**OPR Instructions:**

Detailed instructions on how to complete the OPR are below. Use these instructions when completing the activities below and when responding to the request for information contained in the OPR.

*Page 1*

**Item 1:**

Enter legal name of the grantee

**Item 2:**

Enter the grant number assigned by DHHS/ACF/ANA. This number is found in Item 3 on the FAA

**Item 3.a:**

Enter the grantee DUNS number (received from Dun and Bradstreet)

**Item 3.b:**

Enter the Employer Identification Number (EIN) assigned by the IRS

**Item 4:**

Enter grantee name and complete address, including zip code

**Item 5:**

Select “yes” if the SF-425 is attached to the OPR. Select “no” if the SF-425 is not attached.

**Item 6:**

Enter the *budget* period covered in the report (e.g. Year 1, Year 2 or Year 3)

Enter the *project* start date (month, day, and year)

Enter the *project* end date (month, day, and year)

**Item 7:**

Enter the month, day, and year of the last day covered by the report (e.g. December 31, 20XX, March 31, 20XX, June 30, 20XX, or September 29, 20XX).

**Item 8:**

Indicate the reporting quarter (e.g. 1st, 2nd, 3rd, or 4th quarter, or Final (OER) report). Select “other” if the report does not cover a three month period and provide information on the period covered by the report.

**Item 9:**

Enter the title of the ANA project, the name of the individual that prepared the report, the date, his/her email address and phone number. Note that the performance narrative referenced here starts on page 2.

**Item 10:**

If attachments are being included with the report , list each of the attachments.

**Item 11:**

Self-explanatory.

**Item 12.a:**

Enter the name and title of the authorized representative of the grantee.

**Item 12.b:**

Enter the signature of the authorized representative certifying the report.

**Item 12.c:**

Enter the telephone number including the area code and extension number of the authorized representative certifying the report.

**Item 12.d:**

Enter the email address of the authorized representative certifying the report.

**Item 12.e:**

Enter the month, day, and year the report is being submitted.

**Item 13:**

Leave blank.

*Performance Narrative*

***This form can be unprotected in order to add rows to the objective tables. However, the form should be returned to its protected status in order for fill in boxes, check boxes and drop down menus to work properly.***

**Item 1:** **Objective Work Plan Update**

* Select “yes” if any changes have been made to the Objective Work Plan (OWP) and provide an explanation of the changes. Select “no” if no changes were made to the OWP.
* Next, select “yes” if you requested approval from your Awarding Agency for the changes made to the OWP and “no” if you did not.
* Next, select “yes” if you received approval from your Awarding Agency for the changes to the OWP and “no” if you did not.

**Item 2:** **Objective Work Plan:**

Enter the goal of the project and the current budget year.

List each objective for that budget year and all the activities for each objective, *exactly as they appear* in the approved OWP.

In the second column, describe how each activity was accomplished during each quarter (i.e., Q1, Q2, Q3, Q4) of the budget period. *Report on activities should be specific and include numbers and dates when possible.  The report should demonstrate how much progress has been made on the activity. If the activity has been delayed, identify the causes and what, if any, steps are being taken to address the challenge.* The information on activities is cumulative for each project year and should be maintained for the duration of the budget year (i.e. do not delete information from previous quarters for the current budget period).

In the third and fourth columns, enter the originally anticipated “begin date” and “end date” from the approved OWP.

In the last column, identify the status of the activity. This column should be updated each quarter. From the pull-down menu, select the correct status:

* “Completed” if the activity was completed based on originally anticipated “end date”.
* “Ongoing” only if the activity is supposed to continue past this quarter according to the OWP.
* “N/A” if the activity is not scheduled to start until later in the project period.
* “Delayed” if the activity was not completed based on the originally anticipated end date and is still active. If the activity is delayed, enter the expected day, month, and year that the activity is expected to be completed.

Finally, list the results and benefits expected from the approved OWP. Describe the current status of those results and benefits, including quantitative tracking for each quarter.

**Item 3:** **Partnerships:**

* In the first table, identify the targeted number of partnerships from your application, the total number of *new* partnerships formed during the reporting period (quarter), and the cumulative number of partnerships formed since the project began.
* In the second table, provide detail which supports the data in the first table. Identify each partner during the quarter that partnership was formed. Do not identify the same partner more than once. In column one, enter the name of the agency, organization, or Tribe with which the grantee established a partnership to support the ANA project.
* In column two provide a brief description on how the partnership is benefiting the ANA project.
* In columns three and four, enter the year and quarter in which the partnership was formed utilizing the drop-down list. This information is cumulative and should be maintained from the beginning of the grant to the last day of the project period.

