Community collaborations to strengthen and preserve fAMILIES Grantee SEMIANNUAL ACF PERFORMANCE PROGRESS REPORT

**Appendix B - Program Indicators**

**ACF-OGM-SF-PPR**

SF-PPR-OGM-B

Appendix B of the semiannual ACF performance progress report provides information on the programmatic and evaluation activities conducted by the grantee during the reporting period as well as activities planned for the next reporting period. Information from the report will be used by the Children’s Bureau to meet grants management requirements. Semi-annual progress reports are due within 30 days of the end of each 6-month reporting period.

**Reporting Period 1: October 1 – March 31; Report Due: April 30**

**Report Period 2: April 1 – September 30; Report Due: October 31**

Grantees are to submit their original Semi-Annual Progress Report electronically to the Grants Management Specialist (GMS) and their Federal Project Officer (FPO) through Grant Solutions.

The following table is to be to be completed in lieu of writing a full narrative for Appendix B. The same table will be used in each reporting cycle; thus, it includes activities that may not be applicable to your grant at this point. You only need to complete the rows for the activities/accomplishments your grant team has accomplished in the last six months.

In the table below, provide a response if your implementation team had activities/accomplishments related to the specific activities listed during the reporting period**.** In the second column, provide details on the activities/accomplishments. The text below each specific activity provides suggestions for what could be discussed. The table is organized by activity type, indicated in bold. The detail you provide for an activity should be clear and concise and enable the reader to understand what was accomplished.

In addition, please attach any supporting documents to help tell the story of your project work the previous six months, like CQI reports, evaluation reports, press releases, or updated implementation or evaluation plans.

**Grantee Name and Address:**

**Grant Number:**

**Period Covered by Report:** through

**Principal Investigator or Project Director:**

**Report Author’s Name and Telephone Number:**

**Name of Federal Project Officer:**

**Name of Grants Management Specialist:**

**B-01: Major Activities and Accomplishments During the Current Six-Month Period**

|  |  |
| --- | --- |
| **Activity and Description** | **Your Grant Activity/ Accomplishment** |
| **Established / Engaged Implementation Team and Partners** | |
| ***Established structure of implementation team***  In the last six months, did your grant establish or modify the structure of your implementation team?  If so, describe how it was modified. For example, what is the meeting schedule (e.g. monthly, quarterly)?  Describe any activities accomplished to establish a workable structure for the implementation team. Describe its membership and key activities. |  |
| ***Identified and/or engaged implementation team members***  In the last six months, did your grant identify and/or engage new implementation team members? This includes hiring of staff or consultants. Please explain why these members were identified and engaged as part of the implementation team.  Discuss any activities completed to engage or modify the implementation team in the last six months. |  |
| ***Established/ modified communication process***  In the last six months, did your grant establish or modify/revise your communication process?  Is it the same for implementation-team members and formal and informal partners? Summarize your communication process.  Discuss any activities used to establish communication protocols for the implementation team. |  |
| ***Established or revised decision-making process***  In the last six months, did your grant establish or revise the decision-making process?  Briefly describe your revised/new decision making process and how it was developed duringthe last six months. |  |
| **Developed / Revised Theory of Change and Logic Model** | |
| In the last six months, did you develop or revise the project logic model and/or theory of change?  If yes, describe the developed or revised logic model and/or theory of change. |  |
| **Obtained and Analyzed Data** | |
| ***Did your grant identify new insights and/or support for existing ideas about how to support the target population?***  If yes, describe what your team has learned in the last six months (e.g. data analyses, staff discussion, journal articles, TA consultation) about the target population. What did you learn that is new to the team? What did you learn that confirmed previous ideas?  In the last six months, did you reassess the barriers and challenges to community-based and family support strategies, practices, or activities that are specific to the identified target area for project implementation?  If yes, discuss the analyses conducted in the last six months to identify strategies, practices, or activities the target area for implementation may need but are not currently able to access. Are there strategies, practices, or activities that are underutilized? Are there strategies, practices, or activities that are over-utilized? Strategies, practices, or activities that are missing or for which there are waiting lists?  In the last six months, did you change the target area for project implementation?  Please describe what motivated/informed the change (e.g. survery data, staff discussion). |  |
| **Assessed and Developed Strategies, Practices, or Activities and Enrollment Processes** | |
| Describe any changes made to planned strategies, practices, activities or project timepline made in the previous six months and why. |  |
| ***Participant Enrollment***  Have you begun enrolling participants in the past six months? If not, when do you plan to start?  Provide total project enrollment goals and progess to date; and enrollment goals for the six month reporting period and progress to date.  Provide a count of the number of referrals made to participants. |  |
| ***Identified screening and assessment tools***  In the last six months, did your grant identify/revise screening and assessment tools used with potential participants?  If yes, explain why and how new tools were identified as well as the piloting of the new process. Please discuss how the screening and assessment tools were revised. Please indicate how many of your partners have adopted (or plan to adopt) the new process (e.g. some, most, all). Please focus only on decisions made in the last six months. |  |
| ***Sample Identification and Selection***  In the last six months, did your grant change sample and service priorities?  If yes, has your team changed:  •a set of priority strategies, practices, or activities for the target population,  •whether sample procedures and priorities for these strategies, practices, or activities need to be modified,  •what modifications are planned?  Please describe the changes made and rationale for the changes. |  |
| **Developed / Implementated a Continuous Quality Improvement (CQI) plan** |  |
| Describe how the CQI plan was implemented during this reporting period, including changes to the CQI plan and the rationale for the changed. Please include information about decisions or changes made as a result of implementing the CQI process. |  |
| **Developed / Refined Evaluation Design** | |
| ***Develop/ refine the site-specific evaluation plan***  In the last six months, did you revise theevaluation design or plan?  If yes, describe activities conducted in the last six months that helped you design or revise your evaluation design and/or plan. Include decisions made regarding various elements of the design (for example, individual randomized controlled trial, cluster randomized controlled trial, quasi-experimental design study with comparison group). Please attached your revised evaluation plan, including any revised instruments. |  |
| ***Evaluation Progress***  Briefly describe evaluation activities conducted in the past six months, including:   * IRB/Tribal approval * Data collection * Data analysis * Dissemination * Activity timelines   Attach any evaluation reports or deliverables generated during that time period. |  |
| ***Upcoming Evaluation Activities***  Please list the major evaluation activities and milestones you expect to achieve in the upcoming 6 months. |  |
| ***Evaluation Challenges/Barriers***  Please describe any challenges/barriers you encountered during the previous six months of implementing the evaluation. What solutions did you employ to address the challenges? |  |

