC system.  |
| B-02(4) | **Describe any challenges related to the areas addressed in Item B-01** | Describe any deviations or departures from the original project plan including actual/anticipated delays in task completion dates, and unique problems encountered or expected. Use this report section to advise Project Officer and Grants Management Specialist of resolution or actions taken to resolve the challenges presented during the reporting period. Report on challenges related to the following (if applicable):1. Sub-awardees
2. Participants
3. Fidelity and Adaptations
4. Evaluation and Data
5. Adulthood Preparation Subjects
6. Collaboration/Partners
7. Training
8. Other

\*Information in B-01 and B-02 may be documented via chart format. The chart may be uploaded through the OLDC system.  |
| B-03(4) | **Significant observations** | List the type and number of services accessed by target population, the number of youth serviced in each community and other relevant project data. Include demographic information about youth (and parent/guardian) served including race/ethnicity, gender, and age. Also identify if youth served are those most vulnerable for pregnancies (youth in or aging out of foster care, homeless/runaway youth, youth with HIV/AIDS, and pregnant/parenting youth). Describe any significant discrepancies between the number of youth targeted in your Tribal PREP plan to the actual number of youth served. Please list or chart information by sub-awardee.  |
| B-04(4) | **Organizational Issues** | Briefly describe any organizational (i.e. staffing and personnel, policy and procedures) and planning team issues that affected the management of the grant during the reporting period. Include a description/update of the staffing pattern for the Tribal PREP program. |
| B-05(4) | **Technical Assistance and Training** | Describe any issues, functions, or processes that your organization needs addressed through technical assistance, training, national conferences or on-site visits.  |
| B-06(4) | **Activities planned for next reporting period** | Briefly describe. |

**Tribal Personal Responsibility Education Program**

**SAMPLE PROGRAM INDICATORS CHART**

**Attachment 1**

**Grantee:**

**Grant:**

**Activity Period:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ACTIVITIES** | **ACCOMPLISHMENTS** | **CHALLENGES** |
| **Sub-awardees** |  |  |  |
| **Participants (by Sub-awardee/Site)** |  |  |  |
| **Fidelity Monitoring and Adaptation** |  |  |  |
| **Evaluation and Data** |  |  |  |
| **Adulthood Preparation Subjects** |  |  |  |
| **Training** |  |  |  |
| **Collaboration/Partners** |  |  |  |
| **Other Major Activities/Accomplishments** |  |  |  |

**Tribal Personal Responsibility Education Program**

**SAMPLE PROGRAM INDICATORS CHART**

**Attachment 2**

**Grantee:**

**Grant:**

**Activity Period:**

**Participant Data**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subawardee/Site** **or Implementation Provider** | **Total # Initiated** | **Total # Completed**  | **# Male** | **# Female** | **# Ages 10 to 14** | **# Ages 15 to 19** | **# Age 20** | **# Pregnant and Parenting** | **#JJ** | **#FC** | **#RHY** | **#LGBT** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 30 hours 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.