

## Attachment E: Performance Progress Reports (PPRs) Data List and Mockup

Below is the complete list of the proposed data items from HPOG Next Gen Participant Accomplishment and Grant Evaluation System (PAGES) that will feed into the Performance Progress Reports (PPRs). The PPR will consist of two sections within the PAGES system—a narrative portion that grantees will fill out in PAGES each six-month period, and a quantitative portion that will include metrics automatically generated from data that has been entered elsewhere in PAGES. The narrative portion will be taken directly from the first four pages of ACF-OGM-SF-PPR (a standard ACF form already approved by OMB under number 0970-0406; included in this attachment) and embedded in PAGES. The quantitative section will use the data items listed below. We also present a mockup of the quantitative section of the PPR.

### Proposed Data Items from PAGES Used to Create Quantitative Section of PPRs:

- Healthcare training begin date
- Healthcare training end date
- Prerequisites begin date
- Basic Skills training begin date
- Basic Skills training end date
- Basic Skills training type
- Milestone training indicator
- Completed half of required course of training
- Second or higher healthcare trainings
- Occupational code of training
- Employment start date
- Employment in healthcare occupation
- Occupation of employment
- Average hourly wage of employment
- Average hourly wage of employment at intake
- Introduction to Healthcare Career Workshop start date
- College readiness start date
- Work Readiness start date
- Digital Literacy start date
- CPR start date
- Mandatory work readiness with peer support start date
- Other skill development activity start date
- Tuition / Training payment in last six months
- Tutoring in last six months
- Mentoring in last six months
- Peer Support in last six months
- Post-Eligibility Assessments in last six months
- Training-Related Costs in last six months
- Academic Advising in last six months
- Laptop for participant in blended training in last six months
- Internet access for participant in blended training in last six months
- Emergency Assistance in last six months
- Non-SNAP Food Assistance in last six months
- Child / Dependent Care Assistance in last six months
- Transportation Assistance in last six months

- Housing Support / Assistance in last six months
- Other Personal / Logistical Support in last six months
- Job Search Assistance in last six months
- Job Retention Services in last six months
- Job Placement Assistance in last six months
- On-the-Job Training
- Work Experience (as part of training)
- Job Shadowing
- Unpaid Internship or Externship

**ACF PERFORMANCE PROGRESS REPORT  
ACF-OGM-SF-PPR Cover Page**

Administration for Children and Families  
U.S. Department of Health and Human Services

		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	
<input type="text"/>	<input type="text"/>	3b. EIN	<input type="text"/>
4. Recipient Organization (Name and complete address including zip code)		5. Recipient Identifying Number or Account Number	
<input type="text"/>		<input type="text"/>	
6. Project/Grant Period	7. Reporting Period End Date (Month, Day, Year)	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	9. Report Frequency	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other	
		(If other, describe) <input type="text"/>	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)			
<input type="text"/>			
<b>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.</b>			
11a. Typed or Printed Name and Title of Authorized Certifying Official		11c. Telephone (area code and number) extension	
<input type="text"/>		<input type="text"/> <input type="text"/>	
		11d. Email Address	
		<input type="text"/>	
11b. Signature of Authorized Certifying Official		11e. Date Report Submitted (Month, Day, Year)	
<input type="text"/>		<input type="text"/>	
		12. Agency use only	
		<input type="text"/>	

**ACF PERFORMANCE PROGRESS REPORT  
ACF-OGM SF-PPR  
COVER PAGE INSTRUCTIONS**

Administration for Children and Families  
U.S. Department of Health and Human Services

<b>Item</b>	<b>Data Elements</b>	<b>Instructions</b>
1.	<b>Awarding Federal Agency and Organizational Element to Which Report is Submitted</b>	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is the sub-agency within an awarding Federal agency.
2.	<b>Federal Grant or Other Identifying Number Assigned by the awarding Federal agency</b>	Enter the grant/award number contained in the award document.
3a.	<b>DUNS Number</b>	Enter the recipient organization's Data Universal Numbering System (DUNS) number or System for Award Management (SAM) extended DUNS Number.
3b.	<b>EIN</b>	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.
4.	<b>Recipient Organization</b>	Enter the name of recipient organization and address, including zip code.
5.	<b>Recipient Account Number or Account Number</b>	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6.	<b>Project/Grant Period</b>	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increment known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7.	<b>Reporting Period End Date</b>	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter period end dates shall be used: 3/31; 6/30; 9/30; and 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8.	<b>Final Report</b>	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	<b>Report or Frequency</b>	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10.	<b>Performance Narrative</b>	Leave blank and complete Form ACF-OGM SF PPR Attachment B

