

Services for Survivors of Torture Program Semi-Annual Program Metrics- B

1. Recipient Name:	
2. Grant Number:	
3. Reporting Period: <i>Please select from drop down list</i>	

Please insert program metrics for each assessment area (must be accom

Proposed Annual Outputs <i>Use the outputs in the approved logic model</i>	Act
	First Reporting Period

Core Service Provision	

Organizational Development	

Community Engagement	

Proposed Annual Outcomes	Achi
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0970-XXXX
'XX/XXXX

**Services for Survivors of Torture Program Semi-Annual Performance
Progress Report
Program Metrics- B**

1. Recipient Name:	
2. Grant Number:	
3. Reporting Period: <i>Please select from drop down list</i>	

Please insert program metrics for each assessment area (must be accompanied by performance narrative form)

Proposed Annual Outputs <i>Use the outputs in the approved logic model</i>	Achieved Outputs				
	FY XX	FY XX	FY XX	FY XX	FY XX

Core Service Provision

Organizational Development

Community Engagement

Proposed Annual Outcomes	Achieved Outcomes				
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Proposed Annual Outcomes <i>Use the outcomes in the approved logic model</i>	FY XX	FY XX	FY XX	FY XX	FY XX
Core Service Provision					
Organizational Development					
Community Engagement					

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

The purpose of this information collection is to collect demographic, programmatic, and outcome data services they receive, and the effectiveness of those services. Public reporting burden for this collection time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection Announcement: HHS-2022-ACF-ORR-ZT-0051). This collection of information is required to retain a burden comments on this collection of information, please contact the Administration for Children and Families SW, 5th Floor, Washington, DC 20201 or email drh-rmh-team@acf.hhs.gov. An agency may not conduct information unless it displays a currently valid OMB control number. The OMB number and expiration c

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in order to learn more about the population being served, the types of information is estimated to average 6 hours per response, including the collection of information. This is a mandatory collection of information (Funding benefit (Torture Victims Relief Act of 1998, Pub. L. 105-320). If you have any questions, Office of Refugee Resettlement, Division of Refugee Health, 330 C Street, Washington, DC 20520, or sponsor, and a person is not required to respond to, a collection of information. The dates for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX.

Data Elements
<i>Recipient Name</i>
<i>Grant Number</i>
<i>Reporting Period</i>
<i>Proposed Annual Outputs</i>
<i>Achieved Outputs</i>
<i>Proposed Annual Outcomes</i>
<i>Achieved Outcomes</i>
<i>End of Project Report</i>

**Services for Survivors of Torture Program Semi-Annual Performance Progress Report
Program Metrics Instructions**

Instructions

Enter the name of the organization identified in the Notice of Award.

Enter the grant/award number contained in the award document.

Select the reporting period using the drop down box. The first semi-annual report covers the first 6 months of the fiscal year and the second report covers the last 6 months of the year. For final PPRs, the reporting period is the entire project period.

List outputs from the approved logic model, adding spaces as needed.

First Reporting Period covers Months 1-6 and Second Reporting Period covers Months 7-12. The FY Total column should equal the sum of achieved outputs for both periods.

List outcomes from the approved logic model, adding spaces as needed.

First Reporting Period covers Months 1-6 and Second Reporting Period covers Months 7-12. The FY Total column should equal the sum of achieved outcomes for both periods.

List the outputs and outcomes from the approved logic model, adding spaces as needed. For each fiscal year, report the total achieved outputs and outcomes for each item.