Proposed AFI PPR Long Form
Cover Page

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 3.8 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.

1. Federal Agency and Organization Element to Which Report is Submitted *Pre-populated from Notice of Award (NOA)*	2. Federal Grant or Other Identifying Number Assigned by Federal Agency *Pre-populated from NOA*	3a. DUNS Number *Pre-populated from NOA*
		3b. EIN *Pre-populated from NOA*
4. Recipient Organization (Name and complete address including zip code) *Pre-populated from NOA*		5. Optional: Recipient Identifying Number or Account Number *Optional, enter the account or other identifying number that the grantee has assigned to the award reported on this form.*
6. Project/Grant Period Start Date: *(MM/DD/YYYY)* End Date: (MM/DD/YYYY) *Pre-populated from NOA* Pre-populated from NOA*	7. Reporting Period End Date *(MM/DD/YYYY)* *Generated by OLDC*	8. Final Report? ☐ Yes ☐ No *Generated by OLDC*
		9. Report Frequency *Generated by OLDC*
10. Optional: Performance Narrative *Optional. Grantees that want to provide a performance narrative can upload the narrative as a file.*		
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.		

OMB Control No: 0970- XXXX
Expiration date: XX/XX/XXXX
Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

11a. Typed or Printed Name and Title of Authorized Certifying Official *Generated by OLDC, based on user account.*	11c. Telephone *(area code, number and extension)*
	11d. Email Address
11b. Signature of Authorized Certifying Official *Generated by OLDC, based on user account.*	11e. Date Report Submitted *(Month, Day, Year)* *Generated by OLDC*

AFI PPR Section A - Project Information and Administration				
Item	Data Element	Prior Report Data	Current Report Data	Instructions for Respondents
AFI-A001	AFI Project Name	*Pre-populated from prior report*		Enter the name of the AFI IDA project for this grant.
AFI-A002	Organization Website	*Pre-populated from prior report*		Enter the URL for your organization's website.
AFI-A003	Geographic Service Area	*Pre-populated from prior report*		The geographic service area for this project. Use generally available geographic and/or political boundaries such as cities, counties, etc.
AFI-A004	Service Area Type	*Pre-populated from prior report*	*Allow for multiple selections:* ☐ An Urbanized Area (UAs) of 50,000 or more people; ☐ An Urban Cluster (UCs) of at least 2,500 and less than 50,000 people; ☐ A Rural area	Select the service area type(s) for this project using U.S. Census Bureau data. • An Urbanized Area (UA) has 50,000 people or more; • An Urban Cluster (UC) has at least 2,500 people and less than 50,000 people; • Rural encompasses all population, housing, and territory not included within an urban area. Visit http://www.census.gov/geo/www/ua/2010urbanruralclass.html for more information. Find a list of all urbanized areas and urban clusters by selecting "List of 2010 Census Urban Areas" and opening the first Excel document, then search for the city or town in your service area.
AFI-A005	Target Population(s)	*Pre-populated from prior report*	*Allow for multiple selections:* ☐ African Americans	Select any target populations for this project. Target populations are those that the project is specifically

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			☐ Alaskan Natives ☐ Asians/Asian Americans ☐ EITC eligible individuals ☐ Families with children ☐ Hispanics/Latinos ☐ Individuals experiencing or at risk of homelessness ☐ Individuals who are incarcerated or formerly incarcerated ☐ Individuals with disabilities ☐ Native Americans ☐ Native Hawaiians/Pacific Islanders ☐ Refugees/immigrants ☐ Seasonal/migrant workers ☐ Survivors of domestic violence ☐ TANF eligible individuals ☐ Youth (ages 13-18 years) ☐ No specific target population (all AFI eligible individuals)	targeting and recruiting for their AFI project. If the project is not actively recruiting any specific population listed, select "No specific target population (all AFI eligible individuals)"

Non-Federal Cash Match Sources

Instructions for Respondents:
In this section, report the sources of the required non-federal cash match expected for this AFI grant, indicating the type of source and the amount. Both committed funds that have not yet been received by the grantee and funds that have been received should be reported here. Do not include non-federal cash in excess of the amount required for this grant. For example, if your organization has received $20,000 from a foundation and a commitment from that same foundation for $80,000 all to be used as non-federal match for the same AFI grant, you would select Third-party Organization - Foundation as the source type and enter $100,000 as the amount of funds committed for Source A. If you have a second non-federal cash match source, select ADD ANOTHER NON-FEDERAL CASH SOURCE to then enter information for Source B, and so on. ADD ANOTHER NON-FEDERAL CASH SOURCE for each commitment. For example, if your organization has a commitment from Financial Institution 1 for $10,000 and Financial Institution 2 for $5,000, list them separately, using ADD ANOTHER NON-FEDERAL CASH SOURCE to do so.

Item	Data Elements		
		Non-Federal Cash Source Type	Amount of Funds Committed

AFI-A006a	Source A	*Select only one:*
		☐ Grantee organization
		☐ Individual(s)
		• Legislative governmental entity
		    ☐ State legislative entity
		    ☐ Tribal legislative entity
		    ☐ County legislative entity
		    ☐ City legislative entity
			$

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		☐ Other legislative entity (please specify)
		• Third-party organization
		     ☐ Foundation
		     ☐ Financial Institution
		     ☐ Non-profit service organization
		     ☐ Other third-party organization (please specify)
		☐ Other (please specify)		

ADD ANOTHER NON-FEDERAL CASH SOURCE (*repeat prior row as AFI A006 b, etc.*)

Reserve Fund Deposits and Expenditures

Item	Data Element	Prior Report Data	Current Report Data	Instructions for Respondents
AFI-A007	Amount of federal AFI award.	*Pre-populate from NOA. Does not change over time.*		The federal AFI grant amount will be pre-populated based on the Notice of Award.
AFI-A008	Amount of federal AFI award drawn down from the Payment Management System (PMS) grantee through the last day of this reporting period.	*Pre-populated from prior report*	$	This figure is the total amount of federal funds for this grant drawn down from the HHS Payment Management System (PMS).
AFI-A009	Total amount of required non-federal funds for this project **received** by the grantee through the last day of this reporting period.	*Pre-populated from prior report*	$	Enter the total amount of required non-federal funds for this grant received as of the reporting period end date. This figure includes both non-federal funds on hand (e.g. deposited in the Reserve Fund and in parallel accounts/IDAs as matching contributions) and expended as of the reporting period end date. Funds that have been committed but not yet received would not be included here. For example, if you receive $20,000 annually from your non-federal funder, reports in your first year would list $20,000, reports in your second year would list $40,000, and so on. Organizations that are providing the non-federal match from their own funds should only report non-federal funds actually transferred to/deposited in the AFI project Reserve Fund. NOTE: This number should be at least as much as item AFI-A008 and not greater than 100% of your federal award. AFI grantees should not draw down more federal funds than the amount of required non-federal funds they have received into their Reserve Fund.