**TableB- 02: New Agreements Established with Formal Partners During this Reporting Period**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Agency (list agency name, not individual person) that was added to your partnership or with whom you established a formal agreement** | **Is this a new or existing partner?** | **Primary contribution(s) to the project** | **Did you establish a formal agreement with this agency?** | **Type of formal agreement (such as MOU, data sharing agreement)** | **Description of the purpose/content of the formal agreement** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Did any previously established formal relationships end/change in the previous six months? If so, explain which organization, why the relationship ended, and how it was resolved.

Table**B-03: New Agreements Established with Informal Partners During this Reporting Period**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Agency (list agency name, not individual person) that was added to your partnership or with whom you established a formal agreement** | **Is this a new or existing partner?** | **Primary contribution(s) to the project** | **Did you establish a formal agreement with this agency?** | **Type of formal agreement (such as MOU, data sharing agreement)** | **Description of the purpose/content of the formal agreement** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Did any previously established formal relationships end/change in the previous six months? If so, explain which organization, why the relationship ended, and how it was resolved.

**TableB-04: Adminstrative Data Sources Used During this Reporting Period**

|  |  |  |  |
| --- | --- | --- | --- |
| **In the last six months, did your grant gain access to administrative data sources?** | **Please list the data sources** | **Please list when the data was first accessed.** | **Briefly describe how the data was used.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B-05: Significant Findings and Events**

Discuss the most significant findings and events, that occurred during the past reporting period. There will be overlap with B-01, but here we are looking for what you define as significant. Please describe the major successes you achieved in planning for or implementing your project in this reporting period (challenges are discussed later in the report). How did you achieve them? What innovations have you developed, if any?

**Table B-05: Significant Findings and Events During Reporting Period**



Describe any significant changes in your state or service area during this 6-month reporting period that have affected or may affect your project or the program outcomes you are measuring in your evaluation.

* Has your program experienced any significant challenges during this 6-month reporting period as a result of the current fiscal environment? If so, please provide specific examples of how the fiscal environment has adversely impacted your program (such as reductions or changes in child welfare, decreased samples to your program, reductions or loss of funding sources, etc.).



* Has your program gained any new sources of funding during this 6-month reporting period? If yes, please list the new sources of funding and describe how the funds will be used to support your project.



* Has your program became involved in any other federal initiatives during this 6-month reporting period? Please indicate if your agency is the lead grantee or if you agency will be a key partner to the activity.

****

* Please describe any key lessons learned during the reporting period regarding implementation.



**B-06: Dissemination Activities**

Briefly describe project related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, magazine articles or other published materials considered relevant to project activities, or used for project information or public relations purposes.