**ACF PERFORMANCE PROGRESS REPORT**  
**Appendix B - Program Indicators**  
**ACF-OGM-SF-PPR**  
**SF-PPR-OGM-B**

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted		3a. DUNS	4. Reporting Period End Date (MM/DD/YYYY)
		3b. EIN	
2. Federal Grant or Other Identifying Number Assigned by Federal Agency			
Program Indicators			
(1) Item	(2) Activity Description	(3) Indicator	(4) Explanation
B-01	Major activities and accomplishments during this period		
B-02	Problems		
B-03	Significant findings and events		

**ACF PERFORMANCE PROGRESS REPORT**  
**Appendix B - Program Indicators**  
**ACF-OGM-SF-PPR**

<b>B-04</b>	<b>Dissemination activities</b>		
<b>B-05</b>	<b>Other Activities</b>		
<b>B-06</b>	<b>Activities planned for next reporting period</b>		



**ACF PERFORMANCE PROGRESS REPORT  
Appendix B - Program Indicators  
ACF-OGM-SF-PPR**

**INSTRUCTIONS**

**Schedule**

Submit the original progress report to the Office of Grants Management, Division of Discretionary Grants, and a copy to the Program Office. Reports are due 30 days after the end of the second and fourth quarters of the budget period (every six months).

A FINAL PROGRAM REPORT IS DUE 90 DAYS AFTER THE PROJECT PERIOD END DATE.

Item	Data Elements	Instructions
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30 and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
<b>Program Indicators</b>		
B-01(4)	Major activities and accomplishments during this period	Recommend use of project task charts from approved grant application and/or project work plan with this section. Describe any draft/final products in this section. Use additional pages if needed.
B-02(4)	Problems	Describe any deviations or departures from the original project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Use this report section to advise Project Officer and Grants Management Specialist of assistance needs. Use additional pages if needed.
B-03(4)	Significant findings and events	(To be noted by project officer, or reported to regions, States, other agencies, Program Director/Commissioner, Assistant Secretary, Secretary, etc.) Use additional pages if needed.
B-04(4)	Dissemination activities	Briefly describe project related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, magazine articles or other published materials considered relevant to project activities, or used for project information or public relations purposes. Use additional pages if needed.
B-05(4)	Other Activities	Briefly describe. Use additional pages if needed.
B-06(4)	Activities planned for next reporting period	Briefly describe. Use additional pages if needed.

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

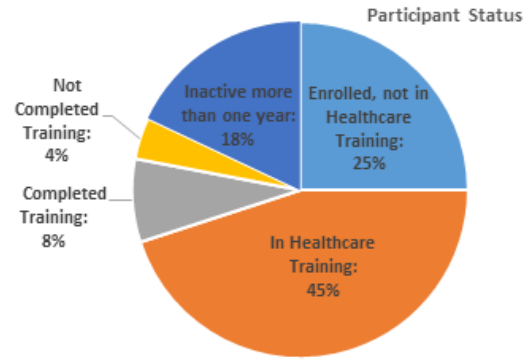
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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.



Gateway Grant Performance Period Report: Year 3					
Tools:	Export as PDF	Export as HTML	Print Raw Numbers	Break out By Year	
<b>Participant Status and Enrollment</b>					

Participant Status	Current	Projected	Percent of Cumulative Enrollment
Enrolled, not in Healthcare Training:	250	-	25%
In Healthcare Training:	450	-	45%
Inactive:	120	-	-
Completed Training:	80	-	8%
Not Completed Training:	40	-	4%
Inactive more than one year:	180	-	18%



Program Enrollment	Actual	Projected	Percent of
Cumulative Enrolled	1000	1900	53%
Year 3 Enrollment	550	500	110%

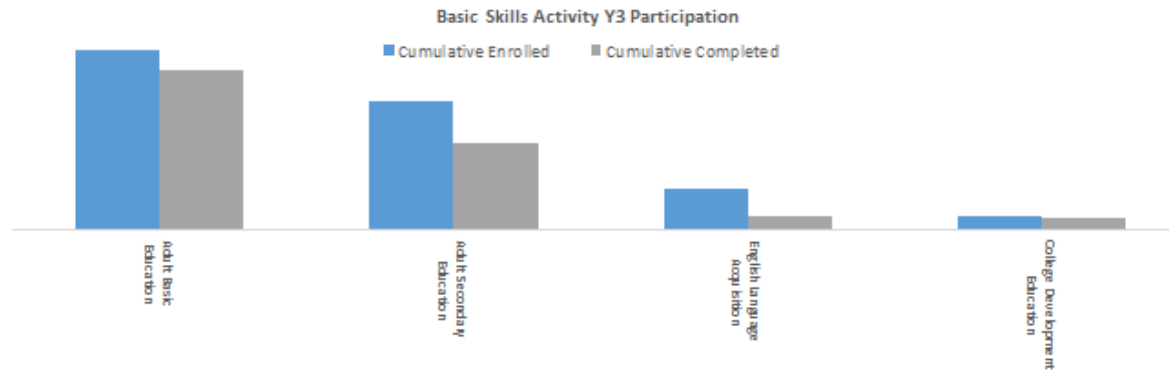
**Explanation of Variance**

Implementation has been slower than expected
Enrollment fully up to speed and matching expectations