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AFI-A010	Total amount of federal AFI funds expended through the last day of this reporting period for allowable project costs **other than AFI IDA holder match.**	*Pre-populated from prior report*	$	Enter the cumulative amount of federal funds that the grantee has actually expended from this AFI grant for costs other than matching AFI IDA holder savings. Per Section 407(c)(3) of the AFI Act, grantees may not spend more than 15 percent of the AFI grant funds for purposes other than matching AFI IDA holders earned income deposits. Specifically: • Not less than 2 percent of the federal AFI grant funds shall be used for the collection of data and other information required for evaluation. • Up to 5.5 percent of federal AFI grant funds may be used for non-administrative functions as follows: assisting AFI IDA holders in the demonstration project in obtaining the skills and information necessary to achieve economic self-sufficiency. • Administrative costs, including program management, reporting requirements, recruitment and enrollment of individuals, and monitoring, may be up to 7.5 percent of the federal AFI grant funds. If the non-administrative function costs are less than 5.5 percent, the excess may be used for administrative costs, provided that the combined administrative and non-administrative expenditures do not exceed 13 percent of the federal AFI grant funds. Expenditures of non-federal project funds and any expenditures of interest earned should NOT be included in this figure.
AFI-A011	Total amount of non-federal funds expended through the last day of this reporting period for allowable project costs **other than AFI IDA holder match.**	*Pre-populated from prior report*	$	Enter the cumulative amount of the required non-federal funds actually expended for this grant for costs other than matching AFI IDA holder savings. Do not include the value of any in-kind contributions to the project, as the AFI Act requires that the non-federal match be cash. Do not include expenditures of any non-federal funds in excess of the amount required for this grant. Any expenditures of interest earned should NOT be included in this figure.

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Project Partner Information NOTE: For the fields below, report only on project partners that independently open and administer AFI Individual Development Accounts (IDAs) under this AFI grant. The project partners are often called sub-grantees or sub-recipients.				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-A012	Number of project partners who open AFI IDAs.	*Pre-populated from prior report*		Enter the number of project partners that independently open and administer AFI IDAs. If your organization does not have project partners, enter 0.
AFI-A013	Names of project partner organization(s).	*Pre-populated from prior report*	*Upload a file.*	Upload a Word, Excel, or PDF file that lists the full name project partners that independently open and administer AFI IDAs, acronyms will not be accepted. The number of partners on that list must be the same as the number reported in AFI-A012. Documents that include project partners' contact information are preferred, but not required. If you entered 0 in AFI-A012, do not upload a file.

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AFI PPR Section B - IDA Design NOTE: In this section, report the IDA design types your organization uses. For example, if your organization offers a Fast Track IDA that features expedited saving, and a Standard IDA that offers savings over three years, complete this section twice, reporting on the differences in the design type. If your organization provides different match rates based on type of qualified expense, complete this form for each match rate. For example, if you organization offers a 3:1 match for first-home purchase, and a 2:1 match for business capitalization, complete this form twice. If your organization only offers one IDA design type, complete the section only once.			
Individual Development Account Design Type A			
Item	**Data Element**		**Instructions for Respondents**
AFI-B001	What qualified expenses (i.e., asset types) are allowed for this IDA design type?	*Select all that apply:* ☐ First-home purchase ☐ Postsecondary education or training ☐ Business capitalization ☐ Transfer of an IDA to a dependent or spouse	Select all that apply.
AFI-B002	Match rate.	*(value between 1-8)*	Enter the match rate for this IDA design type.
AFI-B003	Maximum AFI IDA holder savings matched.	$	Enter the maximum amount of AFI IDA holder savings that the project will match for this IDA design type.
AFI-B004	Is there a maximum saving period?	☐ Y ☐ N	Select Y for Yes or N for No.
AFI-B005	Maximum saving period in months.	_____ months *If prior response is N, skip.*	Enter the maximum saving period in months for AFI IDA holders saving in this IDA design type.
AFI-B006	Is there a minimum opening deposit?	☐ Y ☐ N	Select Y for Yes or N for No.
AFI-B007	Minimum opening deposit.	$ *If prior response is N, skip.*	Enter the minimum opening deposit for AFI IDA holders saving in this IDA design type.
AFI-B008	Is there a deposit frequency requirement?	☐ Y ☐ N	Select Y for Yes or N for No.
AFI-B009	Required deposit frequency.	*If prior response is N, skip.* ☐ Monthly ☐ Quarterly ☐ Other_____	Enter the required frequency of deposits for AFI IDA holders saving in this IDA design type.
AFI-B010	Is there a minimum regular deposit?	☐ Y ☐ N	Select Y for Yes or N for No.
AFI-B011	Minimum regular deposit.	$ *If prior response is N, skip.*	Enter the minimum regular deposit for AFI IDA holders saving in this IDA design type.
AFI-B012	Are lump sum deposits allowed?	☐ Y ☐ N	Select Y for Yes or N for No.
AFI-B013	Are there any limitations on lump sum deposits?	☐ Y ☐ N *If prior response is N, skip.*	Select Y for Yes or N for No.
AFI-B014	Limitations on lump sum deposits.	*If prior response is N, skip.*	Describe the limitations on lump sum deposits (e.g. amount of lump sum deposits, frequency of lump sum deposits).
AFI-B015	Is there a maximum number of missed deposits?	☐ Y ☐ N	Select Y for Yes or N for No.

