Quarterly Narrative PPR Guidance

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on your grant program to understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average 2 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. 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 0970-0628 and the expiration date is 10/31/2027. If you have any comments on this collection of information, please contact juliana.melara@acf.hhs.gov.

The quarterly PPR is due 30 days after the close of the reporting period. AHSSD will use the ACF Standard PPR Form to track your progress every quarter. We will supply you with guidance about more specific information that we would like to learn through the report.

**What is the quarterly narrative PPR?**

The quarterly project performance report (PPR) is a narrative report completed by grant recipients to update the program office on the progress of the grant project.

**How does the program office use the quarterly narrative PPR?**

Your program specialist will use the quarterly PPR to provide you specialized training and technical assistance. The office will also use the information to learn about your program’s implementation and outcomes for research and evaluation, to develop technical assistance, and for other reporting.

**When is my quarterly narrative PPR due?**

It is due 30 days after the end of the reporting period and will cover the activities during that reporting period. Please only report information about activities for the reporting period covered by the PPR.

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| --- | --- |
| **Reporting Period Covered** | **Due Date** |
| October 1 – December 31 | January 30 |
| January 1 – March 31 | April 30 |
| April 1 – June 30 | July 30 |
| July 1 – September 30 | October 30 |

**What information should I include in my quarterly narrative PPR?**

Please respond to the items specified below. These are narrative reports, so you do not need to detail the quantitative information that is reported through your semi-annual report. However, the narrative may offer context for understanding the results you report in the semi-annual report. **The narrative PPR should focus primarily on your AHSSD activities and accomplishments**; if you do discuss activities funded by other sources to provide additional context, then please be sure to clarify that the activities are not funded by AHSSD in the narrative.

* B-01 Major activities and accomplishments during this period.
  + Please include your approximate project start date (when your program started delivering services using AHSSD funding)
  + Please refer to your project description in your application to describe what activities you have completed using AHSSD funding to date. Make sure you include the following information:
    - Will you be providing intensive one-on-one services through the grant (e.g., case management)? When do you plan to begin enrolling clients? If you have done so already, please provide the date you began enrollment (MM/YY) and how many clients you have enrolled so far.
      * Please describe the number of sessions or scope of case management you are providing.
    - What staff do you plan to hire for the AHSSD project (role & %FTE). What is the anticipated (or actual, if known) start date? What are the primary responsibilities of the staff person?
    - Please describe services you are delivering or resources secured for the community with AHSSD funding.
      * Please describe new services or resources funded by AHSSD this reporting period;
      * Please describe continued AHSSD services or resources (e.g., services started or secured in a previous reporting period with AHSSD funds) funded by AHSSD this reporting period;
      * Please describe how AHSSD funds have supported your organization in delivering services or securing resources from other funding sources.
    - Please describe any other major activities and accomplishments achieved with your AHSSD funding.
* B-02 Problems
  + Please describe any deviations or departures from the original AHSSD project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected.
    - OCS will use this information to provide you with support and learn how to support other grant recipients.
* B-03 Significant findings and events
  + Please describe any significant events, like events for participants or important stakeholder engagement meetings supported with your AHSSD funding
  + Please describe any significant findings, like what you learned from any needs assessments or lessons learned from implementing your program that will inform your AHSSD activities
* B-04 Dissemination activities
  + Please describe any information dissemination activities.
    - Please include any outreach conducted with your AHSSD funding, including the method of outreach, the purpose of outreach, and your target audience
    - Please describe any dissemination to potential partners or the community for your AHSSD project.
* B-06 Other activities
  + Please describe any other activities that can help the program office understand your program’s progress with your AHSSD grant project.
* B-07 Activities planned for next reporting period
  + Please describe the AHSSD-funded services you plan to start offering to residents during the next reporting period and the anticipated start date.
  + Please describe any outreach, needs assessments, events, or other significant events and activities you have planned for your AHSSD project in the next reporting period.