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

Public reporting burden for this collection of information is estimated to average 4 hour pe response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

OMB Approval Number: 0970-0490

Expiration Date: 03/31/26

An agency may not conduct or sponsor, and a person is not required to respond to, a collectio information unless it displays a currently valid OMB control number.

r
a

n of

| Item Number | Item |
|---|---|
| C1 | Federal Grant or Other Identifying Number Assigned by the awarding Federal agency |
| C2 | Recipient  Organization Name |
| C3 | Recipient Organization Address Line 1 |
| C4 | Recipient Organization Address Line 2 |
| C5 | Recipient Organization City |
| C6 | Recipient Organization State |
| C7 | Recipient Organization Zip |
| C8 | Project/Grant Period Start Date |
| C9 | Project/Grant Period End Date |
| C10 | Reporting Period End Date |
| C11 | Final Report |
| C12 | Diaper Distribution Start Date |
| C13 | Program leadership or contact information changes |

| Description | Response |
| --- | --- |
| Enter the grant/award number contained in the award document in the format 90EDA####. | 90EDA_____ |
| Enter the recipient organization's name. | |
| Enter line 1 of the recipient organization's street address. | |
| Enter line 2 of the recipient organization's street address. | |
| Enter the recipient organization's city. | |
| Enter the recipient organization's state. | |
| Enter the recipient organization's zip code. | |
| Indicate the start date for project/grant period established in the award document during which Federal sponsorship begins and ends. Please enter the project/grant period, not the budget period or funding period. | |
| Indicate the end date for project/grant period established in the award document during which Federal sponsorship begins and ends. Please enter the project/grant period, not the budget period or funding period. | |
| Enter the ending date of the reporting period. For quarterly PPRs the following calendar quarter period end dates shall be used for cohorts 1, 3, and 4: 3/31; 6/30; 9/30; and 12/31. For cohort 2, the following calendar quarter period dates shall be used: 1/31; 4/30; 7/31; and 10/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document. | |
| Input “yes” only if this is the final report for the project/grant period specified above [Enter yes or no]. | |
| Enter the date your program started distributing diapers, if applicable | |
| Are there any changes to your program leadership or contact information this quarter? [Enter yes or no] | |

Notes

| Item Number | Item | Instructions |
|---|---|---|
| I1 | Major activities and accomplishments during this period | Please describe your efforts in establishing partnerships, expanding distribution programs, providing training and technical assistance (T/TA) to partners, facilitating bulk purchasing and efficient transportation, and actively supporting the federal evaluator. It is recommended to use project task charts from the approved grant application and/or project work plan for this section. Additionally, describe any draft or final products related to these efforts. |
| I2 | Problems | Describe any deviations or departures from the original project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Use this report section to advise Project Officer and Grants Management Specialist of assistance needs. |
| I3 | Dissemination activities | Briefly describe project-related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, magazine articles or other published materials considered relevant to project activities or used for project information or public relations purposes. |
| I4 | Other activities | Briefly describe any other activities that supported your Diaper Distribution Pilot project that you have not described elsewhere. |

| | | |
|---|---|---|
| I5 | Activities planned for next reporting period | Briefly describe your planned activities to support the Diaper Distribution Pilot in the next reporting period. |
| I6 | 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. |
| I7 | Program success story or highlight from this quarter | 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, a description of the impact of diapers on beneficiary families (please do not include personally identifying information), a programmatic milestone, and/or successful outreach strategies. |

