GRANTEE NAME:	
GRANT NUMBER:	

	Semi-Annual Results		Fiscal Year Results	
RECRUITMENT & ENROLLMENT	**Semi-Annual 1**	**Semi-Annual 2**	**Cumulative Fiscal Year**	**Annual Goal**
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**	

TRAINING & TECHNICAL ASSISTANCE	Semi-Annual Results		Fiscal Year Results	
	Semi-Annual 1	Semi-Annual 2	Cumulative Fiscal Year	Annual Goal
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	Semi-Annual Results		Fiscal Year Results	
	Semi-Annual 1	Semi-Annual 2	Cumulative Fiscal Year	Annual Goal
Number of Homes Purchased			0	
Total Number of Homes Purchased by-Males			0	
Total Number of Homes Purchased by Females			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	
Total Savings and Match ($) used to puchase Microenterprise Assets			0	
Total Value of Microenterprise Assests Purchased ($)			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**
Total Number of All Assets Purchased by Males	**0**	**0**	**0**	
Total Number of All Assets Purchased by Females	**0**	**0**	**0**	
Total Savings and Match ($) used to purchase All Assets	**0**	**0**	**0**	**0**
Total Value of All Assets Purchased ($)	**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 become

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 the s financial assistance (e.g., SNAP, WIC, Weatherization Assistance Program, Section 8, etc.) before, and a Program? For the purpose of this assessment, self-sufficiency needs can include, but are not limited to: f transportation, clothing, and child care.

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

Logic Model Outputs Progress	**Semi-Annual Results**		**Cumulative Fiscal Year**	**Cumulative Project Period**
	Semi-Annual 1	**Semi-Annual 2**		
*Please list all planned **Outputs** from the Logic Model in the following spaces. Add more spaces as necessary.*	*Identify progress towards each Output for Semi-Annual 1.*	*Identify progress towards each Output for Semi-Annual 2.*	*Describe the cumulative progress towards Outputs for the current fiscal year.*	*Describe the cumulative progress towards Outputs for the project period.*

Logic Model Outcomes Progress	**Semi-Annual Results**		**Cumulative Fiscal Year**	**Cumulative Project Period**
	Semi-Annual 1	**Semi-Annual 2**		
*Please list all planned **Outcomes** from the Logic Model in the following spaces. Add more spaces as necessary.*	*Identify progress towards each Outcome for Semi-Annual 1.*	*Identify progress towards each Outcome for Semi-Annual 2.*	*Enter the cumulative progress towards each Outcome for the current fiscal year.*	*Enter the cumulative progress towards each Outcome for the project period.*

OMB Control Number: 0970-0490 **Expiration Date:**

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understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of in
grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. T
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the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB number for this request is 0970-0490
information, please contact Zahra Cheema at Zahra.Cheema@acf.hhs.gov.

REPORTING PERIOD	
BUDGET PERIOD	

Project Period Results	
Cumulative Project Period	**Goal Project Period**

Project Period Results	
Cumulative Project Period	Goal Project Period

Project Period Results	
Cumulative Project Period	Goal Project Period

0	**0**
0	
0	
0	**0**
0	**0**

s available.

self-sufficiency needs without
after participating in the Refugee IDA
ood, housing, utilities, health care,

F is gathering data on your grant program to
formation is estimated to average 6 hours per
his collection of information is required to retain a
ction of information subject to the requirements of
). If you have any comments on this collection of