

Administration for Native Americans

Objective Progress Report (OPR)

The Paperwork Reduction Act of 1995: 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. 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 number.

			Page:	of Pages
1. Grantee Name		2. Grant Number		3a. DUNS Number
				3b. EIN
4. Recipient Organization (Name and complete address including zip code)			5. SF425 Long Form Attached? ☐ Yes ☐ No	
6. Project Period Budget Period Year Covered in the Report: Year 1		Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	7. Reporting Period End Date (Month, Day, Year)
				8. Quarter ☐ Q1 ☐ Q3 ☐ Q2 ☐ Q4 ☐ Final (OER) ☐ other (revisions, etc.) (If other, describe: _____)
9. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i> Project Title: Report prepared by: Name: _____ Date: _____ Email Address: _____ Telephone (area code, number and extension): _____				
10. Other Attachments:				
11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.				
12a. Typed or Printed Name and Title of Authorized Certifying Official			12c. Telephone (area code, number and extension)	
			12d. Email Address	
12b. Signature of Authorized Certifying Official			12e. Date Report Submitted (Month, Day, Year)	
			13. Agency use only	

OBJECTIVE WORK PLAN UPDATE

1. Have any changes been made to the Objective Work Plan (OWP)? ☐ Yes ☐ No

If Yes, please explain.

If Yes, did you **request** approval for these changes from your Awarding Agency? ☐ Yes ☐ No

Comments/Date requested:

If Yes, did you **receive** approval for these changes from your Awarding Agency? ☐ Yes ☐ No

Comments/Date approved:

2. Please complete the tables below and include all objectives, results, benefits, activities and dates **as they appear in** your approved OWP. If you require more space, please add additional tables as necessary.

Please use these instructions when completing the table below:

Status of Activity: Please choose the status of the activity from the drop-down box below utilizing the following definitions:

- Completed (check this box if activity is complete)
- Ongoing (check this box only if activity is supposed to continue past this quarter according to the OWP)
- N/A this quarter (check this box if activity is scheduled to start after this current quarter)
- Delayed (check this box if activity is not completed by the originally anticipated end date and is still active)

GOAL:

Year:

Objective 1:

<u>Activities</u>	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).	Begin Date	End Date	Status of Activity (see instructions above)
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1.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
2.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
3.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
4.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr

5.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
Current Status of Expected Results:				
Current Status of Expected Benefits:				

Objective 2:				
<u>Activities</u>	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).	Begin Date	End Date	Status of Activity (see instructions above)
1.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
2.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr

3.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
4.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
5.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
Current Status of Expected Results:				
Current Status of Expected Benefits:				

Objective 3:				
<u>Activities</u>	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).	Begin Date	End Date	Status of Activity (see instructions above)

1.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
2.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
3.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
4.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr

5.	Q1: Q2: Q3: Q4:			If activity is delayed beyond originally anticipated end date (from OWP), include expected completion date: mm/dd/yr
Current Status of Expected Results:				
Current Status of Expected Benefits:				

PARTNERSHIPS AND LEVERAGED RESOURCES

3. PARTNERSHIPS - In the first table, identify the targeted number of partnerships from your application, the total number of new partnerships formed during the reporting period (quarter), and the cumulative number of partnerships formed since the project began. In the second table, provide details which support the data in the first table. Identify each partner during the quarter that the partnership was formed or utilized. Do not identify the same partner more than once.

Indicator	Target from application	Quarterly totals for budget period	Cumulative total since beginning of project
Partnerships Formed	#	Q1 Q2 Q3 Q4	#

Partnering agency/organization/tribe	Brief description of partnership and how it is benefiting the project	When was it formed? Year Quarter (Use Drop Down List)	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Comments:

4. LEVERAGED RESOURCES - First, identify the targeted dollar amount from the application. In the table, identify the sources of all leveraged resources, whether each is a Federal (F) or non Federal (NF) source, and the dollar value of each resource by quarter as it contributes to the project.

Approved Target:

			Year one				Year two				Year three				Year four				Year five				
F	N	Source	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Total

IMPACT INDICATOR

Original OMB Control Number 0980-0204 Expires 8/31/2012
This is a Revised Form Pending Approval

The impact indicator measures what will change as the result of the project.

5. Identify the impact indicator, tracking mechanism, baseline measure (for comparison with end of grant and three year targets), and targets approved during award negotiations:

Identify the following:

Impact indicator:

Tracking mechanism:

Pre-grant status (Baseline measure):

End of grant target:

Three-year target:

You only need to report on questions 5a and 5b when you submit your 4th quarter report at the end of the budget period.

5a. Utilizing this indicator, to what extent are you able to assess quantitative or qualitative change in the baseline measure? Please identify the change that has occurred. (For example, if your impact indicator is the unemployment rate, list the actual unemployment rate at the end of the budget period.)

Year	Status
Year 1	
Year 2	
Year 3	
Year 4	
Year 5	

5b. On a scale of 1-5, to what extent was the stated impact indicator achieved at the end of the **budget period**?

1

☐

Not Yet Achieved

2

☐

Somewhat Achieved

3

☐

Mostly Achieved

4

☐

Fully Achieved

5

☐

Exceeded

Comments (if you are tracking additional impact indicators please describe their status here):

Please note you are not required to track or report on additional impact indicators.

