# Appendix A: CED Performance Progress Report Forms

**COVER PAGE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | Page | of  Pages |  |
| 1.Federal Agency and Organization Element to Which Report is Submitted | | 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 | | | 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 *(attach performance narrative as instructed by the awarding Federal Agency)* | | | | | | | |
| 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 Measures SF-PPR Form A**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | Page | | of Pages |
| 1.Federal Agency and Organization Element to Which Report is Submitted | | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency | | | | 3a. DUNS | |  | | 4. Reporting Period End Date  *(Month, Day, Year)* |
| 3b. EIN | |  | |
| **A. Performance Measures** | | | | | | | | | | | |
| **(1)**  **Indicator Number** | **(2)**  **Objective/Goal** | **(3)**  **Indicator** | | **(4)**  **Baseline** | **(5)**  **Project**  **Target** | **(6)**  **Actual**  **To Date** | |  | | **(7)**  **Explanation** | |
| A-01-B | Create new businesses to employ low-income people | Total # of new businesses created | |  |  |  | |  | |  | |
| A-02-B |  | # of new businesses that were created AT LEAST 12 months ago | |  |  |  | |  | |  | |
| A-03-B |  | # of new businesses created that have been or were operational in the community for AT LEAST 12 consecutive months | |  |  |  | |  | |  | |
| A-04-B | Expand existing businesses to employ low-income people | Total # of businesses expanded | |  |  |  | |  | |  | |
| A-00-J[[1]](#footnote-1) | Create positions to employ all individuals (low-income and non-low-income) | Total # of full-time positions created for low-income and non-low-income people | |  |  |  | |  | |  | |
| A-05-J | Create positions to employ low-income people | Total # of part-time positions created | |  |  |  | |  | |  | |
| A-06-J |  | Total # of full-time positions created | |  |  |  | |  | |  | |
| A-07-J |  | # of those full-time positions that were created AT LEAST six months ago | |  |  |  | |  | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A-08-J |  | # of full-time positions created that have been or were operational in the community for AT LEAST six consecutive months |  |  |  |  |  |
| A-09-J | Create full-time positions with benefits | Total # of full-time positions created with health care benefits |  |  |  |  |  |
| A-10-J |  | Total # of full-time positions created with paid sick leave |  |  |  |  |  |
| A-11-J |  | Total # of full-time positions created with retirement benefits |  |  |  |  |  |
| A-12-J |  | Total # of full-time positions created with profit-sharing |  |  |  |  |  |
| A-13-E | Prepare low-income individuals for employment | Total # of low-income individuals trained in skills for the jobs created |  |  |  |  |  |
| A-14-E |  | # of those low-income individuals trained who were TANF recipients |  |  |  |  |  |
| A-15-E | Employ low-income individuals in positions created | Total # of low-income individuals, including TANF recipients, employed in the full-time positions created |  |  |  |  |  |
| A-16-E |  | # of those low-income individuals employed who were TANF recipients |  |  |  |  |  |
| A-17-E | Create full-time positions with opportunity for advancement | Average STARTING wage of all low-income individuals, including TANF recipients, placed in full-time positions created |  |  |  |  |  |
| A-18-E |  | Average STARTING wage of TANF recipients placed in full-time positions created |  |  |  |  |  |
| A-19-E |  | # of individuals in full-time positions created who received job promotions |  |  |  |  |  |
| A-20-E |  | # of individuals in full-time positions created who received pay raises |  |  |  |  |  |
| A-21-E | Help low-income people retain new jobs | Total # of low-income individuals who were hired into a CED-created full-time position AT LEAST six months ago |  |  |  |  |  |
| A-22-E |  | Total # of low-income individuals who retained their full-time jobs for AT LEAST six consecutive months |  |  |  |  |  |
| A-23-E |  | # of TANF recipients who were hired into a CED-created full-time position AT LEAST six months ago |  |  |  |  |  |
| A-24-E |  | Total # of TANF recipients who retained their full-time jobs for AT LEAST six consecutive months |  |  |  |  |  |
| A-25-F | Leverage additional funds to increase project success | How many total dollars has your project leveraged? |  |  |  |  |  |
| A-26-F |  | How many dollars has your project leveraged from government funds? |  |  |  |  |  |
| A-27-F |  | How many dollars has your project leveraged from the private sector? |  |  |  |  |  |
| A-28-F |  | How many dollars has your project leveraged from loans? |  |  |  |  |  |
| A-29-F |  | How many dollars has your project leveraged from other sources? |  |  |  |  |  |
| A-30-F | Generate revenue through CED-created businesses | How much program income has your CED project generated? |  |  |  |  |  |