**Item 4:** **Leveraged Resources:**

A leveraged resource is any cash or in kind goods/services received by the grantee to support the project; that are over and above the non-federal share match obligation. First, identify the target from the application. For each leveraged resource, identify:

* whether each is a Federal (F) or Non-Federal (NF) source (columns 1 and 2),
* the source (e.g. Bob’s Diner – catering for monthly meeting) of each leveraged resource (column 3), and
* the dollar value of each resource under the correct Year and quarter column.

All totals at the bottom and to the right of the table should be calculated. This information is cumulative and should be maintained from the beginning of the grant to the last day of the project period.

**Item 5:** **Impact Indicator:**

Identify the impact indicator, tracking mechanism, pre-grant status (for comparison with end of year and three year targets), end of grant target, and three year target, which were approved during award negotiations.

**Item 5a:**

*This is only completed for 4th quarter reports.*

Utilizing the indicator noted under item 5, assess the change in the baseline measure. For example if your impact indicator is the unemployment rate, list the actual unemployment rate at the end of each budget period.

**Item 5b:**

*This is only completed for 4th quarter reports.*

Utilizing the information stated in item 5a, check the box that corresponds to how the stated impact indicator was achieved at the end of each budget period.

**Comments.** Use this space to provide follow up comments on Items 5, 5a, and 5b or to report on any additional impact indicators being tracked.

**Item 6:** **Native American Youth and Elder Opportunities:**

Select “yes” if the project provided opportunities or activities for Native American youth or elders during this reporting period. Select “no” if the project did notprovide opportunities for Native American youth or elders. Select “NA” (not applicable) if Native American youth or elders are not a component of the ANA project.

If opportunities were provided, complete the table as follows:

* Column one - enter each activity for the reporting period only.
* Column two - enter the number of youth participating in the specific activity.
* Column three - enter the number of new youth participating (first time participants) for the reporting period. For example, if you had 50 youth participate in quarter 1 and in quarter 2, 60 youth participated but only 10 were first time participants, please only input ten in this column.
* Column four - enter the number of elders that participated in the specific activity.
* Column five - enter the number of new elders participating (first time participants). For example, if you had 20 elders participate in quarter 1 and in quarter 2, 30 elders participated but only 10 were first time participants, please only input ten in this column.
* Column six – Check “yes” if the project included intergenerational activities during this reporting period and “no” if it did not.

Complete calculations at the bottom of the table.

* First row – Include totals for all new participants for the reporting period.
* Second row – Input the unduplicated number of youth and elders from the previous OPR.
* Third row – Add the first and second row together and input the amount in this row.

**Item 6a: Intergenerational:**

Check “yes” if the project included intergenerational activities between grandparents and grandchildrenduring this reporting period and “no” if it did not.

**Item 7:** **Project Personnel:**

Select “yes” if all key personnel were hired as outlined in the OWP. Select “no” if one or more key personnel were not hired as outlined in the OWP. If “no” is selected, list any positions which have not yet been filled and provide an explanation for why there were hiring delays and state when the position will be filled.

**Item 7a:** Select “yes” if there were any changes or turnover in key personnel, consultants or contractors in this reportingperiod or “no” if no changes occurred. If “yes,” list each position, consultant, or contractor that has changed and provide an explanation for the change. You should also note how long the position has been opened and if the position has been filled.

**Item 7b:** **Jobs:**

A job is classified as being currently filled and required for this project to be completed. Complete the table as follows:

* Column one - enter the position title for each job created**.**
* Column two - enter the name of the individual filling the position.
* Column three - enter the type of position (project position, consultant, stipend, intern, other).
* Column four - enter the year the job was created utilizing the drop down button.
* Column five - enter the quarter the job was created utilizing the drop down button.
* Column six - enter the hours worked per week by the position.
* Column seven - enter if the position was paid with federal funds or in kind.

This information is cumulative and should be maintained from the beginning of the grant to the last day of the project period.

**Item 8:** **Project start / end dates**

*This is only completed for the 1st quarter reports.*

Select “yes” if your project start date was delayed and “no” if your project was not delayed. If “yes” is selected, provide an explanation for why the project was delayed.

**Item 9:** **Challenges:**

Challenges are any issues or events which have negatively impacted the implementation of your project. Challenges occur for nearly every project and can be overcome through careful planning and monitoring. In some cases, technical assistance can be provided to assist grantees in overcoming challenges.

Select “yes” if your project encountered any challenges during the reporting period. Select “no” if you encountered no challenges. If you select “yes”, please provide a description of each challenge in the first column in the table below. In the second column select “yes” if the challenge was overcome and select “no” if you are still encountering this challenge. In the third column, describe how you overcame the challenge if you selected “yes” or identify your plan to address the challenge if you selected “no”.