**Healthcare Training or Basic Skills Training**

	Actual Y3	Projected Y3	Percent of Projected	Cumulative	Explanation of Variance
Enrolled in Basic Skills Training:	227	225	101%	655	Enrollment matched expectations
Completed Basic Skills Training:	189	185	102%	543	Enrollment rate matched expectations

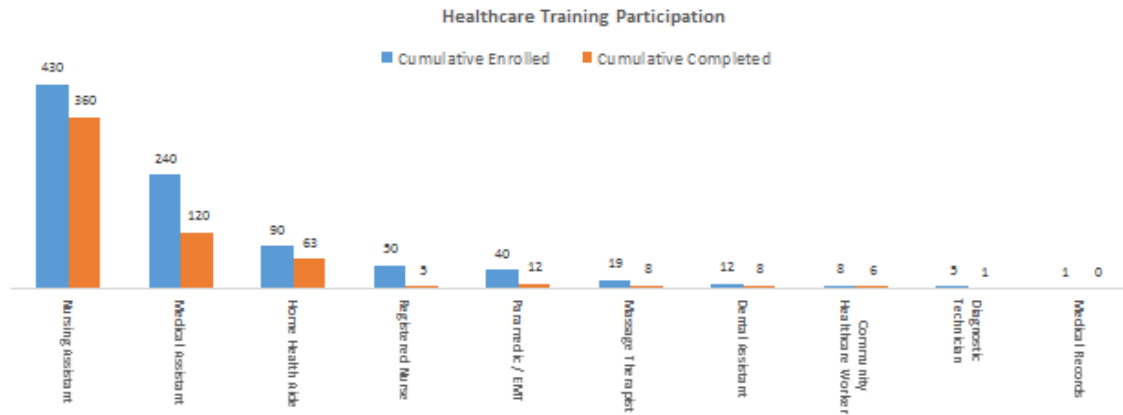
Activity Narrative	Cumulative Enrolled	Cumulative Completed	Explanation
Adult Basic Education	135	120	
Adult Secondary Education	96	65	
English Language Acquisition	30	10	
College Development Education	10	9	
Integrated Basic Skills Training	256	-	



	Actual Y3	Projected Y3	Percent of Projected	Cumulative	Explanation of Variance
Healthcare Training Prerequisites	112	-	-	356	
Healthcare Trainings	220	300	73%	710	Some programs launched unsuccessfully - no interest
Healthcare Training Completions	130	125	104%	410	Higher program completion rates than expected
Enrolled in Longer Training:	-	-	-	55	
Completed Half of Training	-	-	-	32	
Second or Higher Healthcare Trainings	-	-	-	127	

**Healthcare Training Participation**

Occupational Code	Activity Narrative	Cumulative Enrolled	Cumulative Completed	Explanation
Nursing Assistant		430	360	
Medical Assistant		240	120	
Home Health Aide		90	63	
Registered Nurse		50	5	
Paramedic / EMT		40	12	
Massage Therapist		19	8	
Dental Assistant		12	8	
Community Healthcare Worker		8	6	
Diagnostic Technician		5	1	
Medical Records		1	0	

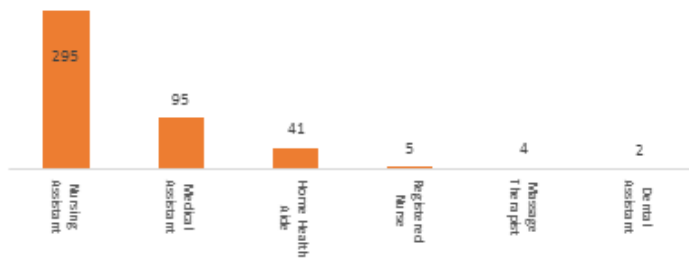


Employment				
	Actual	Projected	Percent of Projected	Explanation of Variance
Year 3 First-time Employed in Healthcare Occupation:	43	50	86%	Few jobs available in billing than expected.
<b>Cumulative Employment Measures</b>				
Cumulative employed in Healthcare occupation:	215	750	29%	Not much employment yet.
Average Wage Healthcare occupation:	\$13.90	-	-	
Cumulative Employed in Healthcare in Quarter after	187	-	-	
Cumulative employed in any occupation	265	-	-	
Average Wage any occupation:	\$12.82	-	-	
Average Wage Increase from Intake, all occupations:	\$2.21	-	-	

**Cumulative Healthcare Employment, by Occupation**

Occupational Title	Activity Narrative	Employment	Average Wage	Explanation
Nursing Assistant		295	\$12.35	
Medical Assistant		95	\$12.45	
Home Health Aide		41	\$13.02	
Registered Nurse		5	\$25.45	
Massage Therapist		4	\$17.43	
Dental Assistant		2	\$20.34	
Paramedic / EMT		1	\$17.50	

Cumulative Healthcare Employment - Top 5 Healthcare Occupations



Average Hourly Wage - Top 5 Healthcare Occupations

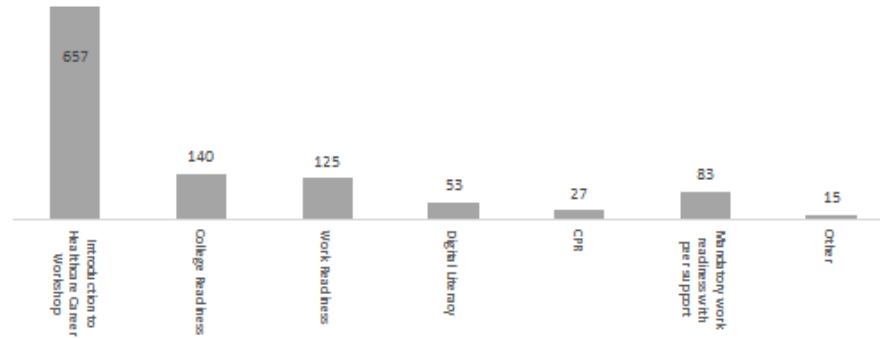


**Other Training and Supports**

**Other Skill Development Activities:**

Activity	Activity	Enrollment	Cumulative	Explanation
	Narrative	Y3	Enrollment	
Introduction to Healthcare Career Workshop		167	657	
College Readiness		34	140	
Work Readiness		25	125	
Digital Literacy		12	53	
CPR		8	27	
Mandatory work readiness with peer support		60	83	
Other		2	15	

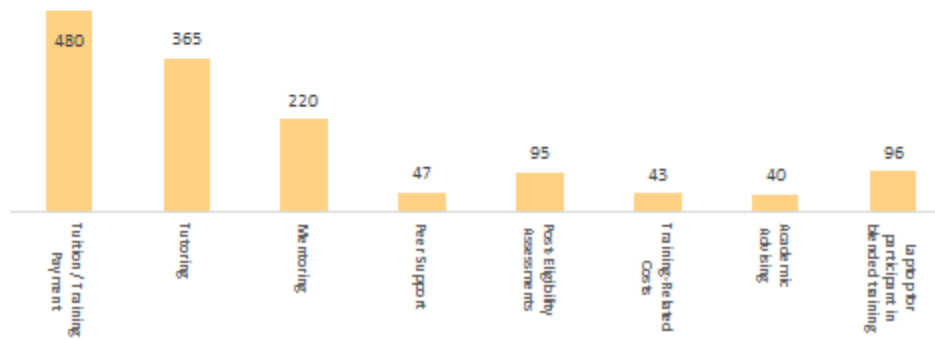
Other Skill Development Activities



**Academic Supports**

Activity	Service Narrative	Receipt Y3	Cumulative Receipt	Explanation
Tuition / Training Payment		220	480	
Tutoring		140	365	
Mentoring		135	220	
Peer Support		20	47	
Post-Eligibility Assessments		24	95	
Training-Related Costs		12	43	
Academic Advising		9	40	
Laptop for participant in blended training		82	96	
Internet access for participant in blended training		82	96	

Academic Supports



**Personal / Logistical Supports**

**Activity**

- Emergency Assistance
- Non-SNAP Food Assistance
- Child / Dependent Care Assistance
- Transportation Assistance
- Housing Support / Assistance
- Other

Service Narrative	Receipt Y3	Cumulative Receipt	Explanation
	340	710	
	250	480	
	97	365	
	53	220	
	23	47	
	5	6	





**Employment Development Activities**

Activity	Activity Narrative	Enrollment Y3	Cumulative Enrollment	Explanation
Job Search Assistance		140	180	
Job Retention Services		23	96	
Job Placement Assistance		19	21	
On-the-Job Training		2	10	
Work Experience (as part of training)		0	4	
Job Shadowing		0	6	
Unpaid Internship		0	1	

Employment Development Activities