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AFI-B016	Maximum number of missed deposits. *If prior response is N, skip.*	Enter the maximum number of missed deposits allowed for AFI IDA holders saving in this IDA design type.
ADD ANOTHER IDA DESIGN TYPE *(replicates all fields above to be completed again: Type B, Type C, etc.)*		

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AFI PPR Section C – AFI IDA Holder Account Activity				
NOTE: In this section, report cumulative data for this grant, i.e. data from the date of award through the end of this reporting period, unless otherwise specified.				
AFI IFA Holder Enrollment and Active IDA Information				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-C001	Total number of individuals who have applied for an AFI IDA.	*Pre-populated from prior report*	*Check, must be equal to or greater than the number pre-populated from the prior report.*	Enter the number of individuals who applied for an AFI IDA.
AFI-C002	Total number of applicants found eligible.	*Pre-populated from prior report*	*Check, must not be greater than C001*	Enter the number of applicants who were found eligible for an AFI IDA.
AFI-C003	Total number of AFI IDAs opened.	*Pre-populated from prior report*	*Check, must not be greater than C002*	Enter the total number of IDAs opened under this grant. Include accounts transferred to this AFI IDA project from another AFI IDA project held by your organization.
AFI-C004	Current total number of AFI IDAs open.	*Pre-populated from prior report*	*Check, must not be greater than C003*	Enter the number AFI IDAs open under this grant as of the last day of this reporting period. **(Not cumulative.)**
AFI-C005	Total number of AFI IDAs transferred to this grant from a different AFI grant held by your organization.	*Pre-populated from prior report*		Enter the number of AFI IDAs transferred to this grant that were previously part of a different AFI IDA project held by your organization.
AFI-C006	Total amount of AFI IDA holder savings deposits in AFI IDAs.	*Pre-populated from prior report*	$	Enter the total amount of savings that AFI IDA holders have deposited into AFI IDAs under this grant.
AFI-C007	Current total amount of AFI IDA holder savings balances in AFI IDAs.	*Pre-populated from prior report*	$ *Check, must not be greater than C006*	Enter the balance amount of AFI IDA holder savings in AFI IDAs under this grant as of the last day of this reporting period. **(Not cumulative.)**
AFI-C008	Total number of AFI IDA holders who have met all requirements for making a matched withdrawal, but have not made a matched withdrawal.	*Pre-populated from prior report*		Enter the number of AFI IDA holders who have completed all requirements for making a matched withdrawal (e.g. saved for at least six months, reached savings goal, had business plan approved), but have not made a matched withdrawal.
AFI-C009	Total number of AFI IDA holders that selected first-home purchase as intended goal at enrollment.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders that selected first-home purchase as intended goal at enrollment
AFI-C010	Total number of AFI IDA holders that selected business capitalization as intended goal at enrollment.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders that selected business capitalization as intended goal at enrollment.

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AFI-C011	Total number of AFI IDA holders that selected postsecondary education or training as intended goal at enrollment.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders that selected postsecondary education or training as intended goal at enrollment.
AFI-C012	Total number of AFI IDA holders that selected transfer of an IDA to a dependent or spouse as intended goal at enrollment.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders that selected transfer of an IDA to a dependent or spouse as intended goal at enrollment.
AFI-C13	Optional: Number of people on the waiting list to open an AFI IDA because all available slots are full.	*Pre-populated from prior report*		This is an optional question; no reply is required. Enter the number of people who are on the waiting list to open an AFI IDA on the last day of this reporting period.
Matched Withdrawals for First-Home Purchase				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-C014	Does this project allow the use of AFI IDA savings for first-home purchase?	*Pre-populated from prior report*	☐ Y ☐ N *If no, remaining fields in the section would be skipped.*	Select Y for Yes or N for No.
AFI-C015	Total number of AFI IDA holders who made a matched withdrawal for first-home purchase.	*Pre-populated from prior report*		Enter the number of AFI IDA holders who withdrew their AFI IDA savings for authorized first-home purchase expenses.
AFI-C016	Total amount of AFI IDA holder savings withdrawn for first-home purchase.	*Pre-populated from prior report*	$	Enter the amount of AFI IDA holder savings withdrawn for first-time home purchase withdrawals from date of award through the last day of this reporting period. Do not include match funds.
AFI-C017	Total amount of federal AFI grant funds disbursed as matching funds for first-home purchase withdrawals.	*Pre-populated from prior report*	$	Enter the amount of federal AFI grant funds disbursed as matching funds for first-home purchase withdrawals.
AFI-C018	Total amount of non-federal cash disbursed as matching funds for first-home purchase withdrawals.	*Pre-populated from prior report*	$ *Check, cannot be less than C017*	Enter the amount of non-federal cash disbursed as matching funds for first-home purchase withdrawals.
Matched Withdrawals For Business Capitalization				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-C019	Does this project allow use of AFI IDA savings for business capitalization?	*Pre-populated from prior report*	☐ Y ☐ N *If no, remaining fields in the section would be skipped.*	Select Y for Yes or N for No.
AFI-C020	Total number of AFI IDA holders who made a matched withdrawal for business capitalization.	*Pre-populated from prior report*		Enter the number of AFI IDA holders who withdrew their AFI IDA savings for authorized business capitalization expenses.

