

**ACF PERFORMANCE PROGRESS REPORT
ACF-OGM-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 <input style="width:95%; height:20px;" type="text"/>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency <input style="width:95%; height:20px;" type="text"/>	3a. DUNS Number <input style="width:95%; height:20px;" type="text"/>	
		3b. EIN <input style="width:95%; height:20px;" type="text"/>	
4. Recipient Organization (Name and complete address including zip code) <input style="width:95%; height:50px;" type="text"/>		5. Recipient Identifying Number or Account Number <input style="width:95%; height:50px;" type="text"/>	
6. Project/Grant Period Start Date: <i>(Month, Day, Year)</i> <input style="width:95%; height:20px;" type="text"/>	End Date: <i>(Month, Day, Year)</i> <input style="width:95%; height:20px;" type="text"/>	7. Reporting Period End Date (Month, Day, Year) <input style="width:95%; height:20px;" type="text"/>	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe) <input style="width:95%; height:20px;" type="text"/>			
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency) <div style="border: 1px solid black; height: 200px; width: 100%;"></div>			
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.			
11a. Typed or Printed Name and Title of Authorized Certifying Official <input style="width:95%; height:50px;" type="text"/>	11c. Telephone (area code and number) extension <input style="width:70%; height:20px;" type="text"/> <input style="width:20%; height:20px;" type="text"/>		
		11d. Email Address <input style="width:95%; height:20px;" type="text"/>	
11b. Signature of Authorized Certifying Official <input style="width:95%; height:50px;" type="text"/>	11e. Date Report Submitted (Month, Day, Year) <input style="width:95%; height:20px;" type="text"/>		
12. Agency use only			

ACF PERFORMANCE PROGRESS REPORT

ACF-OGM-PPR

COVER PAGE INSTRUCTIONS

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

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 the 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 System for Award Management (SAM) extended DUNS Number.
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.
4.	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5.	Recipient Account Number or Account Number	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.	Project/Grant Period	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.	Reporting Period End Date	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.	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	Report or Frequency	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.	Performance Narrative	Leave blank and complete Form ACF-OGM SF PPR Attachment B

**Services for Survivors of Torture Program
 Semi- Annual Performance Progress Report
 Performance Narrative- A**

		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	3. Reporting Period End Date (MM/DD/YYYY)
Program Assessment Area I			
<i>Insert narrative in each section as appropriate (be sure to include program metrics in attached spreadsheet).</i>			
Item	Activity	Activities, Challenges, and Successes During Reporting Period	
1	Core Service Provision		
Program Assessment Area II			
Item	Activity	Activities, Challenges, and Successes During Reporting Period	
2	Organizational Development		
Program Assessment Area III			
Item	Activity	Activities, Challenges, and Successes During Reporting Period	
3	Community Engagement		

Performance Narrative 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.

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Item	Program Assessment Areas	Instructions
1	Core Service Provision	Detail any accomplishments, achieved outputs/outcomes, and significant activities from the reporting period, as well as any challenges that impacted the delivery of services. Please describe the program’s success in overcoming challenges, as well as how the program plans to address ongoing challenges in the next reporting period.
2	Organizational Development	Describe any significant accomplishments/activities during the reporting period, such as new funding sources, partnerships, professional development activities, trainings for staff, mentorship programs, fellowships, and efforts to further integrate survivors within the organizational structure. In addition, please elaborate on achievement of outputs and outcomes. Please include any program challenges, successes in overcoming said challenges, and plans to address any ongoing issues in the next reporting period.
3	Community Engagement	Describe any outreach activities, events, trainings, and workshops conducted during the reporting period to increase awareness of and support for survivors of torture. List any new and ongoing partnerships or mentoring/consultations with local organizations and service providers. In addition, please elaborate on achievement of outputs and outcomes. Please include any program challenges, successes in overcoming said challenges, and plans to address any ongoing issues in the next reporting period.

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

The purpose of this information collection is to collect demographic, programmatic, and outcome data in order to learn more about the population being served, the types of services they receive, and the effectiveness of those services. Public reporting burden for this collection of information is estimated to average 6 hours per response, 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 (Funding Announcement: HHS-2022-ACF-ORR-ZT-0051). This collection of information is required to retain a benefit (Torture Victims Relief Act of 1998, Pub. L. 105-320). If you have any comments on this collection of information, please contact the Administration for Children and Families, Office of Refugee Resettlement, Division of Refugee Health, 330 C Street, SW, 5th Floor, Washington, DC 20201 or email drh-rmh-team@acf.hhs.gov. 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 OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX.