GRANTEE NAME:	
GRANT NUMBER:	

RECRUITMENT & ENROLLMENT	Quarter Results				Fiscal Y
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative Fiscal Year
Number of Individual Savings Plan Agreements Signed					0
Number of Individual IDAs Opened					0
Number of Household Savings Plan Agreements Signed					0
Number of Household IDAs Opened					0
Number of IDAs Opened for Vehicle Purchases					0
Total Match Funds Obligated for Vehicle IDAs					0
Number of IDAs Opened for Home Purchases					0
Total Match Funds Obligated for Home IDAs					0
Number of IDAs Opened for Microenterprise Purchases					0
Total Match Funds Obligated for Microenterprise IDAs					0
Number of IDAs Opened for Education Purchases					0
Total Match Funds Obligated for Education IDAs					0
Total Number of IDAs Opened (Single + Household)					0
Total Match Funds Obligated for All Assets (Single + Household)					0
Total number of Males enrolled in the program. Exclude minor dependents.					0
Total number of females enrolled in the program. Exclude minor dependents.					0

					0

TRAINING & TECHNICAL ASSISTANCE	Quarter Results				Fiscal
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative Fiscal Year
Number of clients completing finanical literacy training					0
Number of hours of finanical literacy training completed					0
Number of clients completing asset-specific training					0
Number of hours of asset-specific training completed					0
Number of hours of technical assistance provided					0

ASSET PURCHASES	Quarter Results				Fiscal
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative Fiscal Year
Number of Homes Purchased					0
Total Number of Homes Purchased by-Males					0
Total Number of Homes Purchased by Females					0
					0
Total Savings and Match ($) used to puchase Home assets					0
Total Value of Homes Purchased ($)					0
Number of Microenterprise Assets Purchased					0
Total Number of Microenterprise Assets Purchased by Males					0
Total Number of Microenterprise Assets Purchased by Females					0
					0
Total Savings and Match ($) used to puchase Home assets					0
Total Value of Homes Purchased ($)					0
Number of Education Assets Purchased					0
Total Number of Education Assets Purchased by Males					0

Total Number of Education Assets Purchased by Females					0
Total Savings and Match ($) used to purchase Education Assets					0
Total Value of Education Assets Purchased ($)					0
Number of Vehicles Purchased					0
Total Number of Vehicles Purchased by Males					0
Total Number of Vehicles Purchased by Females					0
Total Savings and Match ($) used to purchase Vehicle Assets					0
Total Value of Vehicle Assets Purchased ($)					0
Total Number of All Assets Purchased	0	0	0	0	0
Total Number of All Assets Purchased by Males	0	0	0	0	0
Total Number of All Assets Purchased by Females	0	0	0	0	0
Total Savings and Match ($) used to purchase All Assets	0	0	0	0	0
Total Value of All Assets Purchased ($)	0	0	0	0	0
Total Match Funds Obligated for Asset Purchases ($)					0
Total Match Funds Liquidated for Asset Purchases ($)					0
Total Match Funds Currently in Parallel Account ($)					
Total Match Funds Obligated, but Unliquidated ($)					0
Total Match Funds Unobligated ($)					0

ECONONOMIC SELF-SUFFICIENCY

Data for this section should be reflective of the entire 3-year project period as it beco

1 - Client cannot meet needs even with financial assistance.
2 - Client can meet needs with a lot of financial assistance.
3 - Client can meet needs with some financial assistance.
4 - Client can meet all needs without financial assistance.

Based on the scale above, what is the mean assessment score for all clients' general ability to meet i SNAP, WIC, Weatherization Assistance Program, Section 8, etc.) before, and after participating in th assessment, self-sufficiency needs can include, but are not limited to: food, housing, utilities, health c

	Before Participation	**After Participation**
Number of IDA Clients Assessed		
Mean Self-Sufficiency Score		

Logic Model Outputs Progress	**Quarter Results**				**Cumulative Fiscal Year**
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**	
*Please list all planned **Outputs** from the Logic Model in the following spaces. Add more spaces as necessary.*	*Identify progress towards each Output for Quarter 1.*	*Identify progress towards each Output for Quarter 2.*	*Identify progress towards each Output for Quarter 3.*	*Identify progress towards each Output for Quarter 4.*	*Describe the cumulative progress towards Outputs for the current fiscal year.*

Logic Model Outcomes Progress	**Quarter Results**				**Cumulative Fiscal Year**
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**	
*Please list all planned **Outcomes** from the Logic Model in the following spaces. Add more spaces as necessary.*	*Identify progress towards each Outcome for Quarter 1.*	*Identify progress towards each Outcome for Quarter 2.*	*Identify progress towards each Outcome for Quarter 3.*	*Identify progress towards each Outcome for Quarter 4.*	*Enter the cumulative progress towards each Outcome for the current fiscal year.*

OMB Control Number: 0970-0490 **Expiration Date: 3/31/2026**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimate gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Rec OMB number for this request is 0970-0490. If you have any comments on this collection of information, please contact Yimeem Vu at Yin

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval b Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting informatio information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0490.

REPORTING PERIOD	
BUDGET PERIOD	

Year Results	**Project Period Results**	
Annual Goal	**Cumulative Project Period**	**Goal Project Period**

Year Results	Project Period Results	
Annual Goal	Cumulative Project Period	Goal Project Period

Year Results	Project Period Results	
Annual Goal	Cumulative Project Period	Goal Project Period

0	0	0
	0	
	0	
0	0	0
0	0	0

omes available.

the self-sufficiency needs without financial assistance (e.g.,
e Refugee IDA Program? For the purpose of this
care, transportation, clothing, and child care.

Cumulative Project Period
Describe the cumulative progress towards Outputs for the project period.

Cumulative Project Period
Enter the cumulative progress towards each Outcome for the project period.

ı, ACF is gathering data on your grant program to understand the design and
d to average 6 hours per grantee, including the time for reviewing instructions,
a benefit (Pub. L. 105-285, section 680(b) as amended). An agency may not
luction Act of 1995, unless it displays a currently valid OMB control number. The
ıeem.Vu@acf.hhs.gov

y the Office of Management and Budget (OMB), as required by the Paperwork
n from the public, and OMB review and approval for most changes to an approved
to the OMB-approved form to ensure compliance with the following Executive