Administration for Native Americans
Ongoing Progress Report (OPR)

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1.Grantee Name	2. Grant Number	3a. DUNS Number
		3b. EIN

4. Recipient Organization (Name and complete address including zip code)	5. *SF-425 Attached?* ☐ Yes ☐ No

6. Project Period			7. Reporting Period End Date *(Month, Day, Year)*	8. ☐ *1ˢᵗ semi-annual (mid-year)* ☐ *2d semi-annual (end of budget period)* ☐ *Final (OER) (end of project)* ☐ *other (revisions, etc.)* *(If other, describe: _____)*
Budget Period Year Covered in the Report:	Start Date: *(Month, Day, Year)*	End Date: *(Month, Day, Year)*		

9. Performance Narrative   *(attach performance narrative as instructed by the awarding Federal Agency)*

    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

Administration for Native Americans
Ongoing Progress Report (ANA-OPR)

(maintained and submitted in Grantsolutions)

ONGOING PROJECT PROGRESS

A. OBJECTIVE WORK PLAN (OWP) STATUS/UPDATE

1. Do you need to make any changes to your OWP? □ Yes □ No
2. Please describe any changes to your work plan and if you requested the change from the ANA office.

3. Please complete the tables below and include all objectives, results, benefits, activities and dates as they appear in your OWP. If you require more space, please add additional tables as necessary. In completing the 'Status of Activity' column please choose the status of the activity from the drop-down box below utilizing the following definitions:

- Completed (check this box if activity is complete)
- On-going (check this box only if activity is supposed to continue past this quarter according to the OWP)
- N/A this quarter (check this box if activity is scheduled to start after this current quarter)
- Delayed (check this box if activity is not completed by the originally anticipated end date and is still active)

Goal:
Year:

Objective 1:				
Activities	**Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).**	**Begin Date**	**End Date**	**Status of Activity (see instructions above)**
1.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
2.				If activity is delayed beyond originally anticipated end date (from OWP), include expected

3

				completion date: mm/dd/yr
3.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
4.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
5.				If activity is delayed beyond originally anticipated end date (from OWP), include

				expected completion date: mm/dd/yr
Expected Results and Benefits 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).**	**Begin Date**	**End Date**	**Status of Activity (see instructions above)**
1.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
2.				If activity is

				delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
3.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
4.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr

5.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr

Expected Results and Benefits

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).**	**Begin Date**	**End Date**	**Status of Activity (see instructions above)**
1.				If activity is delayed beyond originally anticipated end date (from OWP), include

				expected completion date: mm/dd/yr
2.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
3.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
4.				If activity is delayed beyond originally anticipated

				end date (from OWP), include expected completion date: mm/dd/yr
5.				If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
Expected Results and Benefits				
Current Status of Expected Results and Benefits:				

B. STAFFING AND HUMAN RESOURCES

1. Do you have any current vacancies that are associated with this project? ☐ Yes   ☐ No

2. If Yes, please list positions that are vacant or were vacant as of 30 days prior to the end of this reporting period. Include reasons for vacancies and actions taken or to be taken to fill vacant positions.

   3.   Did you have any changes or turnover in project staff, consultants or contractors during this reporting period?   ☐ Yes   ☐ No

   4.   If Yes, please list affected positions, explain the reason for the change, how long the position has been open, and if the position has been filled:

5. Please list, in the following table, all positions required for the project and currently filled:

Position Title	Position Type (drop down menu)	Position Funding (drop down)	Name of Individual	Filled by Native?	Date Job Filled	Avg. # Hours Per Week	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends? (only for final reporting period)
				Yes No					
				Yes No					

C. CHALLENGES

1. Did your project face any challenges during this reporting period? ☐ Yes   ☐ No

2. If Yes, please describe your challenges in the table below:

Provide a description of the challenge	Did you overcome the challenge?	If Yes, please state how you overcame the challenge. If no, please identify your plan to address this challenge.
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

3. Would training or technical assistance benefit the project at this time? ☐ Yes ☐ No

4. Please describe the services you would like to receive.

D. FINANCIAL

1. Did you have trouble accessing funds through the Payment Management System (PMS) during this reporting period? ☐ Yes ☐ No

2. If Yes, please explain the problem and if it was resolved:

3. Have any changes requiring prior approval been made to your budget during this reporting period? ☐ Yes ☐ No

4. If Yes, please explain:

5. Provide the forecasted cash needs for this reporting period (from the SF-424A) and the actual expenditures (from the SF-425)? 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	$	$	$	$	$	$	$	$

5a. If forecasted and actual amounts for the quarter do not match, please explain why:

Q1:

Q2:

Q3:

Q4:

6. Do you anticipate obligating all of the Federal funds awarded for this budget period by the budget period's end? ☐ Yes ☐ No
    If No, please explain:

7. Do you have any pending amendments with ANA? ☐ Yes ☐ No

8. Did your project generate any program income as a result of project activities? ☐ Yes ☐ No

9. If yes, how much was generated and from what source?

10. How will the program income be utilized to support the project?

E. OTHER

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

F. NATIVE ASSET BUILDING INITIATIVE (NABI) GRANTS *(These questions should only be answered by NABI grantees).*

1. Please indicate the total number of IDAs opened during this reporting period and the saving goal for which the IDA was opened.

Number of IDAs opened	Number of Housing IDAs	Number of Business Capitalization IDAs	Number of Education IDAs	Reporting Period (drop down?)

2. Please indicate the type of financial education training held, and the number of individuals that have completed each training within the reporting period.

Type of Training	Individuals Completing Training	Reporting Period

3. Please indicate the number of individuals that have completed an asset purchase during this reporting period, and the number of assets purchased per savings goal.

Individuals Completing Asset Purchase	Number of Housing Assets	Number of Business Capitalization Assets	Number of Education Assets	Reporting Period (drop down)

4. Please indicate the amount used for asset purchase.

Total Amount of Asset Purchases	Total Amount for Housing Assets Purchases	Total Amount for Business Capitalization Assets Purchases	Total Amount for Education Asset Purchases	Reporting Period (drop down)

5. **"Non-Federal" Funding Deposited:** To date, how much "non-federal" cash have you deposited into 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). What is/are the source(s) of the matching funds you have secured? Please input this information in the table below.

Source	Amount	Date of Deposit	Asset Goals that this Funding will Support (ex. housing, business capitalization, education)

6. **Other Activities:** Do you have any additional comments you would like to share about your NABI project?