Please categorize the information in the following ways:

* Academic (e.g. conference presentations, journal submissions, white papers) and Stakeholder (e.g. press releases, newspaper interviews, community presentations, infographics, and social media)
* Information on the grant vs findings/ work of the grant/ other
* Type of dissemination (examples include: newspapers, presentation, articles, other)
* Frequency with which dissemination will occur

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic or Stakeholder** | **Content? (Information on the grant vs. findings of the grant)** | **Vehicle? (Newspaper, meeting, presentation, article)** | **Frequency** | **Description** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**B-07: Other Activities**

**Budget**

Please use this section to explain any changes to the grant that resulted in a change to the budget but did not include a budget revision.

Were any project changes that require federal approval (such as a change in budget, project director, or other key staff) made during this 6-month reporting period? If so please describe the change and the reason for the change. Include changes you have discussed with your FPO or GMS.

**Table B-07: Other Activities Related to Budget**

|  |  |
| --- | --- |
| **Activity and Description** | **Your Grant Activity/ Accomplishment** |
|  |  |
|  |  |

**B-08: Problems**

Please indicate whether your project faced any of the following programmatic challenges or barriers that affected your ability to complete planned activities for this reporting period. For each problem you faced, please describe how you addressed the barrier and your progress in resolving it.

**Table B-08: Problems Encountered During Reporting Period**



**B-09: Technical Assistance Needs**

Please list any programmatic or implementation-related technical assistance needs.Please list any evaluation-related technical assistance needs.

**Table B-09: Technical Assistance Needs**



**B-10: Activities Planned for the Next Reporting Period**

Using Table 6, list the key activities you plan to engage in over the next six months. These key activities could include, but are not limited to, developing written implementation plans; hiring, training, or providing professional development to staff; holding partnership meetings or activities; establishing MOUs or other formal agreements with other organizations; establishing procedures for information or data sharing with partner agencies; beginning enrollment; establishing and/or implementing procedures for tracking/maintaining contact with those who receive strategies, practices, or activities; making refinements to program strategies, practices, or activities; reviewing data to monitor enrollment or implementation or to inform improvements in implementation. For each activity listed, please describe the activity and the organization(s) responsible.

Please indicate whether your team is planning to undertake a particular activity in the next reporting period. This could be followed by a brief statement of what your implementation team will undertake in the upcoming reporting period. We will also review this information for opportunities to provide technical assistance.

**B-10: Supplemental Funding for Race Equity Activities** (Reporting this information is optional, but would be helpful to CB)

* What activities using your supplemental funding were implemented during the reporting period?



* Were any adjustments needed to activities that you had initially planned in your request for supplemental funding?



* Did you collaborate with any partners during the reporting period as a component of the work? If so, what functions/roles did those partnerships play?



* What, if any, challenges were experienced during the reporting period related to your planned activities (e.g., implementation timeframes, contracting, partnership delays)? How did you address these challenges?



* What has been the community response to implementing these activities? Any lessons learned?



* What additional race equity activities, if any, would you consider if there were additional supplement resources available?



**Table B-11: Planned Activities for the Next Six Months**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Description** | **Organization(s) Responsible for This Activity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Glossary**

**Partners** Organizations or entities that do not have representation on the implementation team but are critical to the success of the implementation process. You may have **formal** partnerships, in which there is an MOU or involve an exchange of resources, or **informal** partnerships that do not have an MOU or involve an exchange of resources.

**Implementation Team** The team (or set of teams) representing diverse expertise and perspectives from across the organization and its stakeholder groups that performs the work of implementing change at an organization. This work includes:

* Developing, supporting, and overseeing the implementation plan (which may include developing a multifaceted, comprehensive work plan)
* Championing the change effort and securing the necessary resources
* Addressing implementation barriers and opportunities
* Using data to monitor progress and make informed decisions to ensure the change initiative’s success

Teams can be formed at several points in a change and implementation process. While the core steering team needs to come together at the beginning to guide the work and make critical decisions regarding team members and teaming structures, “subteams” or workgroups may be formed as needed throughout the change and implementation process.

**Target Area for Project Implementation** The target area for project implementation is a geographic area that would benefit from a multi-system collaborative and a continuum of community-based prevention services designed to strengthen families, promote protective factors, and reduce the likelihood that children will suffer maltreatment.

**CQI** Data-driven process that employs specific values and tools for setting goals, planning, and implementing and measuring change.

**Strategies, Practices or Activities** Specific practice, service, policy, strategy, program, practice model, or combination of these that is clearly defined, operationalized, and distinguishable from one or more alternatives.

Project activities and strategies will be based on the needs of the designated communities but must reflect CB’s priority on strengthening families’ protective capacities through primary prevention of child maltreatment, community-based services and supports, and enhancing child and family well-being. Project activities and strategies must be clearly linked to needs and target local barriers and challenges to community-based prevention and integrated family support services. Projects should also align with existing initiatives being conducted in response to other CB-funded programs and requirements. The Funding Opportunity Announcement (FOA) provides required strategies and project activities (page5).