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AFI-C021	Total amount of AFI IDA holder savings withdrawn for business capitalization.	*Pre-populated from prior report*	$	Enter the amount of AFI IDA holder savings withdrawn from an AFI IDA for authorized business capitalization expenses. Do not include match funds.
AFI-C022	Total amount of federal AFI grant funds disbursed as matching funds for business capitalization withdrawals.	*Pre-populated from prior report*	$	Enter the amount of federal AFI grant funds disbursed as matching funds for authorized business capitalization expenses.
AFI-C023	Total amount of non-federal cash disbursed as matching funds for business capitalization withdrawals.	*Pre-populated from prior report*	$ *Check, cannot be less than C022*	Enter the amount of non-federal cash disbursed as matching funds for authorized business capitalization expenses.
Matched Withdrawals For Postsecondary Education or Training				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-C024	Does this project allow use of AFI IDA savings to pay for postsecondary education or training?	*Pre-populated from prior report*	☐ Y ☐ N *If no, remaining fields in the section would be skipped.*	Select Y for Yes or N for No.
AFI-C025	Total number of AFI IDA holders who made a matched withdrawal for postsecondary education or training.	*Pre-populated from prior report*		Enter the number of AFI IDA holders who withdrew AFI IDA savings for authorized postsecondary education or training expenses.
AFI-C026	Total amount AFI IDA holder savings withdrawn for postsecondary education or training.	*Pre-populated from prior report*	$	Enter the amount of AFI IDA holder savings withdrawn from an AFI IDA for authorized postsecondary education or training expenses. Do not include match funds.
AFI-C027	Total amount of federal AFI grant funds disbursed as matching funds for postsecondary education or training withdrawals.	*Pre-populated from prior report*	$	Enter the amount of federal AFI grant funds disbursed as matching funds for authorized postsecondary education or training expenses.
AFI-C028	Total amount of non-federal cash disbursed as matching funds for postsecondary education or training withdrawals.	*Pre-populated from prior report*	$ *Check, cannot be less than C027*	Enter the amount of non-federal cash disbursed as matching funds for authorized postsecondary education or training expenses.
Matched Withdrawals For Transfers to the AFI IDA of a Dependent or Spouse				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-C029	Does this project allow use of AFI IDA savings for a transfer to the AFI IDA of a dependent or spouse?	*Pre-populated from prior report*	☐ Y ☐ N *If no, remaining fields in the section would be skipped.*	Select Y for Yes or N for No.
AFI-C030	Total number of AFI IDA holders who made a matched withdrawal for a transfer to the AFI IDA of a dependent or spouse.	*Pre-populated from prior report*		Enter the number of AFI IDA holders who withdrew AFI IDA savings for an authorized transfer to a spouse's or dependent's AFI IDA.

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AFI-C031	Total amount of AFI IDA holder savings withdrawn for a transfer to the AFI IDA of a dependent or spouse.	*Pre-populated from prior report*	$	Enter the amount of AFI IDA holder savings withdrawn from an AFI IDA for transfer to the AFI IDA of a spouse of dependent. Do not include match funds.
AFI-C032	Total amount of federal AFI grant funds disbursed as matching funds for a transfer to the AFI IDA of a dependent or spouse.	*Pre-populated from prior report*	$	Enter the amount of federal AFI grant funds disbursed as matching funds for authorized IDA transfers.
AFI-C033	Total amount of non-federal cash contribution disbursed as matching funds for a transfer to the AFI IDA of a dependent or spouse.	*Pre-populated from prior report*	$ *Check, cannot be less than C032*	Enter the amount of non-federal cash contribution disbursed as matching funds for transfer to AFI IDA of a dependent or spouse.
Total Matched Withdrawals				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-C034	Total number of AFI IDA holders who made a matched withdrawal for any allowable use.	*Pre-populated from prior report*	*Auto-calculation of amounts from the four categories above: C015, C020, C025, C030*	Field is calculated automatically based on what has been entered in the prior sections.
AFI-C035	Total number of AFI IDA holders who made matched withdrawals in multiple asset categories.	*Pre-populated from prior report*		Enter the number of AFI IDA holders making withdrawals in multiple asset categories. For example, if an AFI IDA holder makes one matched withdrawal for post-secondary training and makes additional matched withdrawals for business capitalization.
AFI-C036	Total amount of AFI IDA holder savings withdrawn from an AFI IDA for a matched withdrawal.	*Pre-populated from prior report*	$ *Auto-calculation of amounts from the four categories above: C016, C021, C026, C031*	Field is calculated automatically based on what has been entered in the prior sections.
AFI-C037	Total amount of federal AFI grant funds disbursed as matching funds for matched withdrawals.	*Pre-populated from prior report*	$ *Auto-calculation of amounts from the four categories above: C017, C022, C027, C032*	Field is calculated automatically based on what has been entered in the prior sections.

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AFI-C038	Total amount of non-federal cash disbursed as matching funds for matched withdrawals.	*Pre-populated from prior report*	$ *Auto-calculation of amounts from the four categories above: C018, C023, C028, C033*	Field is calculated automatically based on what has been entered in the prior sections.
AFI-C039	Total number of AFI IDAs closed following matched withdrawals by the AFI IDA holder.	*Pre-populated from prior report*		Enter the number of AFI IDAs closed when AFI IDA holders withdrew their savings and received match funds for an authorized matched withdrawal.
Unmatched Withdrawals for AFI Act Emergency Withdrawal Purposes				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-C040	Total number of AFI IDA holders who made an emergency withdrawal for expenses for medical care or necessary to obtain medical care.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders who made authorized emergency withdrawals for expenses for medical care or necessary to obtain medical care for the AFI IDA holder or the spouse or dependent of the AFI IDA holder.
AFI-C041	Total amount of AFI IDA holder savings withdrawn for expenses for medical care or necessary to obtain medical care.	*Pre-populated from prior report*	$	Enter the total amount of AFI IDA holder savings withdrawn for expenses for medical care or necessary to obtain medical care for the AFI IDA holder or the spouse or dependent of the AFI IDA holder.
AFI-C042	Total number of AFI IDA holders who made an emergency withdrawal for payments necessary to prevent eviction or foreclosure.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders who made authorized emergency withdrawals for payments necessary to prevent the eviction of the AFI IDA holder from their residence, or foreclosure on the mortgage for the principal residence of the AFI IDA holder.
AFI-C043	Total amount of AFI IDA holder savings withdrawn for payments necessary to prevent eviction or foreclosure.	*Pre-populated from prior report*	$	Enter the total amount of AFI IDA holder savings withdrawn for payments necessary to prevent the eviction of the AFI IDA holder from their residence, or foreclosure on the mortgage for the principal residence of the AFI IDA holder.
AFI-C044	Total number of AFI IDA holders who made an emergency withdrawal for payments to meet necessary living expenses following loss of employment.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders who made authorized emergency withdrawals for payments necessary to enable the AFI IDA holder to meet necessary living expenses following loss of employment.

