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X. Appendix A: CED Performance Progress Report Forms

**I. Appendix A: CED Performance Progress Report Forms
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		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 Start Date: <i>(Month, Day, Year)</i>	7. Reporting Period End Date <i>(Month, Day, Year)</i>	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
End Date: <i>(Month, Day, Year)</i>		9. Report Frequency <input type="checkbox"/> <i>annual</i> <input type="checkbox"/> <i>semi-annual</i> <input type="checkbox"/> <i>quarterly</i> <input type="checkbox"/> <i>other</i> <i>(If other, describe: _____)</i>	
10. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i>			
11. Other Attachments <i>(attach other documents as needed or as instructed by the awarding Federal Agency)</i>			
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 <i>(area code, number and extension)</i>	
		12d. Email Address	
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted <i>(Month, Day, Year)</i>	
13. Agency use only			

I. Appendix A: CED Performance Progress Report Forms
Performance Measures SF-PPR Form A

1. Federal Agency and Organization Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		3a. DUNS		Page	of	Pages
				3b. EIN		4. Reporting Period End Date (Month, Day, Year)		
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*	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						

* New question to be added to existing PPR form.

I. **Appendix A: CED Performance Progress Report Forms**

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					

I. **Appendix A: CED Performance Progress Report Forms**

		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					

I. **Appendix A: CED Performance Progress Report Forms**

		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

OMB Approval Number:
Expiration Date:

I. **Appendix A: CED Performance Progress Report Forms**

**I. Appendix A: CED Performance Progress Report Forms
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 <i>(Month, Day, Year)</i>
		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		

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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		

I. **Appendix A: CED Performance Progress Report Forms**
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 <i>(Month, Day, Year)</i>
		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				

II. Appendix A: CED Performance Progress Report Forms