Notes on SF-PPR Form A:

The numbers identify the type of information requested:

* B indicates that these fields describe progress on outcomes related to new business creation information
* J indicates that these fields describe progress on outcomes related to new job creation information
* E indicates that these fields describe progress on outcomes related to participant employment information
* F indicates that these fields describe progress on outcomes related to leveraging additional funds

**Program Indicators SF-PPR Form B**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | Page | of Pages |
| 1.Federal Agency and Organization Element to Which Report is Submitted | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency | | | 3a. DUNS | | 4. Reporting Period End Date  *(Month, Day, Year)* |
| 3b. EIN | |
| **B. Program Indicators** | | | | | | | |
| **(1)**  **Activity Number or Label** | **(2)**  **Activity Description** | | **(3)** | **(4)**  **Explanation** | | | |
| **Project Description** | | | | | | | |
| A-01 | Project Strategy | |  |  | | | |
| A-02 | Type(s) of New Business Created | |  |  | | | |
| A-03 | Distinctive Characteristics of Participants | |  |  | | | |
| A-04 | Distinctive Characteristics of Community | |  |  | | | |
| A-05 | Geographic location | |  |  | | | |
| A-06 | Public and Private Partnerships | |  |  | | | |
| A-07 | Will or did your organization purchase equity in a business with CED grant funds? | |  |  | | | |
| A-08 | Will or did your organization create a revolving loan fund with CED funds? | |  |  | | | |
| **Highlights & Major Accomplishments** | | | | | | | |
| B-01 | New Business Creation | |  |  | | | |
| B-02 | Business Expansion | |  |  | | | |
| B-03 | New Job Creation | |  |  | | | |
| B-04 | Population Served | |  |  | | | |
| B-05 | Participant Recruitment | |  |  | | | |
| B-06 | Participant Training | |  |  | | | |
| B-07 | Participant Placement in Jobs | |  |  | | | |
| B-08 | Participant Retention | |  |  | | | |
| B-09 | Leveraged Funding | |  |  | | | |
| B-10 | Partnerships | |  |  | | | |
| B-11 | Composition of Board Directors | |  |  | | | |
| B-12 | Evaluation | |  |  | | | |
| B-13 | Other Accomplishments | |  |  | | | |
| **Challenges & Resolutions** | | | | | | | |
| C-01 | New Business Creation | |  |  | | | |
| C-02 | Business Expansion | |  |  | | | |
| C-03 | New Job Creation | |  |  | | | |
| C-04 | Population Served | |  |  | | | |
| C-05 | Participant Recruitment | |  |  | | | |
| C-06 | Participant Training | |  |  | | | |
| C-07 | Participant Placement in Jobs | |  |  | | | |
| C-08 | Participant Retention | |  |  | | | |
| C-09 | Leveraged Funding | |  |  | | | |
| C-10 | Partnerships | |  |  | | | |
| C-11 | Composition of Board of Directors | |  |  | | | |
| C-12 | Evaluation | |  |  | | | |
| C-13 | Other Challenges | |  |  | | | |
| **Changes** | | | | | | | |
| D-01 | Planned Services | |  |  | | | |
| D-02 | Planned Timeline | |  |  | | | |
| D-03 | Planned Outcomes | |  |  | | | |
| D-04 | Budget | |  |  | | | |
| D-05 | Leveraged Funding | |  |  | | | |
| D-06 | Partnerships | |  |  | | | |
| D-07 | Staffing | |  |  | | | |
| D-08 | Board Leadership | |  |  | | | |
| D-09 | In the Community | |  |  | | | |
| D-10 | In the Field | |  |  | | | |
| D-11 | Evaluation | |  |  | | | |
| D-12 | Other Changes | |  |  | | | |

**Activity Based Expenditures SF-PPR-E**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Page | of Pages |
| 1.Federal Agency and Organization Element to Which Report is Submitted | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency | 3a. DUNS | |  | 4. Reporting Period End Date  *(Month, Day, Year)* |
| 3b. EIN | |  |
| **E. Activity Based Expenditures** | | | | | | |
| **(1)**  **Activity Number or Label** | **(2)**  **Activity Description** | | | **(3)**  Total Estimated Expenditures | | **(4)**  **Funding Expended** |
| E-01 |  | | |  | |  |
| E-02 |  | | |  | |  |
| E-03 |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
| **TOTAL** |  | | |  | |  |

1. New question to be added to existing PPR form. [↑](#footnote-ref-1)