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AFI-C045	Total amount of AFI IDA holder savings withdrawn for payments to meet necessary living expenses following loss of employment.	*Pre-populated from prior report*	$	Enter the total amount of AFI IDA holder savings withdrawn from AFI IDAs for payments necessary to enable the AFI IDA holder to meet necessary living expenses following loss of employment.
AFI-C046	Total number of AFI IDA holders making withdrawals for emergency purposes defined by AFI legislation.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders making withdrawals for emergency purposes defined by AFI legislation for all account types. If you provided the number of AFI IDA holders making withdrawals by type of emergency purpose this amount should equal to the sum of C040, C042, and C044 if reported above.
AFI-C047	Total amount of AFI IDA holder savings withdrawn for emergency purposes defined by AFI legislation.	*Pre-populated from prior report*	$	Enter the total amount of AFI IDA holder savings making withdrawals for emergency purposes defined by AFI legislation for all account types. If you provided the amount of AFI IDA holder savings withdrawal by type of emergency purpose, this amount should equal to the sum of C041, C043, and C045 if reported above.
AFI-C048	Total amount AFI IDA holder savings deposited to replenish AFI IDAs after authorized emergency withdrawals.	*Pre-populated from prior report*	$	Enter the total amount of AFI IDA holder savings deposited to replenish AFI IDAs after authorized emergency withdrawals.
Project Exit Without a Matched Withdrawal				
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Instructions for Respondents**
AFI-C049	Total number of AFI IDA holders who withdrew their savings and exited the project due to a financial need or emergency not covered by the AFI Act.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders who withdrew their savings and exited the project due to a financial need or emergency not covered by the AFI Act.
AFI-C050	Total amount of AFI IDA holder savings withdrawn by AFI IDA holders that exited the project due to a financial need or emergency not covered by the AFI Act.	*Pre-populated from prior report*	$	Enter the total amount of AFI IDA holder savings withdrawn by AFI IDA holders that exited the project due to a financial need or emergency not covered by the AFI Act.
AFI-C051	Total number of AFI IDA holders transferred to a different AFI grant held by your organization.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders transferred to a different AFI grant held by your organization.

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-C052	Total amount of AFI IDA holder savings re-assigned to a different AFI grant held by your organization.	*Pre-populated from prior report*	$	Enter the total amount of AFI IDA holder savings re-assigned to a different AFI grant held by your organization due to transferring the AFI IDA holder to a different grant.
AFI-C053	Total number of AFI IDA holders who were terminated from the project because the AFI IDA holder did not meet project requirements.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders who were terminated from the project because the AFI IDA holder did not meet project requirements (e.g. failure to replenish emergency withdrawal within 12 months, did not meet required project deposit frequency, etc.).
AFI-C054	Total amount of AFI IDA holder savings withdrawn due to termination from the project because the AFI IDA holder did not meet project requirements.	*Pre-populated from prior report*	$	Enter the total amount of AFI IDA holder AFI IDA savings withdrawn due to termination from the project because the AFI IDA holder did not meet project requirements (e.g. failure to replenish emergency withdrawal within 12 months, did not meet required project deposit frequency, etc.).
AFI-C055	Total number of AFI IDA holders who withdrew their savings and exited the project for any other reason.	*Pre-populated from prior report*		Enter the total number of AFI IDA holders who withdrew their savings and exited the project for any other reason. Please include here any AFI IDA holders that were not able to make a matched withdrawal and exited the project due to moving out of your service area, death, etc.
AFI-C056	Total amount of AFI IDA holder savings withdrawn due to project exit for any other reason.	*Pre-populated from prior report*	$	Enter the total number of AFI IDA holders who withdrew their savings and exited the project for any other reason. Please include here any AFI IDA holders that were not able to make a matched withdrawal and exited the project due to moving out of your service area, death, etc.
AFI-C057	Total number of AFI IDA holders who exited this project without a matched withdrawal.	*Pre-populated from prior report*	*Auto-calculation of amounts from the four categories above: C049, C051, C053, C055*	Field is calculated automatically based on what has been entered in the prior fields.
AFI-C058	Total amount of AFI IDA holder savings withdrawn/re-assigned due to project exit for any reason without a matched withdrawal.	*Pre-populated from prior report*	$ *Auto-calculation of amounts from the four categories above: C050, C052, C054, C056*	Field is calculated automatically based on what has been entered in the prior fields.

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI PPR Section D –Training, Services And Assistance Offered for AFI IDA Holders Note: In this section, partner refers to any organization or entity that the grantee has partnered with to provide services for AFI IDA holders. This could include project partners who independently open and administer AFI IDAs, nonprofits, local government, financial institutions, and other partners who provide financial education, case management, financial assistance, or other services to AFI IDA holders.		
Item	**Data Element**	**Instructions for Respondents**
	Economic Literacy or Financial Education	
AFI-D001	Availability of economic literacy or financial education for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Economic literacy or financial education is one or more workshops or classes that involve the transfer of information, often in a group setting, on a specific set of topics such as how to budget, use mainstream financial products, save, manage credit, reduce debt, access available tax credits, and more. Select one of the boxes to indicate whether economic literacy or financial education services were offered to AFI IDA holders. If the AFI project did not offer this particular service, select *Not available from this project*.
AFI-D002	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D003	How was economic literacy or financial education provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D004	Total number of unique AFI IDA holders who received economic literacy or financial education.		Enter the cumulative number of **unduplicated** AFI IDA holders who received economic literacy or financial education, from the date of award until the end of the reporting period. Do not count individuals more than once.
Item	**Asset Specific Education or Training For First-Home Purchase**	**Response**	
AFI-D005	Availability of first-home purchase asset specific education or training for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Asset specific education or training for first-home purchase is training or counseling services that help AFI IDA holders understand the benefits, liabilities, and responsibilities of home ownership. This may include: home selection, financing, insurance, and other information and skill development opportunities intended to improve the likelihood of successful purchase and retention of a primary residence. Select the appropriate box that indicates whether asset specific education or training for first-home purchase is offered to AFI IDA holders. If the AFI project does not offer this service, select *Not available from this project*.
AFI-D006	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D007	How was asset specific education or training for first-home purchase provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D008	Total number of unique AFI IDA holders who received asset specific education or training for a first-home purchase.		Enter the cumulative number of **unduplicated** AFI IDA holders who received asset specific education or training for their first-home IDA. Do not count individuals more than once.
Item	**Asset Specific Education or Training For Business Capitalization**	**Response**	
AFI-ED009	Availability of business capitalization asset specific education or training for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Asset specific education or training for business capitalization is training or counseling services that help AFI IDA holders understand the benefits, liabilities, and responsibilities of business capitalization. This may include: business planning assistance, business financial management, market research, and other services that help develop a business. Select the appropriate box that indicates whether asset specific education or training for business capitalization is offered to AFI IDA holders. If the AFI project does not offer this service, select *Not available from this project.*
AFI-D010	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D011	How was asset specific education or training for business capitalization provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D012	Total number of unique AFI IDA holders who received asset specific education or training for business capitalization.		Enter the cumulative number of **unduplicated** AFI IDA holders who received asset specific education or training for their business capitalization IDA.

