**Diaper Distribution Demonstration and Research Pilot Quarterly Reporting Requirements**

Under #10, Performance Narrative (pdf page 1):

* Please include your official program start date (Month, Year)
* Please include one program success story or highlight from this quarter.
	+ In your success story, please include the specific partner organizations that contributed to the success, any beneficiary families that shared information about the impact of these diapers on their lives, a programmatic milestone, and/or successful outreach strategies.
* Please note: ignore the instructions on pdf page 2 for this box.

Under B-03, Significant Findings and Events (pdf page 3):

* Please include an updated list of partner organizations that you are working with.
	+ Please indicate if your partner organizations have changed in any way since you applied for this funding opportunity. Have you added partners, lost partners, etc.?
* Please indicate if your program leadership or contact information has changed in any way.

B-06, Other Activities (pdf page 4):

* Please use the following bolded headings and include the requested information beneath each heading.
* **Families and Children Served**
	+ Please provide the total number of unique families you served this quarter.
	+ Please provide the total number of unique children who have received diapers through the program this quarter.
	+ Please provide the total number of unique families you served to date.
	+ Please provide the total number of unique children who have received diapers through this program to date.
	+ Please provide the total number of unique families that are **newly enrolled** this quarter.
	+ Please provide the total number of unique children that are **newly enrolled** to receive diapers this quarter.
		- **Newly enrolled** – family is receiving diapers for the first time.
	+ Please provide the estimated retention rate for families in your program.
* **Diapers and Diapering Supplies**
	+ In the last quarter, how many diapers did you distribute?
	+ In the last quarter, how many pull-ups did you distribute?
	+ Please provide your average cost per diaper for the last quarter.
	+ Please provide your average cost per pull-up for the last quarter.
	+ Did you distribute other diapering products/supplies this quarter? If so, which kinds and how many?
	+ Please provide how much you spent on other diapering/supplies products in the last quarter.
	+ Briefly describe how you are taking advantage of economies of scale in your diaper purchasing.
* **Wraparound Services**
	+ Please describe your process for connecting enrolled beneficiary families with wraparound supportive services. Please describe any changes that have occurred in the last quarter to your process.
	+ Please list the available types of wraparound supportive services provided by your partners to enrolled DDDRP beneficiary families during the past quarter. Please list the services by partner. For example, ABC organization provides housing, childcare, and employment services to beneficiary families.
	+ For any partner organizations providing translation assistance for service applications or services, please list the languages offered. Please list the languages offered by partner. For example, ABC organization provides translation assistance in Spanish and Arabic.
	+ Please list the service types for which families received referrals during the last quarter. Please include service types for referrals to services provided by your diaper distribution pilot partner organizations and other organizations.
		- Service types for referrals to services provided by partner organizations:
		- Service types for referrals to services provided by other organizations:
	+ Please enter the number of families who received a referral during the last quarter. Please include families who received referrals to services provided by diaper distribution pilot partner organizations and/or other organizations.
	+ Please enter the number of families who have received a referral since the start of the diaper distribution pilot. Please include families who received referrals to services provided by diaper distribution pilot partner organizations and/or other organizations.
* **Budget Updates**
	+ Please provide the total amount spent for the last quarter in the following areas.
		- Diapers
		- Diapering Supplies
		- Staffing and Benefits
		- Staff Travel
		- Indirect
		- Other
* **Sub awardees/Partners**
	+ Please provide the total amount allocated to each of your sub awardees/partners broken out into the following categories for the last quarter.
		- Procurement of diapers & diapering supplies
		- Transportation and Warehousing
		- Staffing and Benefits
		- Staff Travel
		- Indirect
* **In-Kind Match**
	+ Please provide an update on the status of the in-kind match committed for your program.
* **Leveraged Opportunities**
	+ Please provide a description of any new opportunities for resources, funding, partnerships, etc. that have come to your organization because of the DDDRP award.