Administration for Native Americans
Ongoing Progress Report (OPR)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This information collection is required at time of applications and serves as a blueprint for project implementation. It outlines the activities required to carry out project objectives, staffing, and dates. Public reporting burden for this collection of information is estimated to average 3 hours per applicant, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information as required by Section 803(a) of the Native American Programs Act of 1974. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0452 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Amy.Zukowski@acf.hhs.gov.

	Page:	of Pages
1. Grantee Name	2. Grant Number	3a. DUNS Number
		3b. EIN

4. Recipient Organization (Name and complete address including zip code)	5. *SF-425 Submitted to the Payment Management System (PMS)?* ☐ Yes ☐ No

6. Project Period			7. Reporting Period End Date *(Month, Day, Year)*	8. ☐ **1st semi-annual** *(mid-year)* ☐ **2nd semi-annual** *(end of budget period)*
Budget Period Year Covered in the Report:	Start Date: *(Month, Day, Year)*	End Date: *(Month, Day, Year)*		

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

   Project Title:

   Report prepared by: Name: _____   Date: _____
   Email Address: Telephone *(area code, number and extension)*:

10. Other Attachments:

11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

12a. Typed or Printed Name and Title of Authorized Certifying Official	12c. Telephone *(area code, number, and extension)*
	12d. Email Address
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted *(Month, Day, Year)*
	13. Agency use only

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

(maintained and submitted in GrantSolutions)

ONGOING PROJECT PROGRESS

A. OBJECTIVE WORK PLAN (OWP) STATUS/UPDATE

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

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

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

Goal:
Year:

Objective 1:

Milestone Activities	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g., # of participants, workshops, etc.).	Outputs	Describe the status of each Output	Begin Date	End Date	Status of Activity and Output (see instructions above)
1.						
2.						
3.						
Expected Outcomes						
Current status of Expected Outcomes						

Objective 2:

Milestone	Describe how each activity	Outputs	Describe the status of	Begin	End	Status of

Activities	was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g., # of participants, workshops, etc.).		each Output	Date	Date	Activity and Output (see instructions above)
1.						
2.						
3.						
Expected Outcomes						
Current status of Expected Outcomes						

Objective 3:						
Milestone Activities	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g., # of participants, workshops, etc.).	Outputs	Describe the status of each Output	Begin Date	End Date	Status of Activity and Output (see instructions above)

1.					
2.					
3.					
Expected Outcomes					
Current status of Expected Outcomes					

B. STAFFING AND HUMAN RESOURCES

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

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

3. Did you have any changes or turnover in project staff, consultants, or contractors during this reporting period? ☐ Yes   ☐ No
4. If Yes, please list affected positions, explain the reason for the change, how long the position has been open, and if the position has been filled:

5a. Project Funded Staffing

Please list, in the following table, all project positions required for the project and currently filled. NOTE: This will be for staff funded from the federal or non-federal budget either from staffing, consultants, or other.

Position Title	Position Type (drop-down menu)	Position Funding (Check Boxes)	Name of Individual	Filled by? (Check boxes)	Date Job Filled	Avg. # Hours per Week	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends? (only for final reporting period)
	Full-time, Part-time Intern, Stipend, Consultant/Freelance , other	Federal, Non-Federal, Both		Native, Veteran, Woman,					

5b. Employment Obtained Through Project Activities

Please list, in the following table, all project positions obtained as a result of project activities such as job training, readiness, business creation, or expansion, etc. NOTE: These positions are not funded by the project's federal or non-federal funds.

Name of Individual	Position Title	Position Type (drop-down menu)	Industry (drop-down menu)	Filled by? (Check boxes)	Date Job Filled	Avg. Hours per Week	Salary	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends? (only for final reporting

		Full-time, Part-time Intern, Stipend, Consultant/Freelance, other	Education, Construction, Government, Retail, Tourism, etc.	Native, Veteran, Woman,						period)

C. CHALLENGES

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

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

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

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

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

D. FINANCIAL

1. Did you have trouble accessing funds through PMS during this reporting period? ☐ Yes ☐ No

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

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

4. If Yes, please explain:

5. Provide the forecasted cash needs for this reporting period (from the SF-424A) and the actual expenditures (from the SF-425)?
Please list in the table below:

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual
Federal	$	$	$	$	$	$	$	$
Non-Federal	$	$	$	$	$	$	$	$

5a. If forecasted and actual amounts for the quarter do not match, please explain why:
Q1:

Q2:
Q3:
Q4:

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

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

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

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

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

E. OTHER

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

Please Note: Many of the questions in this form ask for a "total number" of people as well as a "new number." The total number refers to all of the people that participated in a particular activity, whereas the new number refers to the individuals that were participating in the project for the first time and had not been counted before. For example, if a total of six individuals completed training X, but two of those individuals had already completed previous training(s) during the project, then the number of *new* people that completed training X would be four.

F. IMPACT INDICATOR(S)

Your approved project impact indicator or indicators are identified below, as well as your pre-grant status (baseline measure), end-of-project target, 3-year target, and means of measurement.

Impact Indicator	Baseline	Project Year 1 Target	Project Year 2 Target	Project Year 3 Target	Project Year 4 Target (if applicable)	Project Year 5 Target (if applicable)	End-of-Project Target	3-Year Post-Project Target	Means of Measurement

1. For each impact indicator, please report on the actual change that has occurred so far. For example, if your impact indicator is the unemployment rate, list the actual unemployment rate at the end of the reporting period.

Impact Indicator	Actual Change During Reporting Period

G. NATIVE YOUTH AND ELDER ENGAGEMENT

For each reporting period, please update the table below if any project activities occurred in which Native youth and Elders participated. This table should reflect only those activities occurring within the reporting period so that, by project's end, all activities that took place are reflected.

1. During this reporting period, did this project provide any opportunities or activities for Native youth and Elders?

☐ Yes   ☐ No   ☐ Not Applicable

1a. If yes, please complete the following table:

Title/Description of Activity	Total # of youth participating	# of New youth participating	Total # of Elders participating	# of New Elders participating

2. During this reporting period, did any of the above activities involving Elders and youth promote cultural preservation? ☐ Yes ☐ No

    2a. If yes, please describe:

3. During this reporting period, has the project engaged youth in leadership development activities? ☐ Yes ☐ No

    3a. If yes, please describe:

H. PROJECT DEVELOPMENT

1. Please identify who wrote the grant application in the table below:

Name	Title	Program Staff	Consultant	Native	Tribal Member
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

I. PARTNERSHIPS

1. For each reporting period, please update the table below. The table should reflect only those partnerships relevant to the reporting period so that by project's end all partnerships are reflected.

Name of Partner	New = Partnership Formed During the Project Pre-existing = Partnership Existed Prior to the Project	Type of Partner (drop-down menu*)	Resources Contributed to the Project by the Partner
	☐New ☐Pre-existing		
	☐New ☐Pre-existing		
Cumulative Total Since Beginning of Project:　　　(*This field auto-populated by the number of entries in 'Name of Partner' column*)			

*Options: Federal Govt./Agency, Tribal Govt./Agency, State Govt./Agency, Nonprofit, Private Business, Individual/Volunteer, Volunteer Association/Civic Organization, School/University, CDFI, Philanthropic, Other.

2. If there are any potential organizations or individuals that your project would like to partner with, but have not yet been able to, please indicate below:

Name of Potential Partner	Potential Role in Support of the Project

J. COMMUNITY INVOLVEMENT AND PARTICIPATION IN THE PROJECT

1. During this reporting period, have any volunteers (unpaid individuals providing service or resources to the project) been utilized in the implementation of your project? ☐ Yes　☐ No

1a. How many individual (unduplicated) volunteers?

1b. What contribution(s) did volunteers make to the project?

1c. How many total hours did volunteers work during this reporting period?

2. During this reporting period, if community participation is intended as part of your project, what is your estimate of the level of actual community participation compared with desired participation? This may include, but is not limited to, the intended beneficiaries of the project.

☐ No community participation　　☐ 50% or less community participation than desired　　☐ More than 50% community participation　　☐ Desired community participation achieved　　☐ Not applicable

K. PROJECT BENEFITS

1. During the reporting period, what changed in your community as a result of the project? These may include expected and unexpected and intended and unintended changes as well as positive and negative changes.

2. Did this project support native-owned businesses?
☐ Yes　☐ No　☐ N/A

2a. If so, how many?

2b. Of the native-owned businesses the project supported, what were the top 3 types of businesses by dollar amount?

Business Name	Business Type (eval instruction: use a one or two work descriptor)

3. During this reporting period, were any businesses created due to the project? ☐ Yes   ☐ No

    3a. If yes, how many businesses?

    3b. List businesses created.

Business Name	Business Type (eval instruction: use a one or two work descriptor)	Ownership Type Native, Women, Vet

4. Were any businesses expanded?
☐ Yes   ☐ No   ☐ N/A

    4a. If yes, how were they expanded?

5. During this reporting period, did any members of your community, including project staff, complete training sponsored or arranged by the project in order to learn a new skill, gain knowledge, develop expertise, earn a credential, or otherwise obtain beneficial experience during this reporting period? ☐ Yes   ☐ No

    5a. If yes, please update the following table during each reporting period, as applicable. The table should reflect only those trainings occurring in the reporting period.

Name of	Description of Skills	Total # of People	# of People who	# of New People who	Total # of Hours

Training or Workshop	or Knowledge Developed	who Completed the Training	were Project staff	Completed the Training	to Complete Training

6. Were any ordinances, codes, regulations, or other governmental documents developed during this reporting period? ☐ Yes ☐ No ☐ Not Applicable

　　6a. If yes, please update the following table, reflecting just this reporting period, as applicable.

Type of ordinance, code, or regulation (drop-down menu*)	Brief description of the ordinance, code, or regulation	Was the ordinance, code, or regulation adopted/passed?	Was the ordinance, code, or regulation implemented?	If implemented, please explain how. If not, please explain why.
		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ Yes ☐ No	

*Options: Environmental, Energy, Govt. Procedure, Financial, Business, Industry, Other.

7. During the reporting period, did the project create any materials or resources (e.g., curricula, training materials, translated written materials, resource guides, financial literacy guides, etc.)? ☐ Yes ☐ No

　　7a. If yes, please update this table, reflecting just the current reporting period, as applicable. Once a particular resource is entered, it should not be entered again in subsequent reporting periods unless a new resource was created.

Material or resource created due to the project	Type of resource (drop-down menu*)	Electronic/Technology Based? (Check 'Yes' if this is a technology-based resource, such as	How does this material or resource support the project's goals?

		an app for a phone or tablet, a podcast, etc.)	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

*Options: curricula, training materials, translations, resource guides, other.

8. Does your project currently have a plan in place to secure post-project funding to continue or extend project benefits? ☐ Yes ☐ No

      8a. If no, would you like ANA's help with establishing such a plan? ☐ Yes ☐ No

9. Please describe any collaboration with partners, including federal, tribal, or state partnership to continue or extend project outcomes, services, and activities in order to achieve your community's desired long-term goals after this ANA project ends. ☐ Not applicable

L. LESSONS LEARNED AND ADDITIONAL SUPPORT

1. Please describe any lessons learned, promising practices, innovations, etc., you think could help similar projects overcome or resolve obstacles you have encountered in the reporting period related to the success of the project.

2. Please identify support or resources that ANA could provide or arrange to help your project overcome or resolve obstacles you have encountered in the reporting period. ☐ Not applicable

M. PROJECT SPECIFIC

LANGUAGE PROJECTS ONLY

1. Please identify the language(s) or language family addressed by your project

2. Please complete the following sentence by checking all that apply from the following list:

"My language project uses ANA grant funds to _____." [Select all that apply and only update if there are any changes from the previous reporting period.]

☐ Assess or measure language fluency/proficiency

☐ Provide classroom language instruction

☐ Provide language instruction via language immersion classes

☐ Provide language instruction in the home

☐ Train language instructors

☐ Develop language materials

☐ Compile, transcribe, or analyze oral testimony or records

☐ Other. Please describe

3. During this reporting period, were any language surveys or assessments developed? ☐ Yes ☐ No

If yes, please include blank copies with the OPR submission.

      3a. If yes to Question 3, how many different surveys or assessments were developed?

      3b. If yes to Question 3, how many total surveys or assessments were distributed, and how many were returned?

      Distributed: Returned:

      3c. If yes to Question 3, please describe the overall purpose of any surveys or assessments that were developed (for example, to assess the current number of proficient speakers, to gauge community members' interest in taking language classes, to measure progress, etc.):

4. Were language classes conducted during this reporting period? ☐ Yes ☐ No

      4a. If yes, please complete the following reflecting classes conducted during this reporting period:

Proficiency Level (drop-down menu*)	Total # of Classes	Total # of Class Hours	Total # of Students	Immersion?	Average Age of Students
				☐ Yes ☐ No	
				☐ Yes ☐ No	

*Options: novice, beginner, intermediate, advanced

    4b. If the average age of language learners was between 0-6, does the project have an on-going relationship with one or more Head Start or Early Head Start programs? ☐ Yes ☐ No ☐ Not applicable

5. If instruction is part of your language project, please describe, in as much detail as possible, methods, materials, and strategies used, during the reporting period, to measure progress in language proficiency or fluency.

6. If applicable to your project, how many new youth increased their ability to speak a Native language (language proficiency) during this reporting period?

7. If applicable to your project, how many new adults increased their ability to speak a Native language (language proficiency) during this reporting period?

8. If applicable to your project, did any youth achieve fluency in a Native language? ☐ Yes ☐ No

If yes, how many (new)?

9. If applicable to your project, did any adults achieve fluency in a Native language? ☐ Yes ☐ No

If yes, how many (new)?

10. If applicable to your project, during the reporting period, have any language teachers been trained? ☐ Yes ☐ No

    If yes, please complete the following:

10a. How many of these teachers received training in language instruction?

10b. Please check the type of training that these teachers received related to language instruction (check both if applicable):

☐ Teacher training/professional development for language instruction

☐ Language acquisition for teachers

10c. How many of these teachers received training in an area other than instruction?

Please describe.

10d. Did any of these language teachers receive a certification or credential as a result of training? ☐ Yes ☐ No

10e. If yes, what organization issued the certification or credential?

10f. How many language teachers received certification or a credential?

ESTHER MARTINEZ IMMERSION (EMI) PROJECTS ONLY

1. Please identify which type of EMI project this is [*Note – whichever option is checked, the requirements for that particular type of EMI project will automatically pop-up so that grantees have a frame of reference for question 2.*]: [Only update if there are any changes from the previous reporting period]

☐ Language Nest
☐ Language Survival School
☐ Language Restoration Program

2. Please describe in detail any obstacles or delays in meeting the requirements for the EMI language project option (language nest, language survival school, or language restoration): ☐ Not Applicable

ENVIRONMENTAL REGULATORY ENHANCEMENT (ERE) PROJECTS ONLY

1. During the reporting period, did this project collect environmental baseline data? ☐ Yes ☐ No

    1a. If yes, please describe what was learned from the data and how it will be used:

2. During the reporting period, did this project collect data to monitor environmental conditions? ☐ Yes ☐ No

    2a. If yes, please describe what was learned from the data and how it will be used:

3. If applicable, during the reporting period how did the project result in increased capacity for the tribe to manage its physical resources and/or the environmental quality on tribal lands?

4. Has there been any improvement in the environmental quality on tribal lands as a result of this project?

    ☐ Yes ☐ No ☐ Not Applicable ☐ To Be Determined

    4a. If yes, please describe:

End-of-Project Addendum –BENEFITS, RESULTS, AND OUTCOMES

PLEASE NOTE: This section should be completed <u>only</u> in the final reporting period of the project and reflect the entire project period.