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

Item	Asset Specific Education or Training For Postsecondary Education or Training	Response	
AFI-D013	Availability of postsecondary education or training asset specific education for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Asset specific education or training for postsecondary education is training or counseling that help AFI IDA holders have the knowledge and skills necessary as they work toward their academic/vocational goals. This may include: developing an educational plan, assessing academic goals, and planning financial aid. Select the appropriate box that indicates whether asset specific education or training for postsecondary is offered to AFI IDA holders. If the AFI project does not offer this service, select *Not available from this project.*
AFI-D014	If required, describe requirement.	Hours- Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D015	How was asset specific education or training for postsecondary education or training provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D016	Total number of unique AFI IDA holders who received asset specific education or training for postsecondary education.		Enter the cumulative number of **unduplicated** AFI IDA holders who received asset specific education or training for their postsecondary education IDA. Do not count individuals more than once.

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

Item	Financial Counseling or Coaching	Response	
AFI-D017	Availability of financial counseling or coaching for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Financial counseling is individual one-on-one sessions driven by the counselor to help clients address specific financial matters. Financial coaching is multiple one-on-one interactions that empower clients to set and achieve their unique financial goals through behavior change and skill development. Select one of the boxes to indicate whether financial counseling services were offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D018	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D019	How was financial counseling or coaching provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D020	Total number of unique AFI IDA holders who received financial counseling or coaching.		Enter the cumulative number of **unduplicated** AFI IDA holders who received financial counseling or coaching, from the date of award until the end of the reporting period. Do not count individuals more than once.
Item	Budgeting Assistance	Response	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D021	Availability of budgeting assistances for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Budgeting assistance involves working with AFI IDA holders to develop a systematic and itemized plan allocating available income for expected expenditures during a given time period. Select one of the boxes to indicate whether budgeting assistance was offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D022	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D023	How was budgeting assistance provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D024	Total number of unique AFI IDA holders who received budgeting assistance.		Enter the cumulative number of **unduplicated** AFI IDA holders who received budgeting assistance, from the date of award until the end of the reporting period. Do not count individuals more than once.
Item	**Credit Counseling**	**Response**	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D025	Availability of credit counseling for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Credit counseling helps people manage and reduce debt and take positive steps to improve their credit. For example, a credit counselor might work with an individual to review his credit report, identify outstanding debts, and develop a plan for paying down those debts. Select the appropriate response. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D026	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D027	How was credit counseling provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D028	Total number of unique AFI IDA holders who received credit counseling.		Enter the cumulative number of **unduplicated** AFI IDA holders who received credit counseling, from the date of award until the end of the reporting period. Do not count individuals more than once.
Item	**Loans**	**Response**	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D029	Availability of loans for AFI IDA holders.	Select one: ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Loans refer to funds given to individuals or families that do need to be repaid, with or without interest. Select one of the boxes to indicate whether or not loans are available to AFI IDA holders under this project.
AFI-D030	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-ED031	How were loans provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D032	Total number of unique AFI IDA holders who participated in a loan program.		Enter the cumulative number of **unduplicated** AFI IDA holders who participated in a loan program, from the date of award until the end of the reporting period. Do not count individuals more than once.
Item	**Peer Support**	**Response**	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D033	Availability of peer support for AFI IDA holders.	Select one: ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Peer support may be provided in a number of ways such as discussion groups and list servs. For the purposes of the AFI program, peer support is defined as a formalized approach on the part of the grantee to facilitate communication among AFI IDA holders in order to share knowledge about shared challenges and experiences within the program. Select one of the boxes to indicate whether peer support services were offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D034	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D035	How was peer support provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D036	Total number of unique AFI IDA holders who received peer support.		Enter the cumulative number of **unduplicated** AFI IDA holders who received peer support, from the date of award until the end of the reporting period. Do not count individuals more than once.
Item	**Mentoring**	**Response**	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D037	Availability of mentoring for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Mentoring is a one-to-one relationship in which an experienced person is identified to counsel and assist an AFI IDA holder to develop specific skills and knowledge that will enhance AFI IDA holders' personal ability to become self-sufficient. Select one of the boxes to indicate whether mentoring services were offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D038	If required, describe requirement.	Hours - Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D039	How was mentoring provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D040	Total number of unique AFI IDA holders who received mentoring.		Enter the cumulative number of **unduplicated** AFI IDA holders who received mentoring, from the date of award until the end of the reporting period. Do not count individuals more than once.
Item	Case Management	Response	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D041	Availability of case management for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Case management is the coordination of multiple social services by a designated professional responsible for assessing IDA needs and implementing plans of coordinated, ongoing care or support services such as housing, employment, social relationships, and community participation. Select one of the boxes to indicate whether case management services were offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D042	If required, describe requirement.	Hours- Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D043	How was case management provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D044	Total number of unique AFI IDA holders who received case management.		Enter the cumulative number of **unduplicated** AFI IDA holders who received case management. Do not count individuals more than once.
Item	**Employment Support**	**Response**	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D045	Availability of employment support for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project and optional ☐ Available from this project and required *If not available, skip to next service. If optional, skip next question.*	Employment support includes services that help an individual become and stay employed. Select one of the boxes to indicate whether employment support services were offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D046	If required, describe requirement.	Hours- Other -	Enter the number of hours of this service your organization requires AFI IDA holders to complete. Only enter hours for requirements that are standard for all AFI IDA holders. For example if online financial education is required, but the time it takes each AFI IDA holder to complete the course varies, please report that requirement in the other section. If your organization requires verification other than, or in addition to hours, such as a training plan, describe the requirement in the other box. The other field can be completed in addition to reporting to reporting hours.
AFI-D047	How was employment support provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D048	Total number of unique AFI IDA holders who received employment support.		Enter the cumulative number of **unduplicated** AFI IDA holders who received employment support, from the date of award until the end of the reporting period. Do not count individuals more than once.
Item	**Cash Assistance**	**Response**	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D049	Availability of cash assistance for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project *If not available, skip to next service.*	Cash assistance refers to funds given to individuals or families that do not need to be repaid. Select one of the boxes to indicate whether cash assistance was offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D050	How was cash assistance provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D051	Total number of unique AFI IDA holders who received cash assistance.		Enter the cumulative number of **unduplicated** AFI IDA holders who received cash assistance. Do not count individuals more than once.
Item	**Child Care**	**Response**	
AFI-D052	Availability of child care for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project € *If not available, skip to next service.*	Child care refers to services to take care of children. Select one of the boxes to indicate whether child care services were offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D053	How was child care provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D054	Total number of unique AFI IDA holders who received child care.		Enter the cumulative number of **unduplicated** AFI IDA holders who received child care. Do not count individuals more than once.
Item	**Transportation**	**Response**	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D055	Availability of transportation for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project *If not available, skip to next service.*	Transportation refers to services to help transport individuals. Select one of the boxes to indicate whether child care services were offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D056	How was transportation provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D057	Total number of unique AFI IDA holders who received transportation.		Enter the cumulative number of **unduplicated** AFI IDA holders who received transportation. Do not count individuals more than once.
Item	**Medical Treatment**	**Response**	
AFI-D058	Availability of medical treatment for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project *If not available, skip to next service.*	Medical treatment refers to medical treatment provided to individuals. Select one of the boxes to indicate whether medical treatment was offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D059	How was medical treatment provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D060	Total number of unique AFI IDA holders who received medical treatment.		Enter the cumulative number of **unduplicated** AFI IDA holders who received medical treatment. Do not count individuals more than once.
Item	**Crisis Management**	**Response**	

