**OASH Performance Project Report (PPR)**

**for Grants and Cooperative Agreements**

**Report Header Information (to be prepopulated based on user login credentials)**

Project Title

Period of Performance

Budget Period

Reporting Period

Organization Name, PD/PI Name, Phone, Email

Person submitting PPR if not PD/PI on the NOA

1. **Project Progress – Goals and Objectives** Progress is measured against the approved project and the associated workplan. According to your approved workplan enter in the project Goal(s), any sub-goals or grantor goals, underlying objectives, and activities. Once you do this for the first report, fields will carry forward but will be editable to accommodate any approved changes over time.

For each level, click the box to indicate the appropriate status for the current reporting period (Not started, Ongoing/In Progress, Completed). Where prompted, provide a % completed estimate and indicate whether a prior approved change to the item is being reported.

**Project Goal 1 (at least 1 required)**

**Project Subgoal 1** **or Grantor Goal** **[optional]**

**Objective 1 (at least 1 required)**

**Brief Narrative**

**Activity 1** – **[Title]**

**Brief Description**

Not started Ongoing/In Progress \_\_\_% Complete Completed

**Activity 2** (If needed)

**Brief Description**

Not started Ongoing/In Progress \_\_\_% Complete Completed

**Add work plan activities, as needed**

**Objective 2 (if needed)**

**Brief Narrative**

**Activity 1** – [Title]

Not started Ongoing/In Progress \_\_\_% Complete Completed

**Activity 2** (If needed)

Not started Ongoing/In Progress \_\_\_% Complete Completed

**Add work plan activities as needed**

**Add Project Goals, Objectives and Activities as needed to cover reportable items during the reporting period.**

1. **Significant Project Accomplishments**

Add your project related accomplishments during the reporting period and associate them with the progress on the relevant work plan component(s) above. Please use the space provided. You made add an attachment(s) when you finalize your report to provide additional details or information.

**No Significant Accomplishments this Period**

**Accomplishment 1**

Associated Goal, Objective from above

Significant Results/Outcome/Impact

Barrier/Challenges Overcome

**Add additional reportable accomplishments as needed to cover reportable items during the reporting Period.**

1. **Broader Program Impacts**

Refer to programmatic PPR guidance provided by the project officer for the relevant information to provide in this section.

**No Broader Program Impacts this Period Not Applicable per Program Guidance**

**Has the project supported the broader programmatic performance goals not already described under accomplishments?** **Y,N**

**If Y, describe**

**Has the project had an impact on health equity?** **Y, N or N/A**

**If Y, describe**

**Has the project contributed to training and development of your staff or others in the broader field as a whole?** **Y, N**

**If Y, provide below a description of the event including date, duration, location, brief description of the content and audience, number of trainees or interactions, copy of a syllabus.**

**Has the project contributed to the development of new resources, communities of practice, partnerships, or infrastructure that are expected to have a lasting impact on the field?**  **Y, N or N/A**

**If Y, describe**

**Have you identified any lessons learned that would benefit other similar projects or the broader field of study? Y, N**

**If Y, describe**

1. **Products and Dissemination**

List below any of the items below produced during the reporting period. Do not include manuscripts in preparation. Only include those items published or submitted for publication.

If any published materials are not freely available to the public, you are strongly encouraged to provide a copy as an attachment to your report. If that is not feasible, please notify your project officer and grant management specialist.

**No Products or Dissemination Activities this Period**

**Publications. Select the type of publication and provide the requested information.**

+ **Peer-reviewed journal article**

Published Submitted and under review.

Provide as complete a citation as possible using any standard citation format such as APA that includes authors, title, journal, vol, issue, year, page numbers and also DOI or PubMed ID (PMID) or link. Keywords.

**+ Article (not peer reviewed)**

Provide as complete a citation as possible using any standard citation format that includes authors, title, journal, vol, issue, page numbers, year and also DOI or PubMed ID (PMID) or link. Keywords.

