THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)
Public reporting burden for this collection of information is estimated to average 4 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.
OMB Approval Number: 0970-0490
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An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Instructions for Completing the Quarterly PPR**

*Cover Page tab*

Please enter your response to each item in the "Response" column. The "Description" column provides in
you have additional notes to share, please enter them in the "Notes" column.

*Program Indicators tab*

Please review the "Instructions" column and enter your response for each item in the "Explanation" colur

*Service Delivery Data tab*

Please enter your response to each item in the "Response" column. If you have additional notes to share,

*Supportive Service Details*

Please complete this table by first listing all the services types for which families received referrals during
providing the number of families that received each referral type in column B. In column C, please select t
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 an
apprenticeships, and self-employment), the distribution of employment supplies (such as uniforms, work
at supporting employment retention and growth (such as referrals, employer interactions, and career pat
Education and development services for youth: include Early Head Start services for individuals aged 0-3,
childcare subsidies or payments, early childhood education for ages 0-5 outside of Head Start, K-12 suppo
adult literacy classes, and college/post-secondary readiness support (e.g., applications, scholarships). Adc
school supplies, participation in before and after-school activities, summer youth programs, life skills coac
Education and development services for adults: include adult literacy classes, English language instructior
high school equivalency programs, and applied technology courses. These services also include life skills c
education readiness (e.g., applications, scholarships, and textbooks), and evidence-based home visiting p
growth.
Income and asset building services: include training and counseling to support income management and a
literacy, budgeting, homebuying, and foreclosure prevention, as well as business and entrepreneurial fina
development loans, and entrepreneurial support. Additionally, these services offer benefit coordination a
health insurance, SSI, Veterans benefits, TANF, and SNAP. Transportation services that facilitate access to i
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 l
payments or emergency mortgage payments. These services also provide eviction prevention through cou
utility payment assistance. Housing placement and rapid re-housing services support individuals in securi
housing. Additionally, services include housing maintenance and improvements (e.g., structural repairs, a
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
services also provide healthcare payment assistance for seniors (e.g., prescription and doctor visit payme
Additionally, they cover maternal and child health services (e.g., breastfeeding support and postpartum c
prevention), general wellness services (e.g., fitness, mindfulness, and medication management), home vis
centers, mental and behavioral health services (e.g., substance use counseling, mental health support, do
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 distribut
Wheels, congregate sites), and food distribution services (e.g., groceries and food share programs). These
activities and provide emergency hygiene and clothing assistance, including hygiene kits and access to hyg
Transportation services:  include public transportation vouchers or passes, gas cards, and non-medical tra
services offer medical transportation for healthcare-related needs and rideshare or taxi vouchers to ensu
services.

*Parnters tab*

For each partner that recieves funds to carry out the DDDRP program, please enter the requested informa

*Budget and Expenses tab*

Please comple the table using the following definitions:

Grant Recipient Spending/Activities: Any direct spending or budgeted funds for the grant recipient (pleas
subrecipient organizations here; use columns I - N for partner and sub-recipient spending).

Partner Spending/Activities (i.e., partner or subrecipient spending/activities): Any direct spending or bud
(not included on the left)

Cells in the rows and columns marked as "Total" will automatically calculate.

nformation on what each item is requesting. If

nn.

please enter them in the "Notes" column.

this reporting quarter in column A, and then
the category that most closely aligns with the

d adults (including vocational training,
boots, and equipment), and services aimed
hways).
Head Start services for individuals aged 3-5,
ort services (e.g., English, literacy), young
litionally, they encompass the provision of
ching.
n, basic education (e.g., financial literacy),
coaching, resources for post-secondary
rograms to support family stability and

asset growth, such as credit repair, financial
ncial services like micro-loans, business
nd advocacy for programs like child support,
ncome and asset-building opportunities,

housing payment assistance for down
unseling, landlord/tenant mediation, and
ng temporary, transitional, or permanent
ccessibility upgrades, emergency home

), and developmental delay screenings. These
nts) and health insurance counseling.
are), reproductive health services (e.g., STI
sits for older adults, participation in senior
mestic violence prevention), and dental

tion of prepared meals (e.g., Meals on
services also support community gardening
giene facilities (e.g., showers and laundry).
nsportation assistance. Additionally, these
re access to essential appointments and

ation in each column.