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-D061	Availability of crisis management services for AFI IDA holders.	*Select one:* ☐ Not available from this project ☐ Available from this project *If not available, skip to next service.*	Crisis management refers to services provided to individuals or families to cope with sudden and/or significant negative events. Select one of the boxes to indicate whether crisis management services were offered to AFI IDA holders. If the AFI project did not offer this particular service, check *Not available from this project.*
AFI-D062	How was crisis management provided?	*Select all that apply:* ☐ By the grantee ☐ By a partner	Select whether the service was offered by the grantee, a partner, or both.
AFI-D063	Total number of unique AFI IDA holders who received crisis management services.		Enter the cumulative number of **unduplicated** AFI IDA holders who received crisis management. Do not count individuals more than once.

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI PPR Section E - AFI IDA holder Demographics at the Time of Enrollment					
		A-All IDA Holders		**B-IDA Holders Who Made Matched Withdrawals**	
		Instructions for Respondents: Enter the cumulative, unduplicated number of AFI IDA holders for each self-reported demographic category at time of enrollment from date of award through last day of this reporting period. Do not count individuals more than once.		Instructions for Respondents: Enter the cumulative, unduplicated number of AFI IDA holders that made matched withdrawals for each self-reported demographic category at time of enrollment from date of award through last day of this reporting period. Do not count individuals more than once. \ NOTE: The demographic information was recorded at the time of enrollment, but it is only reported for column B **after** the IDA holder has made a matched withdrawal.	
Item	**Data Element**	**Prior Report Data**	**Current Report Data**	**Prior Report Data**	**Current Report Data**
AFI-E001 a, b	IDA Holder Gender – Unduplicated number of AFI IDA holders self-reported in each demographic category.	*Pre-populated from prior report*	____ Female ____ Male ____ Other ____ Declined to ID	*Pre-populated from prior report*	____ Female ____ Male ____ Other ____ Declined to ID
AFI-E002 a, b	IDA Holder Race – Unduplicated number of AFI IDA Holders self-reported in each demographic category.	*Pre-populated from prior report*	____ Black ____ Asian or Pacific Islander ____ White ____ American Indian or Alaskan Native ____ Multiracial ____ Unknown ____ Declined to ID	*Pre-populated from prior report*	____ Black ____ Asian or Pacific Islander ____ White ____ American Indian or Alaskan Native ____ Multiracial ____ Unknown ____ Declined to ID
AFI-E003 a, b	IDA Holder Ethnicity – Unduplicated number of AFI IDA Holders self-reported in each demographic category.	*Pre-populated from prior report*	____ Hispanic or Latino ____ Not Hispanic or Latino ____ Declined to ID	*Pre-populated from prior report*	____ Hispanic or Latino ____ Not Hispanic or Latino ____ Declined to ID

Fields highlighted in yellow are initially optional, as grantees phase-in data collection for these new data elements.

AFI-E004 a, b	IDA Holder Age – Unduplicated number of AFI IDA Holders self-reported in each demographic category.	*Pre-populated from prior report*	____ 19 years and under ____ 20-29 years ____ 30-39 years ____ 40-49 years ____ 50 years and older ____Declined to ID	*Pre-populated from prior report*	____ 19 years and under ____ 20-29 years ____ 30-39 years ____ 40-49 years ____ 50 years and older ____Declined to ID
AFI-E005 a, b	Marital Status – Unduplicated number of AFI IDA holders self-reported in each demographic category.	*Pre-populated from prior report*	____Single, never married ____Married ____Separated ____Divorced ____Widowed ____Declined to ID	*Pre-populated from prior report*	____Single, never married ____Married ____Separated ____Divorced ____Widowed ____Declined to ID
AFI-E006 a, b	Temporary Assistance for Needy Families (TANF) Recipients – Unduplicated number of AFI IDA holders self-reported in each demographic category.	*Pre-populated from prior report*	____Current TANF Recipient ____Not Current TANF Recipient ____Declined to ID	*Pre-populated from prior report*	____Current TANF Recipient ____Not Current TANF Recipient ____Declined to ID
AFI-E007 a, b	Federal Earned Income Tax Credit (EITC) Recipient – Unduplicated number of AFI IDA holders self-reported in each demographic category.	*Pre-populated from prior report*	____Has Ever Claimed EITC ____ Has Never Claimed EITC ____Declined to ID	*Pre-populated from prior report*	____Has Ever Claimed EITC ____ Has Never Claimed EITC ____Declined to ID

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AFI-E008 a, b	Educational Attainment – Unduplicated number of AFI IDA holders' **highest level** self-reported in each demographic category. Select only one item.	*Pre-populated from prior report*	____Completed grades K-5 ____Completed grades 6-8 ____Completed grades 9-11 ____High School Diploma/GED ____Vocational School Diploma/Degree ____Some College ____AA Degree/Graduated two-year college ____BA/BS Degree/Graduated four-year college ____Some Graduate School ____Graduate Degree ____Declined to ID	*Pre-populated from prior report*	____Completed grades K-5 ____Completed grades 6-8 ____Completed grades 9-11 ____High School Diploma/GED ____Vocational School Diploma/Degree ____Some College ____AA Degree/Graduated two-year college ____BA/BS Degree/Graduated four-year college ____Some Graduate School ____Graduate Degree ____Declined to ID
AFI-E009 a, b	Employment – Unduplicated number of AFI IDA holders self-reported in each demographic category.	*Pre-populated from prior report*	____Full Time Employed ____Part Time/Seasonally Employed ____Unemployed ____Other: _____ ____Declined to ID	*Pre-populated from prior report*	____Full Time Employed ____Part Time/Seasonally Employed ____Unemployed ____Other: _____ ____Declined to ID
AFI-E010 a, b	Auto Ownership – Unduplicated number of AFI IDA holders self-reported in each demographic category.	*Pre-populated from prior report*	____Owns an Automobile ____Does Not Own an Automobile ____Declined to ID	*Pre-populated from prior report*	____Owns an Automobile ____Does Not Own an Automobile ____Declined to ID

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AFI-E011 a, b	Home Ownership – Unduplicated number of AFI IDA holders self-reported in each demographic category.	*Pre-populated from prior report*	____Owns a Home ____Does Not Own a Home ____Declined to ID	*Pre-populated from prior report*	____Owns a Home ____Does Not Own a Home ____Declined to ID
AFI-E012 a, b	Business Ownership – Unduplicated number of AFI IDA holders self-reported in each demographic category.	*Pre-populated from prior report*	____Owns a Business ____Does Not Own a Business ____Declined to ID	*Pre-populated from prior report*	____Owns a Business ____Does Not Own a Business ____Declined to ID
AFI-E013 a, b	Banking – Number of AFI IDA holders self-reported in each demographic category. AFI IDA holders may be counted more than once in this category.	*Pre-populated from prior report*	____Ever held a checking account ____Ever held a savings account ____Ever used direct deposit ____Ever used a pre-paid card ____Declined to ID	*Pre-populated from prior report*	____Ever held a checking account ____Ever held a savings account ____Ever used direct deposit ____Ever used a pre-paid card ____Declined to ID
AFI-E014 a, b	Total Household size – Household means all individuals who share use of a dwelling unit as primary quarters for living and eating separate from other individuals. Include the IDA holder in the count.	*Pre-populated from prior report*	____ One ____ Two ____ Three ____ Four ____ Five ____ Six ____ Seven ____ Eight+ ____ Declined to ID	*Pre-populated from prior report*	____ One ____ Two ____ Three ____ Four ____ Five ____ Six ____ Seven ____ Eight+ ____ Declined to ID

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AFI-E015 **a, b**	Household Composition – Adults Number of persons age 18 and older in the household at the time of enrollment. If applicable, include the IDA holder in the count.	*Pre-populated from prior report*	____ Zero ____ One ____ Two ____ Three ____ Four ____ Five ____ Six ____ Seven ____ Eight+ ____ Declined to ID	*Pre-populated from prior report*	____ Zero ____ One ____ Two ____ Three ____ Four ____ Five ____ Six ____ Seven ____ Eight+ ____ Declined to ID
AFI-E016 **a, b**	Household Composition – Children Number of children (younger than age 18) in the AFI IDA Holder household, at the time of enrollment. If applicable, include IDA holder in the count.	*Pre-populated from prior report*	____ Zero ____ One ____ Two ____ Three ____ Four ____ Five ____ Six ____ Seven ____ Eight+ ____ Declined to ID	*Pre-populated from prior report*	____ Zero ____ One ____ Two ____ Three ____ Four ____ Five ____ Six ____ Seven ____ Eight+ ____ Declined to ID
AFI-E017 **a, b**	Household Adjusted Gross Income Level – Indicate the number of AFI IDA holders who reported household adjusted gross income at each level using the federal poverty guidelines developed by HHS.	*Pre-populated from prior report*	**Federal Poverty Guideline** ___Below 100% ___100–150% ___151-200% ___Declined to ID	*Pre-populated from prior report*	**Federal Poverty Guideline** ___Below 100% ___100–150% ___151-200% ___Declined to ID

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AFI PPR Section F - AFI IDA Holder Demographics at the Time of Final Matched Withdrawal			
Instructions for Respondents: Enter the cumulative number of AFI IDA holders for each self-reported demographic category at time of enrollment from date of award through last day of this reporting period. Do not count individuals more than once			
Item	**Data Element**	**Prior Report Data**	**Current Report Data**
AFI-F001	Educational Attainment – Unduplicated number of AFI IDA holders self-reported in each demographic category at time of final matched withdrawal.	*Pre-populated from prior report*	____Completed grades K-5 ____Completed grades 6-8 ____Completed grades 9-11 ____High School Diploma/GED ____Vocational School Diploma/Degree ____Some College ____AA Degree/Graduated two-year college ____BA/BS Degree/Graduated four-year college ____Some Graduate School ____Graduate Degree ____Declined to ID
AFI-F002	Home Ownership – Unduplicated number of AFI IDA holders self-reported in each demographic category at time of final matched withdrawal.	*Pre-populated from prior report*	____Owns a Home ____Does Not Own a Home ____Declined to ID
AFI-F003	Business Ownership – Unduplicated number of AFI IDA holders self-reported in each demographic category at time of final matched withdrawal.	*Pre-populated from prior report*	____Owns a Business ____Does Not Own a Business ____Declined to ID
AFI-F004	TANF Recipients – Unduplicated number of AFI IDA holders self-reported in each demographic category at time of final matched withdrawal.	*Pre-populated from prior report*	____Current TANF Recipient ____Not Current TANF Recipient ____Declined to ID