CMHS Programmatic Progress Report (PPR) Template

Overview/Instructions

1) Report work completed in the prior 12-month grant period.
2) Submit a .PDF of your completed PPR in the eRA Commons Terms Tracking System no later than 90 days after the end of each 12-month budget period.

CMHS Program		Template Version	

Report Sections

Section I. Grant and Report Information

1. Grantee Name					
2. Grant Number					
3. Unique UEI					
4. Project Period	*4a. Start Date*			*4b. End Date*	
5. Reporting Period	*5a. Start Date*			*5b. End Date*	
6. Report Frequency	*Select*			*6a. Final report?*	
7. Person Completing Report	*7a. Name*			*7b. Email*	
	7c. Position			*7d. Phone Number*	

Section II. Grant Management

Key Personnel Changes

- Enter the first and last name of required key personnel, as specified in the NOFO.
- Check the "Change in Key Personnel" box and provide the reason for the change, if any key personnel changes occurred during the reporting period.

Position	First and Last Name	Change in Key Personnel	Reason for Personnel Change
Project Director			

Section II. Grant Management (Continued)

Project Budget

- Describe any changes to your grant project's budget that occurred during the reporting period.
- Describe any challenges you had in implementing the project budget or spending dispersed funds during the reporting period. Describe project plans or actions to overcome any challenges you list below.

Budget Changes Greater than 25 percent of Total Award or Greater than $250,000 *(if any)*	
Budget Changes Less than 25 percent of Total Award *(if any)*	
Project Budget or Spending Challenges *(if any)*	
Plans or Actions to Overcome Challenges *(if project experienced challenges)*	

Project Scope and Implementation

- Describe any significant changes that occurred during the reporting period for each item below. If no changes in project scope or implementation occurred, please enter "None".

Scope or Change(s) *(if any)*	
Project Implementation Change(s) *(if any)*	

Section III. Project Activity Accomplishments

Required Project Activities

- Describe your project's progress achieved during the reporting period in conducting each activity below.
- Explain how your project met the goals and objectives stated in your grant application.
- Discuss any challenges your project had for each activity and plans/actions for overcoming the challenge.

1 Required activity: Provide specialized and individualized support to individuals with SMI and COD to choose, acquire, and maintain competitive employment. Provide comprehensive treatment and recovery support services for SMI and/or COD in conjunction with vocational services. Assess for housing status and collaborate with homeless and housing service providers to link to the local HUD Coordinated Entry housing system.	
1a Accomplishments	
1b Challenges/ Barriers *(if any)*	
1c Plan/Action for Overcoming Challenges/ Barriers *(if project experienced challenges)*	

Section III. Project Activity Accomplishments (Continued)

Required Project Activities (Continued)

2   Required activity: Conduct supported employment fidelity assessments no later than 90 days after service delivery begins and annually thereafter.

2a Accomplishments	
2b Challenges/ Barriers *(if any)*	
2c Plan/Action for Overcoming Challenges/ Barriers *(if project experienced challenges)*	

Section III. Project Activity Accomplishments (Continued)

Required Project Activities (Continued)

3   Required activity: Develop and implement an employer engagement strategy.

3a Accomplishments	
3b Challenges/ Barriers *(if any)*	
3c Plan/Action for Overcoming Challenges/ Barriers *(if project experienced challenges)*	

Section III. Project Activity Accomplishments (Continued)

Required Project Activities (Continued)

4 **Required activity:** Develop and implement a strategy to respond to the unique needs of individuals who are unsuccessful in finding employment.	
4a Accomplishments	
4b Challenges/ Barriers *(if any)*	
4c Plan/Action for Overcoming Challenges/ Barriers *(if project experienced challenges)*	

Section III. Project Activity Accomplishments (Continued)

Required Project Activities (Continued)

5   Required activity: Develop and implement a strategy for long-term employment stability.

5a Accomplishments	
5b Challenges/ Barriers *(if any)*	
5c Plan/Action for Overcoming Challenges/ Barriers *(if project experienced challenges)*	

Section III. Project Activity Accomplishments (Continued)

Required Project Activities (Continued)

6	**Required activity:** Provide training on behavioral health implementation for the national Culturally and Linguistically Appropriate Services (CLAS) standards to all program staff. Translate tools and resources available to recipients of services. Provide, increase, or enhance access to services for people of all racial/ ethnic/marginalized groups in the community. Create conflict and grievance resolutions processes that are culturally and linguistically appropriate.
6a Accomplishments	
6b Challenges/ Barriers *(if any)*	
6c Plan/Action for Overcoming Challenges/ Barriers *(if project experienced challenges)*	

Section III. Project Activity Accomplishments (Continued)

Required Project Activities (Continued)

7 Required activity: Develop a sustainability plan that identifies mechanisms for sustaining activities funded by this grant and delineates steps necessary for exercising those mechanisms.

7a Accomplishments	
7b Challenges/ Barriers *(if any)*	
7c Plan/Action for Overcoming Challenges/ Barriers *(if project experienced challenges)*	

Section IV. Progress Reporting

Infrastructure Development, Mental Health Prevention and Promotion (IPP)

For each indicator below:

- Check the "Goal Met" box to indicate if your project met the goal as entered in SPARS.
- For unmet goals:
    - Describe any barriers or setbacks the grant encountered during the reporting period.
    - State the project plan or action for overcoming challenges in achieving project goals.

IPP Indicator	Goal Met*	Barrier/Setback in Achieving Goal *(if any)*	Plan or Action to Overcome Challenge *(for any barrier or setback)*
TR4			
R1			

Section IV. Progress Reporting (Continued)

Infrastructure Development, Mental Health Prevention and Promotion (IPP) (Continued)

IPP Indicator	Goal Met*	Barrier/Setback in Achieving Goal *(if any)*	Plan or Action to Overcome Challenge *(for any barrier or setback)*
AC1			
O1			

Section IV. Progress Reporting (Continued)

Client-Level Services

For each measure below:

- Check the "Goal Met" box to indicate if your project met the goal as entered in SPARS.
- For unmet goals:
  - Describe any barriers or setbacks the grant encountered during the reporting period.
  - State the project plan or action for overcoming challenges in achieving project goals.

Client-Level Services Measure	Goal Met*	Barrier/Setback in Achieving Goal *(if any)*	Plan or Action to Overcome Challenge *(if any barrier or setback)*
Number of Clients Served this Year			
Number of Cumulative Unique Clients Served over the Project Period			

Section IV. Progress Reporting (Continued)

Program-Specific Measures

- For each program-specific measure below, report according to guidance provided.

Measure	Value	Notes
Employed During Enrollment (Count)		
Employed 90+ Days (Count)		
Employed at Exit (Count)		
Employed at 180 Days (Count)		
Median Hourly Salary ($)		
Median Weekly Hours Worked		

Section V. Disparity Impact Statement (DIS)

Status and Updates

- Provide an update on your project's DIS addressing the questions below.

Progress towards DIS Goals?	
Barriers Encountered Serving Populations of Focus?	
Efforts to Overcome Barriers?	
DIS Tracking, Monitoring and/or Evaluation Activities?	
Adjustments to the Quality Improvement Plan? *(if any)*	

Optional Section

Other Accomplishments/Concerns/Activities – OPTIONAL SECTION

Answering any item in this section is NOT REQUIRED.
- Describe other accomplishments, concerns or activities you did not include above but which are important for successful implementation of your grant.

Other Accomplishments	
Other Concerns	
Questions	
Additional Comments	

Optional Section (Continued)

Grantee Success Story – OPTIONAL SECTION

Answering any item in this section is NOT REQUIRED.

- If you choose, we encourage you to share one or two success stories. This may include an example of how the grant had a positive impact, or positive feedback you received about the grant.
- Before you share a story here:
    - Be aware that SAMHSA may share the stories you provide with people outside of the agency.
    - Make certain your story does not include information that can be used to identify individuals.
    - Get permission from anyone you describe (clients, participants, or staff).

Grantee Success Story #1	
Grantee Success Story #2	