e do not include funds for partners or

geted funds for a partner or sub-recipient

| 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 |
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| Item Number | Item | Instructions |
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| 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 | Challenges | Describe any challenges faced during this reporting period. Examples include staff turnover, diaper storage or distribution challenges, supply chain delays, or any other 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. |

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|---|---|---|
| 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. |
| I8 | Lessons learned | Please describe any lessons learned in the past quarter that you have not described elsewhere on this sheet. |
| I9 | Changes to approach | Please describe any changes to your approach you have made in the past quarter (e.g., participant recruitment or eligibility, diaper procurement [delivery, storage etc.], diaper distribution [locations, frequency etc.], and referrals to support services [when and how participants receive referrals]). |

| Explanation |
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| Item Number | Item |
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| | **Families and Children Served** |
| S1 | Please provide the total number of unique **families** you served **this reporting quarter**.<br><br>Served = family received diapers at least once this reporting quarter. |
| S2 | Please provide the total number of unique **children** served t**his reporting quarter**.<br><br>Served = children received diapers at least once this reporting quarter. |
| S3 | Please provide the total number of unique **families** you served **since the start of your program**.<br><br>Served = family has received diapers at least once.<br>Note: the total number of families served should be equal to or greater than the total families enrolled (sum of S5 across all reporting quarters) |
| S4 | Please provide the total number of unique **children** served **since the start of your program**.<br><br>Served = child received diapers at least once.<br>Note: the total number of children served should be equal to or greater than the total children enrolled (sum of S6 across all reporting quarters) |
| 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. |

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| | **Supportive Services** |
| S16 | 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. |
| S17 | 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. |
| | **Waitlist** |
| S18 | Do you currently have any **families on a waitlist** for the Diaper Distribution Pilot? (Yes/No) |
| S19 | (If item S18 = Yes) Enter the **total number of families currently on the waitlist** for your Diaper Distribution Pilot project? |

| Response | Notes |
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| Service type | Number of referrals made this quater |
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| *Example: Food pantry* | *72* |
| *Example: Head Start* | *25* |
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| **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* | |
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| **Partner Organization.** A partner organization does any of the following; a) procures diapers/supplies for DDDRP participants, b) serves/directly interacts with DDDRP participants, c) manages or organizes DDDRP services. Do not include diaper/supply vendors or organizations that only have services to which you refer DDDRP participants to as part of referral services. | **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 store diapers for DDDRP? (Enter Yes or No)** (Only mark "Yes" if the partner has dedicated permanent storage space for diapers [e.g., warehouse, storage pod, closet]; do not include partners who only temporarily store diapers in their office or hallway immediately prior to distribution). |

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|---|---|---|
| **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 supportive services? (Enter Yes or No)** |

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| **What geographic service areas does the partner support for DDDRP?** Please list counties served. | **List the available types of supportive service referrals families may receive from this partner** (e.g., employment services, housing services)**.** |

| 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) | | | $0.00 |
| B02 | Diapering Supplies | | | $0.00 |
| B03 | Storage and Transportation | | | $0.00 |
| B04 | Personnel/Benefits | | | $0.00 |
| B05 | Everything Else Not In Lines B01 - B04 | | | $0.00 |
| B06 | Total | $0.00 | $0.00 | $0.00 |

| 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 |
|---|---|---|---|---|---|---|
| | | $0.00 | | | $0.00 | |
| | | $0.00 | | | $0.00 | |
| | | $0.00 | | | $0.00 | |
| | | $0.00 | | | $0.00 | |
| | | $0.00 | | | $0.00 | |
| $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

| Partner Match Spending to Date | Partner Total Spending to Date | TOTAL Allocation (Total Federal + Total Match) | TOTAL Spending to Date (with Match) | Notes |
|---|---|---|---|---|
| | $0.00 | $0.00 | $0.00 | |
| | $0.00 | $0.00 | $0.00 | |
| | $0.00 | $0.00 | $0.00 | |
| | $0.00 | $0.00 | $0.00 | |
| | $0.00 | $0.00 | $0.00 | |
| $0.00 | $0.00 | **$0.00** | **$0.00** | |