**+ Book or Book Chapter**

Provide as complete a citation as possible using any standard citation format that includes authors, book title, chapter title (if applicable), publisher, page numbers, year and if available DOI, PMID or link. Keywords.

**+ Thesis or Dissertation**

Provide as complete a citation as possible using any standard format including Author, A. A. (Year). Title of doctoral dissertation or master’s thesis (Publication number, if available) [Doctoral dissertation or master’s thesis, Institution] and also DOI or PubMed ID (PMID) or link. Keywords.

**+ Conference Proceedings**

Provide as complete a citation as possible using any standard format including Author(s), Title, Proceedings Collection Title, volume, issue, year, pages, DOI or PMID if available. Keywords.

**Significant presentations, conferences, or other outreach (national, state, and/or local)**

Provide a description of the event including Title of Presentation, Even name, date, location, brief description of the audience and/or interaction. Provide a link to a copy of any presentation of posted recording. Keywords.

**Digital presence (e.g., social media, websites, etc.) created under this award**

Provide a link to any digital presence activities. Keywords.

**Other work products (e.g., policies, )**

Provide a short description and/or link to any other work products produced as a part of your award. Keywords.

1. **Significant Collaborating and Partnering Activities**

Report information about your significant collaborating and partnering activities in the context of their contribution to the overall project. The programmatic guidance for your award will define significant. Identify partners with specificity.

**No Collaborating or Partnering Activities this Period**

**Collaborator/Partner Name**

+ Status Forming Active Inactive/Withdrawn

+ Relationship type Formal Informal

+ Collaborator/Partner’s Location

+ Collaborator/Partner’s Project Role

+ Contribution to the Project (e.g., activity, resources, access)

**Add additional reportable collaborations.**

1. **Project Evaluation Activities**

* **Does your approved project contain a project evaluation?** Y / N If No, this section is complete.

**Provide any update on the tools and techniques, both quantitative and qualitative, that you are using for your evaluation.**

* **There are No updates to the evaluation tools or techniques.**
* **Have you started implementing the evaluation plan?** Y or N
* **Have you completed your baseline data collection?** Y, N, N/A
* **Have you encountered any challenges with your evaluation (e.g., data collection, evaluator independence)?** Y,N

If Yes, **describe the difficulties and your plan for moving forward, if not described in a previous section.**

* **Do you have any preliminary lessons learned or preliminary outcomes from your evaluation activities to report related to the project goals not reported above? Y,N**

If Yes, **Describe the feedback and resulting improvements.**

* **Has your analysis resulted in any quality improvement feedback incorporated into the management of the project? Y, N, NA**

If Yes, **Describe the feedback and resulting improvements.**

**OMH PPR Supplement**

1. **Quality Improvement Areas:** During this reporting period, did you identify any areas where project strategies/approaches/activities could be refined based on collected data or gained information? This might include the identification of social service needs or disparate populations that has resulted from data collection activities. Y/N

**+ If yes, describe**

[If yes, text box with 400 characters limit]

1. **Personnel:** Did you make any changes to your key personnel during this reporting period? Key personnel for a project include the Principal Investigator/Project Director (PI/PD), Evaluator, and any other essential contributors. Y/N

*\* Note: Acceptance of the PPR by your Federal Project Officer does not indicate approval of any project change requiring prior approval from the Grants Management Officer.*

**+ Choose Position Title** [Single select option, require at least one selection]

* PI/PD
* Evaluator
* Other, please specify

[If other, text box with 100 characters limit]

**Individual’s Name:**

[Text box with 100 characters limit]

**Status:** [Single select option, require at least one selection]

New or Significant Increase in Time Commitment

Withdrawn or Significant Decrease in Time Commitment

**Previous Level of Commitment (FTE %):**

[Numeric field with 3 characters]

**Updated Level of Commitment (FTE %):**

[Numeric field with 3 characters]

[Add up to 5 from "Choose Position Title" through "Updated Level of Commitment (FTE %)" and if they can be hidden if not used better.]

**+ Upload an updated organizational chart if any key personnel changes are associated with the organizational structure or roles.** [Optional Attachment]

1. **Sustainability Planning:** During this reporting period, did you develop an approach or plan to sustain the project after the performance period ends for this award? Y/N.[If yes, multiselect option, require at least one selection]

**+** If yes, choose the category(ies) that identify components of your approach related to the project's sustainability (select all that apply):

* Creating an Action Plan
* Securing Community Support
* Integrating Programs into Existing Programs and Services
* Creating Strategic Partnerships
* Securing Diverse Financial Opportunities
* Developing or Revising Policy
* Other, please specify

[If other, text box with 100 characters limit]

**+ Briefly describe the sustainability activities related to all your selection(s) above during this reporting period.**

[Text box with 750 characters limit]

1. **Institutional Review Board (IRB):** Report the status of IRB submission.[Single select option, require at least one selection]

Not started Ongoing/In Progress \_\_\_% Complete Completed as of \_\_\_\_ (Month/Year) N/A Exempt

[If N/A or Exempt, provide an explanation – Text box with 400 characters limit]

1. **Health Disparity Population(s):**

Did you engage the health disparity population(s) during this reporting period? (Y/N)

If yes, provide the number of individuals from the health disparity population(s) that were engaged.

|  |  |  |  |
| --- | --- | --- | --- |
| Health Disparity Population(s) | Number  Engaged | DIS Target Number | Percentage |
| [single select - dropdown menu, using racial or ethnic minorities options for selection] | [7 digit # field] | [7 digit # field] | [=number of health disparity population/target number of health disparity population in the DIS ] |
| Click or tap here to select an option. | Enter # | Enter # |  |

c. If yes, indicate implementation areas of improvement

[Fixed response options, at least one must be selected from – Access, Use, Outcomes]

Access

Use

Outcomes

d. Have you changed the social determinants of the health domain(s) related to or contributing to the identified health disparities? Yes or No

If yes, please select the new domain(s) from the list. [Multiselect option, using the 5 SDOH domains for selection]

Economic Stability

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Social and Community Context

1. **Disaggregated Population(s) Data:** Each quarter, report the number of people reached, trained, or served in the geographic area of focus by race and ethnicity, including yearly targets. [Enter numbers in the table, up to 7 numeric digits]



1. **Evidence-informed Practices:** During this reporting period, have you used any methods or strategies that are supported by research? Y/N [If yes, multiselect option, require at least one selection]

**+ If yes,** **please select all that apply**

Care Coordination

Collaborative Partnership

Community Canvassing

Community Health Workers (CHWs) Interventions

Community-Led Outreach Health Literacy

Educational Outreach

Learning Collaboratives

Motivational Interviewing

Multi-Component Communications

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Plain Language

Public Health and Arts

Storytelling

Teach-Back

Train-the-Trainer

Health Literacy Screening and Linkages

Other Related Activities, please list any other strategies implemented that are not listed above

[If other, text box with 100 characters limit]

**+ Briefly describe how the selected evidence-informed practices were implemented during the reporting period.**

[Text box with 1000 characters limit]

**+ Briefly any adjustments or adaptations needed to implement the selected evidence-informed practices with the health disparity population.**

[Text box with 1000 characters limit]

1. **Healthy People 2030:** During this reporting period, did your project show progress toward any Healthy People 2030 objectives? Y/N.

+ If yes, enter data collected that tracks progress towards the objective identified in your application. Healthy People 2030 objectives can be found at: <https://health.gov/healthypeople/search?query=all%20objectives&f%5B0%5D=content_type%3Ahealthy_people_objective>.

* Enter data for each selected objective

+Objective Code

[Enter alpha-numeric code]

+ Objective Name

[Text box with 200 characters limit]

+ Enter Numerator

[Enter number up to 7 numeric digits]

+ Enter Denominator

[Enter number up to 7 numeric digits]

+ Additional Notes

[Optional text box with 100 characters limit]

[Add up to 5 from "Objective code" through "Additional notes” and if they can be hidden if not used better.]

1. **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:** During this reporting period, did your project show progress towards implementing any of the National CLAS Standards? Y/N. [If yes, multiselect option, require at least one selection]

+ If yes, please select below all the standards that apply. Each numbered standard listed defines a specific step or strategy. See <https://thinkculturalhealth.hhs.gov/clas/standards> for more detail about each standard.

**Principal Standard**

* + Standard 1 – Quality care and services that are responsive to communication needs.

**Governance, Leadership and Workforce**

* + Standard 2 - Organizational policy, practices, and allocated resources.
  + Standard 3 - Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce.
  + Standard 4 - Educate and train governance, leadership, and workforce.

**Communication and Language Assistance**

* + Standard 5 - Offer language assistance at no cost.
  + Standard 6 - Inform individuals of the availability of language assistance services.
  + Standard 7 - Ensure the competence of individuals providing language assistance.
  + Standard 8 - Provide easy-to-understand print and multimedia materials and signage.

**Engagement, Continuous Improvement, and Accountability**

* + Standard 9 - Establish accountability in the organization's planning and operations.
  + Standard 10 - Ongoing assessment of activities and CLAS-related measures.
  + Standard 11 - Collect and maintain accurate and reliable demographic data.
  + Standard 12 - Ongoing assessment of and response to community health assets and needs.
  + Standard 13 - Partner with the community to design, implement, and evaluate policies, practices, and services.
  + Standard 14 - Create conflict and grievance resolution processes.
  + Standard 15 - Communicate progress to stakeholders, constituents, and the general public.

**+ Briefly describe the outcomes or impacts of implementing the selected National CLAS Standard(s) during the reporting period. ~~x~~**

[Text box with 1000 characters limit]

1. **Language Access:** Does your project serve communities/populations who speak languages other than English? Y/N [If yes, multiselect option, require at least one selection]

**+ If yes, select the language(s) below and provide the number of individuals served/trained/reached during this reporting period.** **Select all that apply and enter ‘0’ if no individuals were reserved during the reporting period.**

* Spanish

[If selected, enter number up to 7 numeric digits]

* Chinese (including Mandarin and Cantonese)

[If selected, enter number up to 7 numeric digits]

* Tagalog (including Filipino)

[If selected, enter number up to 7 numeric digits]

* Vietnamese

[If selected, enter number up to 7 numeric digits]

* Arabic

[If selected, enter number up to 7 numeric digits]

* French

[If selected, enter number up to 7 numeric digits]

* Korean

[If selected, enter number up to 7 numeric digits]

* Russian

[If selected, enter number up to 7 numeric digits]

* German

[If selected, enter number up to 7 numeric digits]

* Hindi

[If selected, enter number up to 7 numeric digits]

* Portuguese

[If selected, enter number up to 7 numeric digits]

* Italian

[If selected, enter number up to 7 numeric digits]

* Polish

[If selected, enter number up to 7 numeric digits]

* Japanese

[If selected, enter number up to 7 numeric digits]

* Other, describe

[Text box with 100 characters limit]

[If selected, enter number up to 7 numeric digits]

1. **Performance Measure(s):** During this reporting period, did you collect quantitative data for performance measure(s) identified in your approved project proposal or developed in your evaluation plan? Performance measures differ from project goals and objectives reported previously. Performance measures assess progress towards achieving project objectives and goals. Y/N. [+If yes, please enter the project measure]

+If yes, please enter the project measure.

+ Measure Code [The first report will be used to enter or select the code, and subsequent reports will display a clone of it in read-only mode.]

[Measure Numbers 1-10]

+ Measure Brief Description [The first report will be used to enter the brief description, and subsequent reports will display a clone of it in read-only mode.]

[Text box with 100 characters limit]

+ Enter Numerator Data

[Enter number up to 7 numeric digits]

+ Enter Denominator Data [The first report will be used to enter the number, and subsequent reports will display a clone of it in read-only mode.]

[If selected, enter number up to 7 numeric digits]

+ Additional notes

[Optional text box with 400 characters limit]

+ Please enter the project measure. [Add up to 10]