| Explanation |
| --- |
| |
| |
| |
| |

| |
|---|
| |
| |

| Item Number | Item |
|---|---|
| | **Families and Children Served** |
| S1 | Please provide the total number of unique **families** you served **this reporting quarter**. |
| S2 | Please provide the total number of unique **children** who have received diapers through the program **this reporting quarter**. |
| S3 | Please provide the total number of unique **families** you served **since the start of your program**. |
| S4 | Please provide the total number of unique **children** who have received diapers through this program **since the start of your program**. |
| S5 | Please provide the total number of unique **families** that are newly enrolled this reporting **quarter**.<br><br>Newly enrolled – family is receiving diapers for the first time this quarter. |
| S6 | Please provide the total number of unique **children** that are newly enrolled to receive diapers this reporting **quarter**.<br><br>Newly enrolled – child is receiving diapers for the first time this quarter. |
| | **Diapers and Diapering Supplies** |
| S7 | Enter the total number of **diapers** distributed during this reporting quarter. |
| S8 | Enter the total number of **pull-ups** distributed during this reporting quarter. |
| S9 | Please provide your **average cost per diaper** for the this reporting quarter. |
| S10 | Please provide your **average cost per pull-up** for this reporting quarter. |
| S11 | Enter the total number of **packs of wipes** distributed during this reporting quarter. |
| S12 | Enter the total number of **wipes** distributed during this reporting quarter (# of packs * # of wipes per pack = total number of wipes) |
| S13 | Enter the total number of **containers of ointment** distributed during this reporting quarter. |
| S14 | Did you distribute **other diapering products/supplies** this quarter? If so, which kinds and how many? |
| S15 | Briefly describe how you are taking advantage of **economies of scale** in your diaper purchasing. |
| | **Wraparound Services** |
| S16 | 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. |

| | |
|---|---|
| S17 | Enter the **unduplicated number of families who you referred or connected to other services during the last quarter**. Please include families who received referrals to services provided by diaper distribution pilot partner organizations and/or other organizations. |
| S18 | Enter the **unduplicated number of families who you referred or connected to other services since the start of the grant program**. Please include families who received referrals to services provided by diaper distribution pilot partner organizations and/or other organizations. |

| Response | Notes |
| --- | --- |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---|---|
| | |

| Service type | Number of referrals made this quater |
|---|---|
| *Example: Food pantry* | *72* |
| *Example: Head Start* | *25* |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---|---|
| | |

| Category of Referral (select one:)<br>o Employment services<br>o Education and development services for youth<br>o Education and development services for adults<br>o Income and asset building services<br>o Housing services<br>o Health services<br>o Nutrition services<br>o Transportation services<br>o Other services (please specify in Notes column) | Notes |
|---|---|
| *Nutrition services* | |
| *Education and development services for youth* | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---|---|
| | |

**Instructions:** Please complete this table by first listing all the services types for which families received referrals during this reporting quarter in column A, and then providing the number of families that recevied each referal type in column B. In column C, please select the category that most closely aligns with the service type. The first two lines are examples and should be deleted before completions.

**Definitions:**

**Employment services:** include the provision of skills training and job readiness opportunities for youth and adults (including vocational training, apprenticeships, and self-employment), the distribution of employment supplies (such as uniforms, work boots, and equipment), and services aimed at supporting employment retention and growth (such as referrals, employer interactions, and career pathways).

**Education and development services for youth:** include Early Head Start services for individuals aged 0-3, Head Start services for individuals aged 3-5, childcare subsidies or payments, early childhood education for ages 0-5 outside of Head Start, K-12 support services (e.g., English, literacy), young adult literacy classes, and college/post-secondary readiness support (e.g., applications, scholarships). Additionally, they encompass the provision of school supplies, participation in before and after-school activities, summer youth programs, life skills coaching.

**Education and development services for adults:** include adult literacy classes, English language instruction, basic education (e.g., financial literacy), high school equivalency programs, and applied technology courses. These services also include life skills coaching, resources for post-secondary education readiness (e.g., applications, scholarships, and textbooks), and evidence-based home visiting programs to support family stability and growth.

**Income and asset building services:** include training and counseling to support income management and asset growth, such as credit repair, financial literacy, budgeting, homebuying, and foreclosure prevention, as well as business and entrepreneurial financial services like micro-loans, business development loans, and entrepreneurial support. Additionally, these services offer benefit coordination and advocacy for programs like child support, health insurance, SSI, Veterans benefits, TANF, and SNAP. Transportation services that facilitate access to income and asset-building opportunities, such as bus vouchers or passes to attend training, are also included.

**Housing services:** include rental payment assistance (e.g., emergency rental payments and deposits) and housing payment assistance for down payments or emergency mortgage payments. These services also provide eviction prevention through counseling, landlord/tenant mediation, and utility payment assistance. Housing placement and rapid re-housing services support individuals in securing temporary, transitional, or permanent housing. Additionally, services include housing maintenance and improvements (e.g., structural repairs, accessibility upgrades, emergency home repairs) and weatherization services to enhance energy efficiency and safety in households.