NATIVE AMERICAN YOUTH AND ELDER OPPORTUNITIES

6. During this reporting period, did this project provide any opportunities or activities for Native American youth or elders? ☐ Yes ☐ No ☐ NA

Please list all activities that occurred during this quarter (in which youth or elders were present):

Activity	# of youth participating	# of new youth participating (first time participants)	# of elders participating	# of new elders participating (first time participants)	Intergenerational activity
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
	New participants:				
Unduplicated # of youth & elder participants, as of previous quarter (see previous OPR):					
Total unduplicated # of youth & elder participants, entire project (this quarter + previous):					

6a. During this reporting period, did the project result in any intergenerational activities between grandparents and their grandchildren? ☐ Yes ☐ No

STAFFING

7. Have you hired all personnel, as outlined in the grant application? ☐ Yes ☐ No

If No, please list any positions currently vacant, reasons for hiring delays and when you expect the position to be filled.

7a. Did you have any changes or turnover in project staff, consultants or contractors during this reporting period? ☐ Yes ☐ No

If Yes, please list affected positions, explain the reason for the change, how long the position has been open, and if the position has been filled:

7b. Please list all jobs currently filled and required for this project.

Position Title	Name	Type of position (Project position, Consultant, Stipend, Intern, Other)	Year job was created	Quarter job was created	Hours per week	Funding Source (Federal, Non- Federal, Leveraged, Other)

CHALLENGES

8. Did your project have a late start? ☐ Yes ☐ No (Please report on this question only in the 1st quarter)

If Yes, please elaborate on the cause(s) for the late start:

9. Did your project face any challenges during this reporting period (quarter)? ☐ Yes ☐ No

If Yes, please describe your challenges in the table below:

Provide a description of the challenge	Did you overcome the challenge?	If Yes, please state how you overcame the challenge. If no, please identify your plan to address this challenge.
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

10. Do you expect to complete your project objectives and activities by the project end date? ☐ Yes ☐ No

If No, please explain:

11. The Awarding Agency is committed to assisting you in the successful implementation of your project and offers free training and technical assistance. Would training or technical assistance benefit the project at this time? ☐ Yes ☐ No

If yes, please provide details:

PROJECT SUSTAINABILITY:

As all projects should either lead to sustainable programs or to sustainable impact, please respond to the questions below to identify efforts toward ensuring sustainability:

12. Please mark the following box that best describes your level of funding to sustain project benefits:

- ☐ Desired funding levels for sustainability in place
☐ Some funding already secured to sustain project
☐ Still seeking funding, none currently in place
☐ No funding secured, no plan yet in place through which to obtain funds
☐ No funding needed

Note: Fundraising utilizing Awarding Agency funds is not allowed during the project period.

13. What steps have you taken to ensure the benefits of the project will be sustained after the Awarding Agency funding ends?

FINANCIAL

14. Did you have trouble accessing funds through the Payment System during this reporting period? ☐ Yes ☐ No

If Yes, please explain the problem and if it was resolved:

15. Have any changes requiring prior approval (see post award manual for what requires prior approval) been made to your budget during this reporting period?

☐ Yes ☐ No

If Yes, did you request approval from the Awarding Agency? ☐ Yes ☐ No

Comments/Date requested:

If Yes, did you receive approval for these changes from the Awarding Agency? ☐ Yes ☐ No

Comments/Date approved:

16. What were your forecasted cash needs for this reporting period (from the Form 424A)? What were your actual expenditures (from the SF 425)? Please list in the table below:

1st Quarter			2nd Quarter		3rd Quarter		4th Quarter	
	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual
Federal	\$	\$	\$	\$	\$	\$	\$	\$
Non-Federal	\$	\$	\$	\$	\$	\$	\$	\$

16a. If forecasted and actual amounts for the quarter do not match, please explain why:

Q1:

Q2:

Q3:

Q4:

17. Do you anticipate obligating all of the Federal funds awarded for this budget period by the budget period's end? ☐ Yes ☐ No

If No, please explain:

18. Did your project generate any program income (defined as a result of project activities)? ☐ Yes ☐ No

If so, from what source?

19. Please include any other information you would like to share with the Awarding Agency regarding your project:

Assets for Independence (AFI) Grants (These questions should only be answered by AFI grantees).

20. **“Non-Federal” Funding Deposited:** To date, how much “nonfederal” cash have you deposited into the Project Reserve Fund to match your AFI grant? (Remember, for every dollar of AFI grant funds, you must obtain an equal dollar of matching funds). What is/are the source(s) of the matching funds you have secured? Please input this information in the table below.

Source	Amount	Date of Receipt of Funds	Number of IDAs Funding will Support	Asset Goals that this Funding will Support

21. Additional “Non-Federal” Funding

(a) If you have not yet secured matching funds in an amount equal to your AFI grant, what sources have you identified to obtain these funds?

Source	Amount	Date Receipt of Commitment Letter Expected	Date Receipt of Funds Expected	Number of IDAs Funding will Support	Asset Goals that Funding will Support

(b) For each of the funding sources identified above, please list activities planned to secure the funding (e.g. calls, meetings, etc).

Source	Date	Activity	Description	Tentative or Confirmed?

22. Alignment of Program and Financial Outcomes: Please provide a written explanation of how the narrative report aligns with the financial status report. For example, link expenditures to program outcomes by including information on the total number of participants who have received matched withdrawals as of the end of the reporting period, the amount they have received, and a summary of administrative costs incurred.

23. Significant Findings and Events: Use this portion of the report to highlight any practices, procedures or experiences identified that might be helpful as models for other grantees to improve overall AFI performance.

24. Dissemination Activities: Briefly describe project outreach and information dissemination carried out over the reporting period. List and include a copy of any newspaper, newsletter, and magazine articles, and other published materials. *(If dissemination activities have been discussed in the OPR update section, please reference that section here).*

25. Activities Planned for Next Reporting Period (Only answer this question if it is the fourth quarter of the year): Briefly describe the project plan going forward.

26. Other Activities: Do you have any additional comments you would like to share about your AFI IDA project or your comprehensive asset-building project?