**Item 10:** **Expected Project Completion:**

Select “yes” if you expect to complete your project on schedule and “no” if you do not. If “no” is selected, provide an explanation for why the project will not finish on schedule.

**Item 11:** **Training / Technical Assistance:**

Select “yes” to request training or technical assistance (T/TA) to complete the project objectives. Select “no” if no T/TA is needed to complete the project objectives. If yes, explain what type of assistance is requested and the reasons for the request.

**Item 12:** **Project Sustainability:**

Mark the box that most accurately describes your Tribe’s or organization’s level of funding to sustain this project or its benefits after this grant has ended.

**Item 13:** **Project Sustainability:**

Describe any steps that have been taken to ensure the benefits of the project will be sustained after funding ends (e.g. capital campaign, securing other grants, folding project activities into existing tribal programs, etc.).

***Note:*** *Using ANA funds for fundraising activities is not allowed.*

**Item 14:** **Financial:**

Select “yes” if the Tribe or organization had trouble accessing (drawing down) funds from the Division of Payment Management (DPM**)** during the reporting period.Select “no” if not.If “Yes” is selected explain the problem and if it was resolved.

**Item 15:** **Financial:**

Select “yes” if an approved revision was made to the budget during the reporting period. A budget revision is a change in the dollar amount of a line item. Select “no” if there was not a budget revision during the reporting period.

If a revision was made,select “yes” if a request was made for the change to the Awarding Agency and provide comments and the date requested. Select “no” if no request was submitted.

If a request was submitted, select “yes” if the budget revision was approved by the Awarding Agency and provide comments and the date approved. Select “no” if the budget revision was not approved by or a response has not been received from the Awarding Agency.

***Note:*** *This does not take the place of submitting a formal request. All standard procedures for requesting a budget modification must be followed.*

**Item 16:** **Financial:**

Enter the federal and non-federal forecasted cash needs from the Standard Form 424A of the approved grant application for the reporting period.Enter the actual cash needs (expenditures) for the reporting period, which should align with what is reported on the SF-425.This information is cumulative and should be maintained from the beginning of the grant to the last day of the budget period.

 **Item 16a.**

If forecasted and actual amounts are not the same, explain the reason for the difference for each quarter.

 **Item 17:**

Select “yes” if you anticipate obligating all funds by the end of the budget period. Select “no” if you do not anticipate obligating all funds by the end of the budget period. If “no”, please explain the reason why and the amount you anticipate not obligating.

**Item 18:** **Financial / Project Income:**

Select “yes” if your project generated any program income. Select “no” if your project did not generate any program income. If your project generated program income, please identify the source of program income.

**Item 19:** **Other:**
Add any additional information your organization would like to share with ANA regarding your project.

**Items 20 – 26:**

These questions apply only to projects funded under the Native Asset Building Initiative.

* Question 20: Include in the table below all “nonfederal” funding you have deposited in to the Project Reserve Fund to match your AFI grant. (Remember, for every dollar of AFI grant funds, you must obtain an equal dollar of matching funds). In the first column enter the source of funding. In the second column enter the amount of funding. In the third column enter the date of receipt of funds. In the fourth column enter the number of IDAs funding will support. In the fifth column enter the asset goals this funding will support.
* Question 21(a): If you have not yet secured matching funds identify sources of “nonfederal” funding sources that you plan to obtain to match your AFI grant. In the first column enter the source of funding. In the second column enter the amount of funding. In the third column enter the date of receipt the commitment letter is expected. In the fourth column enter the date of receipt of funds expected. In the fifth column enter number of IDAs funding will support. In the sixth column enter the asset goals this funding will support.
* Question 21(b): For each of the funding sources identified in the table above, please list activities planned to secure the funding. In the first column enter the anticipated source of funding. In the second column enter the date funding is anticipated. In the third column enter the activity planned to secure funding. In the fourth column enter the description. In the fifth column enter if the funding is tentative or confirmed.
* Question 22: Provide a written explanation of how the narrative report aligns with the financial status report. For example, link expenditures to program outcomes by including information on the total number of participants who have received matched withdrawals as of the end of the reporting period, the amount they have received, and a summary of administrative costs incurred.
* Question 23: Highlight any practices, procedures, or experiences that might be helpful as models for other grantees to improve overall AFI performance.
* Question 24: Briefly describe project outreach and information dissemination carried out over the reporting period. List and include a copy of any newspaper, newsletter, and magazine articles as well as other published materials. If dissemination activities have been discussed in the OPR section above, please reference that section.
* Question 25: Briefly describe the project plan going forward.
* Question 26: Provide any additional comments you would like to share about your AFI IDA project or your comprehensive asset-building project.