

# 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 PMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Project Period		7. Reporting Period End Date	
Budget Period Year Covered in the Report:	Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	8. <input type="checkbox"/> 1 <sup>st</sup> semi-annual (mid-year) <input type="checkbox"/> 2 <sup>d</sup> semi-annual (end of reporting period)
9. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i>			
Project Title:			
Report prepared by: Name: _____ Date: _____			
Email Address: _____ Telephone (area code, number and extension): _____			
10. Other Attachments:			
<b>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.</b>			
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 the first reporting period ONLY according to the OWP)
- N/A this reporting period (check this box if activity is scheduled to start after this current reporting period)
- Delayed (check this box if activity is not completed by the originally anticipated end date and is still active)

Goal:  
Year:

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

<b>Objective 2:</b>						
<b><u>Milestone Activities</u></b>	<b>Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).</b>	<b>Outputs</b>	<b>Describe the status of each Output</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Status of Activity and Output (see instructions above)</b>
1.						

2.						
3.						

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

**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:

5. Employment Tables  
Project Funded Staffing

Please list, in the following table, all project positions required for the project and currently filled. NOTE: This will be for positions 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, Female					

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, but by an entity outside of the project, for example partner or beneficiary organizations, etc.

Name of Individual	Position Title	Position Type	Industry (Drop down)	Filled by?	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 period)
		Full time, Part time Intern, Stipend, Consultant/Freelance, other	Education, Construction, Government, Retail, Tourism, etc.	Native, Veteran, Female						

**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	If Yes, please state how you overcame the challenge. If no,
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	<b>the challenge?</b>	<b>please identify your plan to address this challenge.</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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 the Payment Management System (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 (Please see instructions for examples of discrepancies):

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, three 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	Three 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	<u>Total</u> # of youth participating	# of <u>New</u> youth participating	<u>Total</u> # of Elders participating	# of <u>New</u> 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

		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<u>New</u> = Partnership Formed During the Project  <u>Pre-existing</u> = Partnership Existed Prior to the Project	Type of Partner (drop-down menu*)	Resources Contributed to the Project by the Partner
	<input type="checkbox"/> New <input type="checkbox"/> Pre-existing		
	<input type="checkbox"/> New <input type="checkbox"/> Pre-existing		
Cumulative Total Since Beginning of Project: <i>(This field auto-populated by the number of entries in ‘Name of Partner’ column)</i>			

\*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

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**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..1 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	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

3.a. If yes, how many businesses?

3.b.

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

4 Were any businesses expanded?

Yes  No  N/A

4a1 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 Training or Workshop	Description of Skills or Knowledge Developed	Total # of People who Completed the Training	# of People who were Project staff	# of <u>New</u> People who Completed the Training	Total # of Hours 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 <u>adopted/passed</u> ?	Was the ordinance, code, or regulation <u>implemented</u> ?	If implemented, please explain how. If not, please explain why.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 an app for a phone or tablet, a podcast, etc.)	How does this material or resource support the project's goals?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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 ADC 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	Total # of Classes	Total # of Class Hours	Total # of Students	Immersion?	Average Age of Students
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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 only 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 ‘Beneficiaries’ 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’ column, please describe, in as much detail as possible, the positive changes that have occurred for the identified individual or group.

Beneficiary	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 your community 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.

- |  |  |
|--|--|
| <input type="checkbox"/> N/A (additional funds not required) | <input type="checkbox"/> Program income        |
| <input type="checkbox"/> State/Territory funds               | <input type="checkbox"/> Tribal funds          |
| <input type="checkbox"/> Other grant federal funds           | <input type="checkbox"/> Fundraising campaigns |
| <input type="checkbox"/> Private foundation grants           | <input type="checkbox"/> Colleges/Universities |
| <input type="checkbox"/> Corporate Donations                 | <input type="checkbox"/> 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 :