OMB Control No.: 0970-0460

Expiration Date: 07/31/2018

Information from the quarterly ACF performance progress report (QPR) will be used by the Office of Family Assistance to meet grants management requirements and by grantees themselves to self-monitor progress and challenges (continuous quality improvement). QPRs are due within 30 days of the end of each 3-month reporting period, which are:

* Reporting Period 1: September 30 – December 31; Report Due: January 30
* Reporting Period 2: September 30 – June 30; Report Due: July 30

The QPR consists of the following two parts, with both qualitative and quantitative descriptions of program performance:

**Part 1**: ACF-OGM-SF-PPR Cover Page found at <https://www.acf.hhs.gov/sites/default/files/assets/acf_ogm_ppr_new_exp_date_93019_36320.pdf>

(Even though this is called a PPR cover page, please use it for your QPR)

**Part 2**: Qualitative (narrative) description of program indicators:

A-01 Performance Narrative

A-02 Major Activities and Accomplishments

A-03 Problems (Challenges)

**Part 3:** Quantitative (numeric) performance measures:

B-01 Program Enrollment

B-02 Program Participation

B-03 Quality Assurance and Monitoring (Continuous Quality Improvement)

B-04 Implementation Challenges

Please address each reporting area. Once you complete the QPR packet, upload it, along with the ACF-OGM-SF-PPR Cover Page, as a Grant Note in GrantSolutions. Please contact your OFA Federal Program Specialist for additional guidance.

|  |
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| THE PAPERWORK REDUCTION ACT OF 1995Public reporting burden for this collection of information is estimated to average 60 minutes 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. The information requested in this survey will be used to document how programs receiving HMRF grant funding operate and describe participant outcomes. The data gathered will allow ACF to better monitor grantee progress and performance. |

**Part 1: ACF-OGM-SF-PPR Cover Page**

**Part 2: PROGRAM INDICATORS**

|  |
| --- |
| **A-01 PERFORMANCE NARRATIVE****Please provide details that are relevant about program performance during this reporting period.*** What were your most significant achievements?
* What were your most difficult challenges?
* How did you address any challenges, and with what result?
 |
| Blank |

|  |
| --- |
| **A-02 MAJOR ACTIVITIES & ACCOMPLISHMENTS****Describe major programmatic and operational activities and accomplishments during this reporting period in the topical areas shown below.** |
| Program enrollmentPlease describe your program’s progress toward meeting enrollment targets. If you are not meeting your enrollment targets, please describe challenges you are experiencing and plans to address them.In the space provided below, please describe:* If you are not meeting your enrollment targets, please describe challenges you are experiencing and plans to address them.
* If you are exceeding your target, please describe what you think is contributing to your success— including both program-related and contextual (i.e., non-program-related) factors.
* The degree to which you are enrolling your intended target population.
 |
| Blank |
| Program enrollment performance measuresPlease review the performance measures in Appendix B-01. Please provide additional information describing/explaining program enrollment and IPV screening this reporting period. |
| Blank |
| Program participationIn the space provided below, please describe:Enrollment:* Strategies planned or being implemented to engage program enrollees in services within two weeks of program enrollment.
* Reasons why program initiation is lower than expected or desired, if relevant. Consider program-related factors (e.g., workshop schedule) as well as non-program-related (contextual) factors (e.g., client barriers to participation). Describe your current or planned efforts to increase program initiation.
* Reasons why program initiation is higher than expected, if relevant. Consider program-related and non-program-related (contextual) factors. Identify any promising practices you think may be contributing to your success in getting enrollees to begin services.

Retention:* Strategies planned or being implemented to ensure program enrollees complete the workshops in which they have enrolled, and that they receive as many individual service contacts as necessary.
* Reasons why program retention is lower than expected or desired, if relevant. Consider program-related factors as well as non-program-related (contextual) factors. Describe your current or planned efforts to increase program retention.
* Reasons why program retention is higher than expected, if relevant. Consider program-related and non-program-related (contextual) factors. Identify any promising practices you think may be contributing to your success in getting participants to regularly attend and complete program services.
 |
| Blank |
| Program participation performance measuresPlease review the performance measures in Appendix B-02. Please provide additional information describing/explaining program participation this reporting period. |
| Blank |
| Quality assurance and monitoring (continuous quality improvement)Please provide a detailed description of your plans for program quality assurance and monitoring, including training and supervision. |
| Blank |
| Quality assurance and monitoring (continuous quality improvement) performance measuresPlease review the performance measures in Appendix C-03. Please provide additional information describing/explaining your activities this reporting period to ensure program quality. |
| Blank |
| OtherPlease describe other activities and accomplishments during the reporting period. |
| Blank |

|  |
| --- |
| **A-03 PROBLEMS (CHALLENGES)****Describe challenges encountered implementing your program during this reporting period.** |
| Implementation challenges performance measuresPlease review the performance measures in Appendix B-04. For any challenge categorized as “somewhat of a problem” or “a serious problem,” please describe the nature of the problem and any proposed solutions. |
| Blank |
| Staff turnoverPlease describe any positions that are currently vacant and your plan to fill each vacancy. |
| Blank |

**Part 3: PERFORMANCE MEASURES**

**B-01 Program Enrollment**

## 1. Enrollment targets and actual enrollment

| Blank | **Number of Adult Couples** | **Number of Adult Individuals** | **Number of Youth** |
| --- | --- | --- | --- |
| **Enrollment target for current grant year** |   |   |   |
| Enrolled sincebeginning of current grant year to end of reporting period |   |   |   |
| *% of grant-year target met to date* |   |   |   |

**B-02 PARTICIPATION**

## 1. Initial Participation

| Blank | **Number of Adult Couples** | **Number of Adult Individuals** | **Number of Youth** |
| --- | --- | --- | --- |
| **Enrolled since beginning of current grant year to end of reporting period** **(*only those with at least 2 months since enrollment)*** |   |   |   |

| Blank | **Adult Couples** | **Adult Individuals** | **Youth** |
| --- | --- | --- | --- |
| Participated in their first workshop session series occurrence during the time period shown | **#** | **%** | **#** | **%** | **#** | **%** |
| *Within 1 week of program enrollment* |   |   |   |   |   |   |
| *Between 2 and 4 weeks of program enrollment* |   |   |   |   |   |   |
| *Between 1 and 2 months of program enrollment* |   |   |   |   |   |   |
| *More than 2 months since program enrollment* |   |   |   |   |   |   |
| *Not yet engaged in a workshop session series* |   |   |   |   |   |   |

**2. Attendance at Workshops**

Users can query nFORM to generate a table that reports on participation in the specific activities offered by the grantee for the specific target population being served. The data for this nFORM-generated table will derive from responses to questions in the three programmatic tiers below.

|  |  |  |
| --- | --- | --- |
| **Tier 1** | **Tier 2** | **Tier 3** |
| *Population Served* | *Workshop Activity* | *Workshop Element* |
| select ONE1 ⬜ Youth2 ⬜ Adult Individual 3 ⬜ Adult Couple | select ONE1 ⬜ Education in High School2 ⬜ Premarital Education3 ⬜ Marriage and Relationship Skills Education4 ⬜ Marriage Enhancement5 ⬜ Divorce Reduction6 ⬜ Marriage Mentoring | select all that apply1 ⬜ Financial management2 ⬜ Parenting3 ⬜ Conflict Resolution4 ⬜ Job and Career Advancement |

***Example of nFORM-Generated Table on Participation:***

*Adult Couples receiving Divorce Reduction (element: Conflict Resolution ONLY)*

|  |  |
| --- | --- |
| **Options selected:**✓Adult Couples✓Divorce Reduction✓Conflict Resolution *ONLY* | **ADULT COUPLES** |
| **#** | **%** |
| **Workshop Attendance** |   |   |
| Attended at least one Divorce Reduction workshop session series occurrence |   |   |
| **Workshop Retention** |   |   |
| Attended at least one-half of Divorce Reduction workshop session series occurrences |   |   |

**B-03 Quality Assurance and Monitoring (continuous quality improvement)**

**1. Staff Training**

|  |  |
| --- | --- |
| 1. **Training in Curricula**
 | Proportion of Staff that Received Training in Curriculum |
| During the reporting period, approximately what proportion of the following types of staff received training in the program curricula? | None | Fewer than half | Half | More than half | All |
| Facilitators |   |   |   |   |   |
| Case Managers |   |   |   |   |   |
| Employment specialists |   |   |   |   |   |
| Supervisors |   |   |   |   |   |
| Program managers |   |   |   |   |   |
| Other program staff |   |   |   |   |   |

**2. Frequency of direct observation**

|  |  |
| --- | --- |
| Blank | Proportion of Workshops Observed |
| For the two types of facilitators shown below, what proportion of their workshops was observed by a supervisor or another experienced facilitator during the reporting period? | None | Fewer than half | Half | More than half | All |
| Facilitators hired during the reporting period |   |   |   |   |   |
| Experienced facilitators |   |   |   |   |   |

**3. Staff Supervision**

|  |  |
| --- | --- |
| Blank | Frequency of Meetings with Supervisors |
| During the reporting period, on average, how often did the following types of staff meet with their supervisors one-on-one? | At least weekly | Biweekly | Monthly | Once | Not during reporting period |
| Facilitators |   |   |   |   |   |
| Case workers |   |   |   |   |   |
| Employment specialists |   |   |   |   |   |
| Supervisors |   |   |   |   |   |
| Program managers |   |   |   |   |   |
| Other program staff |   |   |   |   |   |

## 4. Caseloads

|  |  |
| --- | --- |
| Blank | Average |
| Average number of participants assigned to each case worker | Blank |

**B-04 Implementation Challenges**

## 1. Common implementation challenges

|  |  |  |  |
| --- | --- | --- | --- |
| Challenge | Not a Problem | Somewhat a problem | A serious problem |
| Obtaining referrals from community organizations | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Participant recruitment | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Enrolling the intended target population  | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Getting enrollees to start participating in services | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Getting enrollees to attend regularly | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Keeping participants engaged during sessions | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Getting enrollees to complete the program | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Recruiting qualified staff | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Staff performance | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Ensuring facilitators understand content | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Covering all program content in the time allotted | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Implementing curriculum with fidelity | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Program facilities | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Cooperation of recruitment and referral sources | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Service delivery partners | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Extreme weather or natural disasters | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Getting participants to complete pretest or posttest | 1 ⬜ | 2 ⬜ | 3 ⬜ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 ⬜ | 2 ⬜ | 3 ⬜ |

**2. Staff turnover challenges**

|  |  |
| --- | --- |
| Blank | Proportion of Staff who Turned Over |
| Staff who left or were removed from their position during the reporting period | None | Fewer than Half | Half | More than half |
| *Facilitators* |   |   |   |   |
| *Case workers* |   |   |   |   |
| *Employment specialists* |   |   |   |   |
| *Supervisors* |   |   |   |   |
| *Program managers* |   |   |   |   |
| *Other* |   |   |   |   |