

**Office of University Partnerships
Grant Progress Report**

**U. S. Department of Housing
and Urban Development**

OMB Approval No. xxxx-xxx

(exp. Mm/yyyy)

Public reporting burden for the collection of information is estimated to average 6 hours per response. This includes the time for collecting, reviewing, and reporting the data. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

The information collected will be used to monitor the progress of activities on the grant. The information collected is not confidential. If the Grantee fails to submit the required reports on time, the GTR is authorized to withhold payment of funds until the Grantee is in conformance with the program requirements. Failure to respond to the GTR requests or warnings of non-compliance will be used to make a determination of non-performance, action to suspend and/or terminate the award. In addition, non-compliance will be taken into consideration if a grantee requests funding in the future.

REQUIRED // DO NOT SUBMIT WITHOUT INCLUDING THIS INFORMATION

Grantee Institution Name: _____

Grant Award Number: _____ // **Grant Award Date:** _____ // **Report Submission Date:** _____

Report Prepared by: _____ // **Preparer's E-mail:** _____

All sections with headings highlighted in blue must be filled out **completely** for each report submitted. The section headings highlighted in red are only to be completed for the final report.

Grant Information

Leveraging Information

Grant amount: \$_____

Proposed leverage amount (as stated in original application): \$_____

Amount of leveraged resources in this reporting period: \$_____

Cumulative amount of leveraged resources: \$_____

Percentage of total resources leveraged against OUP grant: _____ **(do not fill in; this field auto-calculates)**

Activity Information

Number of activities proposed in your application narrative and Logic Model: ____

Number of activities completed as of this reporting period: ____

Cumulative number of activities completed: ____

Percentage of proposed activities completed: _____ **(do not fill in; this field auto-calculates)**

Space is provided on page 2 for narrative on each of your activities.

Reporting Period

Please enter the period for which this report is being submitted (example: 9/30, 12/31, 3/31, 6/30): _____

Have you formally requested a no-cost extension? Yes No

Extensions may not be requested through this report.

Date the extension was approved: _____

What is the new end date for your project? _____

Office of University Partnerships
Grant Progress Report

U. S. Department of Housing
and Urban Development

OMB Approval No. xxxx-xxx

(exp. Mm/yyyy)

REQUIRED // DO NOT SUBMIT WITHOUT INCLUDING THIS INFORMATION

Grantee Institution Name: _____

Grant Award Number: _____ // Grant Award Date: _____ // Report Submission Date: _____

Report Prepared by: _____ // Preparer's E-mail: _____

Additional Forms

Please complete and include the electronic versions of the following forms with each report:

- SF-269-A, Financial Status Report HUD-96010, Program Logic Model
 Task Chart

Narrative of Activities

List all proposed program activities as outlined in your application narrative and Logic Model. Provide a **brief** discussion on your progress, listing both accomplishments and obstacles to reaching each objective this reporting period. Please follow the maximum word counts indicated in each activity section.

To ensure that this file remains small enough to transmit electronically, **DO NOT INCLUDE PHOTOGRAPHS WITH THIS REPORT.**

This form provides space for five activities. If you have more than five proposed activities, duplicate the "Activity" section (be sure to update the activity number) and enter the appropriate information.

Activity 1

Name of activity:

For Census tracking, please provide ZIP code(s) that corresponds with activity's primary location:

Please provide status of activity (**maximum word count: 250**):

Percentage of the activity completed to this point:

If this is the end of the grant period, has the activity been completed?

If you responded yes, please describe the outcomes here (**maximum word count: 250**):

If you responded no, please provide brief explanation here (**maximum word count: 250**):

Please discuss briefly any approved changes, significant problems, the impact they will have on successfully completing this project, and the corrective actions that were taken or planned (**maximum word count: 500**):

**Office of University Partnerships
Grant Progress Report**

**U. S. Department of Housing
and Urban Development**

OMB Approval No. xxxx-xxx

(exp. Mm/yyyy)

Activity 2

Name of activity:

For Census tracking, please provide ZIP code(s) that corresponds with activity's primary location:

Please provide status of activity **(maximum word count: 250)**:

Percentage of the activity completed to this point:

If this is the end of the grant period, has the activity been completed?

If you responded yes, please describe the outcomes here **(maximum word count: 250)**:

If you responded no, please provide brief explanation here **(maximum word count: 250)**:

Please discuss briefly any approved changes, significant problems, the impact they will have on successfully completing this project, and the corrective actions that were taken or planned **(maximum word count: 500)**:

Activity 3

Name of activity:

For Census tracking, please provide ZIP code(s) that corresponds with activity's primary location:

Please provide status of activity **(maximum word count: 250)**:

Percentage of the activity completed to this point:

If this is the end of the grant period, has the activity been completed?

If you responded yes, please describe the outcomes here **(maximum word count: 250)**:

If you responded no, please provide brief explanation here **(maximum word count: 250)**:

Please discuss briefly any approved changes, significant problems, the impact they will have on successfully completing this project, and the corrective actions that were taken or planned **(maximum word count: 500)**:

Activity 4

Name of activity:

For Census tracking, please provide ZIP code(s) that corresponds with activity's primary location:

Please provide status of activity **(maximum word count: 250)**:

**Office of University Partnerships
Grant Progress Report**

**U. S. Department of Housing
and Urban Development**

OMB Approval No. xxxx-xxx

(exp. Mm/yyyy)

Percentage of the activity completed to this point:

If this is the end of the grant period, has the activity been completed?

If you responded yes, please describe the outcomes here **(maximum word count: 250)**:

If you responded no, please provide brief explanation here **(maximum word count: 250)**:

Please discuss briefly any approved changes, significant problems, the impact they will have on successfully completing this project, and the corrective actions that were taken or planned **(maximum word count: 500)**:

Activity 5

Name of activity:

For Census tracking, please provide ZIP code(s) that corresponds with activity's primary location:

Please provide status of activity **(maximum word count: 250)**:

Percentage of the activity completed to this point:

If this is the end of the grant period, has the activity been completed?

If you responded yes, please describe the outcomes here **(maximum word count: 250)**:

If you responded no, please provide brief explanation here **(maximum word count: 250)**:

Please discuss briefly any approved changes, significant problems, the impact they will have on successfully completing this project, and the corrective actions that were taken or planned **(maximum word count: 500)**:

Final Report

Is this your final report? **Yes** **No**

If you answered yes, please complete and include the electronic versions of the following forms with your final report:

Final SF-269-A, Financial Status Report

Closeout Certification

Property Statement

Grant expiration date? _____

Date you submitted final report: _____

Final reports must be submitted within 90 days of your closeout date.

Did you complete your project on time, or did you need to request an extension?*

**Office of University Partnerships
Grant Progress Report**

**U. S. Department of Housing
and Urban Development**

OMB Approval No. xxxx-xxx

(exp. Mm/yyyy)

* If you indicated that you required an extension, please provide a **brief** explanation: