

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

OMB Control No.: 0970-0XXX

Expiration Date: XX/XX/XXXX

Information from the quarterly Administration for Children and Families (ACF) performance progress report (QPR) will be used by the Office of Family Assistance (OFA) to meet grants management requirements and by grantees themselves to self-monitor progress and challenges (continuous quality improvement (CQI)). 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 three 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\\_113022.pdf](https://www.acf.hhs.gov/sites/default/files/assets/acf_ogm_ppr_new_exp_date_113022.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

**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.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to support program performance monitoring and program improvement activities for Healthy Marriage and Responsible Fatherhood programs. Public 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. This is a voluntary collection of information. The answers you give will be kept private. 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 0970-0XXX and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Dr. Mathew Stange at [nform2helpdesk@mathematica-mpr.com](mailto:nform2helpdesk@mathematica-mpr.com).

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
***REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS***

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

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
***REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS***

**Part 2: PROGRAM INDICATORS**

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
***REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS***

**A-01 PERFORMANCE NARRATIVE**

**Please provide details that are relevant about program performance during the reporting period.**

- What were your most significant achievements?
- What were your most difficult challenges?
- How did you address any challenges, and what were the results?

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**A-02 MAJOR ACTIVITIES & ACCOMPLISHMENTS**

**Describe major programmatic and operational activities and accomplishments during the reporting period in the topical areas shown below.**

Program enrollment

Please describe your program's progress toward meeting enrollment targets.

In the space provided below, please describe:

- If you are not meeting your enrollment targets, challenges you are experiencing, and plans to address them.
- If you are exceeding your target, 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.

Program enrollment performance measures

Please review the performance measures in section B-01 of the QPR. Please provide additional information describing/explaining program enrollment and intimate partner violence or teen dating violence screening during the reporting period.

Program participation

In the space provided below, please describe:

Enrollment:

- Strategies planned or being implemented to engage program enrollees in services within 2 weeks of program enrollment.
- Reasons why program initiation is lower than expected or desired, if

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

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.

Program participation performance measures

Please review the performance measures in section B-02 of the QPR. Please provide additional information describing/explaining program participation during this reporting period.

Quality assurance and monitoring (continuous quality improvement)

Please provide a detailed description of your plans for program quality assurance and

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

monitoring, including training and supervision. Please provide a detailed description of your CQI plan and its implementation.

Quality assurance and monitoring (continuous quality improvement) performance measures

Please review the performance measures in section B-03 of the QPR. Please provide additional information describing/explaining your activities this reporting period to ensure program quality.

Other

Please describe other activities and accomplishments during the reporting period.

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**A-03 PROBLEMS**

**Describe challenges encountered implementing your program during the reporting period.**

Implementation challenges performance measures

Please review the performance measures in section B-04 of the QPR. For any challenge categorized as “somewhat of a problem” or “a serious problem,” please describe the nature of the problem and any proposed solutions.

Staff turnover

Please describe any positions that are currently vacant and your plan to fill each vacancy.

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
***REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS***

**Part 3: PERFORMANCE MEASURES**

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**B-01 PROGRAM ENROLLMENT**

**1. Enrollment targets and actual enrollment**

	Number of adult couples <sup>a</sup>	Number of adult individuals	Number of youth
Enrollment target for the grant year			
Enrolled since the beginning of the grant year to the end of reporting period			
<i>% of grant-year target met to date</i>			

<sup>a</sup>The number of adult couples is the count of couple units.

**B-02 PARTICIPATION**

**1. Initial participation**

	Adult couples		Adult individuals		Youth	
	#	%	#	%	#	%
Participated in their first <u>workshop session series occurrence</u> during the time period shown						
<i>Within 1 week of program enrollment</i>						
<i>Between 2 and 4 weeks of program enrollment</i>						
<i>Between 1 and 2 months of program enrollment</i>						
<i>More than 2 months since program enrollment</i>						
<i>Not yet participated in a workshop session series occurrence</i>						

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**2.a Attendance at workshops**

*nFORM generates a table that reports on participation for each workshop offered by the grantee. The primary population served, workshop name, workshop activities, workshop elements, and workshop type automatically fill from what grantees enter in nFORM.*

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

<b>Primary Population Served:</b> <b>Workshop Name:</b> <b>Workshop Activities:</b> <b>Workshop Elements:</b> <b>Workshop Type:</b>	<b>Adult couples</b>	
	<b>#</b>	<b>%</b>
<b>Workshop Attendance</b>		
Attended at least one workshop session series occurrence		
<b>Workshop Retention</b>		
Attended 1 to 50% of workshop session series hours		
Attended 51% or more of workshop session series hours		

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**2.b Primary workshop participation**

Table 1: Participation in primary workshop hours through end of reporting period	Adult Couples		
	Target hours	Average hours	Average %
Participation in primary workshop hours— Clients enrolled in grant year			

Table 2: Participation in primary workshop(s) —Clients enrolled in grant year	Adult Couples		
	Annual target	Actual to date	%
Number of clients enrolled			
Attended at least one primary workshop			
Attended at least 50% of primary workshop hours			
Attended at least 90% of primary workshop hours			
Attended at least 100% of primary workshop hours			

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**B-03 QUALITY ASSURANCE AND MONITORING (CONTINUOUS QUALITY IMPROVEMENT)**

**1. Staff Training**

In the reporting period, did the following staff receive their initial training on the program curriculum(a)?

	Yes	No	Do not have this position on staff
a. Facilitators			
b. Case managers			
c. Employment specialists			
d. Supervisors			
e. Program managers			
f. Other program staff			

In the reporting period, did the following staff receive follow-up or refresher training on the program curriculum(a)?

	Yes	No	Do not have this position on staff
a. Facilitators			
b. Case managers			
c. Employment specialists			
d. Supervisors			
e. Program managers			
f. Other program staff			

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

In the reporting period, did the following staff receive training other than on the program curriculum(a)?	Yes	No	Do not have this position on staff
a. Facilitators			
b. Case managers			
c. Employment specialists			
d. Supervisors			
e. Program managers			
f. Other program staff			

**2. Frequency of direct observation**

Were the following staff observed by a supervisor or another experienced facilitator in the reporting period?	Yes	No
a. Facilitators hired in the reporting period		
b. Experienced facilitators		

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**3. Staff Supervision**

In the reporting period, on average, how often did the following staff meet with their supervisors one-on-one?	At least weekly	Biweekly	Monthly	Once	Not in reporting period	Do not have this position on staff
a. Facilitators						
b. Case managers						
c. Employment specialists						
d. Supervisors						
e. Program managers						
f. Other program staff						

**4. Staff meetings**

In the reporting period, how often were staff meetings held (such as discussions about CQI and team-building meetings) that included the following staff?	At least weekly	Biweekly	Monthly	Once	Not in reporting period	Do not have this position on staff
a. Facilitators						
b. Case managers						
c. Employment specialists						
d. Supervisors						
e. Program managers						
f. Other program staff						

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
***REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS***

**5. Caseloads**

	Average
Average number of participants assigned to each case manager	

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**B-04 IMPLEMENTATION CHALLENGES**

**1. Common implementation challenges**

	Not a problem	Somewhat of a problem	A serious problem
a. Obtaining referrals from external organizations			
b. Recruiting participants			
c. Enrolling the intended target population			
d. Getting enrollees to start participating in services			
e. Getting enrollees to attend regularly			
f. Keeping participants engaged during sessions			
g. Getting enrollees to complete the program			
h. Recruiting qualified staff			
i. Maintaining staff performance			
j. Ensuring facilitators understand content			
k. Covering all program content in the time allotted			
l. Implementing curriculum with fidelity			
m. Having adequate program facilities			
n. Cooperation of recruitment and referral sources			
o. Working with service delivery partners			
p. Experiencing extreme weather or natural disasters			
q. Getting participants to complete pre-test or post-test			
r. Retaining staff			
s. Filling open staff positions			
t. Providing comprehensive case management services			
u. Providing grant-funded participation supports			
v. Entering and reporting data			

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR HEALTHY MARRIAGE PROGRAMS**

**2. Staff hiring and turnover**

	<b>Full time staff</b>	<b>Part time staff</b>
Number of staff funded by the grant during the reporting period		
Number of staff funded by the grant who left during the reporting period		
Number of staff funded by the grant who started during the reporting period		