A. BENEFICIARIES

In the table below, please describe positive changes that have occurred in people's lives as a result of this project. In the 'Beneficiary' column, identify whose lives have changed. These can be individuals (e.g., Jane Doe) or groups of people (e.g., tribal youth), as appropriate. If one or more of the beneficiaries listed is an individual person, please feel free to safeguard that person's identity by not listing his or her full name. In the 'Realized Benefit(s)' column, please describe, in as much detail as possible, the positive changes that have occurred for the identified individual or group.

Beneficiary (drop-down menu*)	Beneficiary type	Realized Benefit(s)

*Options: Individuals, community groups, governmental agencies, organizations, other

B. OBJECTIVE WORK PLAN – FINAL SUMMARY

Objective 1 – [**pre-loaded from OWP**]:

1. Please describe the overall progress and results and benefits that were accomplished by the end of the project.

Objective 2 – [**pre-loaded from OWP, if applicable**]:

2. If applicable, please describe the overall progress and results and benefits that were accomplished by the end of the project.

Objective 3 – [**pre-loaded from OWP, if applicable**]:

3. If applicable, please describe the overall progress and results and benefits that were accomplished by the end of the project.

C. PROBLEM STATEMENT AND PROJECT GOAL
The overall goal of this project was stated as: [*pre-loaded from OWP*]. Additionally, the problem statement in the 'Objectives and Need for Assistance' section of the grant application was identified as follows: [*pre-loaded from application*].

1.   Please describe the extent to which the overall goal of the project was achieved:

2.   Please describe the extent to which the condition identified or environment described in the problem statement was addressed:

D. COMMUNITY AND EXTERNAL DATA

1. What has changed in your organization and community as a result of this project?

2. What information, feedback, observation(s), input, or other data from <u>your community</u> was most valuable to realizing project benefits, results, and outcomes?

3. If applicable, what information, feedback, observation(s), input, or other data from ANA, other federal agencies, or others influenced project benefits, results, and outcomes?

E. CONTINUATION/SUSTAINABILITY OF PROJECT GOALS, RESULTS, AND EFFORTS

1. If you could share any promising practices from your project with other ANA grantees, what would they be?

2. If you could do this project over again, what would you do differently? Please describe in as much detail as possible.

3. Has your project disseminated your project's accomplishments and successes, internally and externally? ☐ Yes ☐ No

   3a. If yes, please describe how.

4. Please provide a detailed description of what outcomes, services, and activities you want to continue or extend after the project has ended, including any new activities intended to achieve your community's desired long-term goals.

5.   How do you intend to financially continue or extend desired project outcomes, services, and activities after this ANA-funded project ends? Please check all that apply.

   ☐ N/A (additional funds not required)   ☐ Program income
   ☐ State/Territory funds   ☐ Tribal funds
   ☐ Other grant federal funds   ☐ Fundraising campaigns
   ☐ Private foundation grants   ☐ Colleges/Universities
   ☐ Corporate Donations   ☐ Other:

6. If applicable, what level of funding do you currently have in place to continue or extend project benefits?

   ☐ Desired funding levels sufficient to continue or extend project benefits are in place
   ☐ Some, but not all needed funding has been secured to continue or extend project benefits

Please describe any plans or efforts being made to secure additional resources to sustain desired project outcomes, services, and activities:

☐ Still seeking needed funding, none currently in place
Please describe any plans or efforts being made to secure additional resources to sustain desired project outcomes, services, and activities:

☐ No funding secured to continue or extend project benefits and no plan in place through which to obtain funds
☐ Not applicable because there are no current plans to continue or extend project benefits

7. Is your organization interested in:

ANA's project planning and development training? ☐ Yes   ☐ No
If yes, please describe topics of interest:

ANA's pre-application training? ☐ Yes   ☐ No

If yes, please describe topics of interest:

Facilitated roundtables with organizations with similar projects for the purpose of sharing resources and continuing or extending project benefits? ☐ Yes   ☐ No
If yes, please describe topics of interest:

☐ Other meetings? Please describe: