

Services for Survivors of Torture Program Semi-Annual F
Program Metrics- B

1. Recipient Name:	
2. Grant Number:	
3. Reporting Period: <i>Please select from drop down list</i>	

Please insert program metrics for each assessment area (must be accom

Proposed Annual Outputs <i>Use the outputs in the approved logic model</i>	Ach	
	First Reporting Period	

Core Service Provision		

Organizational Development		

Community Engagement		

Proposed Annual Outcomes	Achi	
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Proposed Annual Outcomes Use the outcomes in the approved logic model	First Reporting Period
Core Service Provision	
Organizational Development	
Community Engagement	

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

The purpose of this information collection is to collect demographic, programmatic, and outcome data in order to assess the need for and effectiveness of services they receive, and the effectiveness of those services. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to Washington, DC 20503 and to the Office of Management and Budget, Paperwork Project Director (0142-0046). This collection of information is required to retain a benefit (To receive a benefit, you must provide information to the Administration for Children and Families, Office of the Assistant Secretary for Health, 5th Floor, Washington, DC 20201 or email drh-rmh-team@acf.hhs.gov. An agency may not conduct or sponsor this information collection unless it displays a currently valid OMB control number. The OMB number and expiration date for this information collection is 0142-0046, which expires 06/30/2025.

Performance Progress Report	
Completed by (to be completed by performance narrative form)	
Achieved Outputs	
Second Reporting Period	FY Total
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Achieved Outcomes	

OMB Control Number:
Expiration Date: XX/

0970-XXXX
'XX/XXXX

**Services for Survivors of Torture Program Semi-Annual Performance
Progress Report
Program Metrics- B**

1. Recipient Name:	
2. Grant Number:	
3. Reporting Period: <i>Please select from drop down list</i>	

Please insert program metrics for each assessment area (must be accompanied by performance narrative form)

Proposed Annual Outputs <i>Use the outputs in the approved logic model</i>	Achieved Outputs				
	FY XX	FY XX	FY XX	FY XX	FY XX
Core Service Provision					
Organizational Development					
Community Engagement					
Proposed Annual Outcomes	Achieved Outcomes				

Proposed Annual Outcomes Use the outcomes in the approved logic model					
	FY XX	FY XX	FY XX	FY XX	FY XX
Core Service Provision					
Organizational Development					
Community Engagement					

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

The purpose of this information collection is to collect demographic, programmatic, and outcome data services they receive, and the effectiveness of those services. Public reporting burden for this collection time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection Announcement: HHS-2022-ACF-ORR-ZT-0051). This collection of information is required to retain a burden comments on this collection of information, please contact the Administration for Children and Families SW, 5th Floor, Washington, DC 20201 or email drh-rmh-team@acf.hhs.gov. An agency may not conduct information unless it displays a currently valid OMB control number. The OMB number and expiration c

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OMB Control Number: 0970-XXXX
Expiration Date: XX/XX/XXXX

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in order to learn more about the population being served, the types of
n of information is estimated to average 6 hours per response, including the
on of information. This is a mandatory collection of information (Funding
nefit (Torture Victims Relief Act of 1998, Pub. L. 105-320). If you have any
s, Office of Refugee Resettlement, Division of Refugee Health, 330 C Street,
: or sponsor, and a person is not required to respond to, a collection of
date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX.

Data Elements
Recipient Name
Grant Number
Reporting Period
Proposed Annual Outputs
Achieved Outputs
Proposed Annual Outcomes
Achieved Outcomes
End of Project Report

**Services for Survivors of Torture Program Semi-Annual Performance Progress Report
Program Metrics Instructions**

Instructions

Enter the name of the organization identified in the Notice of Award.

Enter the grant/award number contained in the award document.

Select the reporting period using the drop down box. The first semi-annual report covers the first 6 months of the fiscal year and the second report covers the last 6 months of the year. For final PPRs, the reporting period is the entire project period.

List outputs from the approved logic model, adding spaces as needed.

First Reporting Period covers Months 1-6 and Second Reporting Period covers Months 7-12. The FY Total column should equal the sum of achieved outputs for both periods.

List outcomes from the approved logic model, adding spaces as needed.

First Reporting Period covers Months 1-6 and Second Reporting Period covers Months 7-12. The FY Total column should equal the sum of achieved outcomes for both periods.

List the outputs and outcomes from the approved logic model, adding spaces as needed. For each fiscal year, report the total achieved outputs and outcomes for each item.