**Health services:** include immunizations, health screenings (e.g., physicals and chronic health assessments), and developmental delay screenings. These services also provide healthcare payment assistance for seniors (e.g., prescription and doctor visit payments) and health insurance counseling. Additionally, they cover maternal and child health services (e.g., breastfeeding support and postpartum care), reproductive health services (e.g., STI prevention), general wellness services (e.g., fitness, mindfulness, and medication management), home visits for older adults, participation in senior centers, mental and behavioral health services (e.g., substance use counseling, mental health support, domestic violence prevention), and dental services for both adults and children (e.g., screenings, exams, and procedures).

**Nutrition services:** include food and nutrition skills classes (e.g., cooking and healthy eating), the distribution of prepared meals (e.g., Meals on Wheels, congregate sites), and food distribution services (e.g., groceries and food share programs). These services also support community gardening activities and provide emergency hygiene and clothing assistance, including hygiene kits and access to hygiene facilities (e.g., showers and laundry).

**Transportation services:** include public transportation vouchers or passes, gas cards, and non-medical transportation assistance. Additionally, these services

| Partner Organization (only include those who recieve DDDRP funds to provide goods or services for the DDDRP program) | Date Partnership Began for DDDRP | Date Partnership ended for DDDRP (if applicable) |
|---|---|---|

| Does the partner procure diapers for DDDRP? (Enter Yes or No) | Does the partner transport diapers for DDDRP? (Enter Yes or No) | Does the partner warehouse diapers for DDDRP? (Enter Yes or No) |
|---|---|---|

| | | |
|---|---|---|
| **Does the partner enroll participants in DDDRP? (Enter Yes or No)** | **Does the partner distribute diapers to participants? (Enter Yes or No)** | **Does the partner refer participants to wraparound supportive services? (Enter Yes or No)** |

| | |
|---|---|
| **What geographic service areas does the partner support for DDDRP?** | **List the available types of wraparound service referrals families may receive from this partner.** |

**If the partner provides translation assistance for service applications or services, please list the languages offered.**

| Has the partner's leadership or contact information changed in any way? (enter Yes/No) | Notes |
| --- | --- |

| Item | Item Description | Grant Recipient Federal Allocation Total | Grant Recipient Match Allocation Total | Grant Recipient Total Allocation |
|---|---|---|---|---|
| B01 | Diapers (including pull-ups) | $- | | $- |
| B02 | Diapering Supplies | $- | | $- |
| B03 | Storage and Transportation | $- | | $- |
| B04 | Personnel/Benefits | $- | | $- |
| B05 | Staff Travel | $- | | $- |
| B06 | Indirect Costs | $- | | $- |
| B07 | Everything Else Not In Lines 5 - 10 | | | $- |
| B08 | Total | $- | $- | $- |

**Definitions**

*Grant Recipient Spending/Activities*

Any direct spending or budgeted funds for th

*Partner Spending/Activities (i.e., contractual*

Any direct spending or budgeted funds for a

| Grant Recipient Federal Funds Spending to Date | Grant Recipient Match Spending to Date | Grant Recipient Total Spending to Date | Partner Federal Allocation Total | Partner Match Allocation Total | Partner Total Allocation | Partner Federal Funds Spending to Date |
|---|---|---|---|---|---|---|
| | | $- | $- | | $- | |
| | | $- | $- | | $- | |
| | | $- | $- | | $- | |
| | | $- | $- | | $- | |
| | | | | | | |
| | | $- | $- | | $- | |
| | | $- | $- | | $- | |
| | | $- | $- | | $- | |
| $- | $- | $- | $- | $- | $- | $- |

ne grant recipient (please do not include funds for partners or subrecipient organizations here; use colum

*or subrecipient spending/activities)*

partner or sub-recipient (not included on the left)

| Partner Match Spending to Date | Partner Total Spending to Date | TOTAL Allocation (Total Federal + Total Match) | TOTAL Spending to Date (with Match) | Notes |
|---|---|---|---|---|
| | $- | $- | $- | |
| | $- | $- | $- | |
| | $- | $- | $- | |
| | $- | $- | $- | |
| | $- | $- | $- | |
| | $- | $- | $- | |
| | $- | $- | $- | |
| $- | $- | $- | $- | |

ıns H - L for contractual and sub-recipient spending).