**Rural Community Development Facilities Grant (RCD) Performance Progress Report**

**Forms and Instructions**

[RCD PPR Instructions 2](#_Toc449010884)

[Cover Page 5](#_Toc449010885)

[Form A: Performance Measures 6](#_Toc449010886)

[Form B: Program Indicators 13](#_Toc449010887)

# RCD PPR Instructions

The Performance Progress Report (PPR) is used by the Office of Community Services to collect the comparative data required to account for the expenditure of Federal funds, assess the progress and impact of the Rural Community Development Facilities Grant (RCD) program and provide feedback to assist grantees.

RCD grantees are required to submit a PPR twice annually via GrantSolutions as follows:

|  |  |
| --- | --- |
| **Reporting Period** | **Report Due** |
| September 30th – March 31st | April 30th |
| April 1st – September 29th | October 31st |

The PPR consists of three sections:

* **Cover Page:** This form collects general information about the RCD grant.
* **Form A:** This form collects quantitative data the RCD Program grantees on a semi-annual basis.
* **Form B:** This form collects qualitative data/information from the RCD Program grantees on a semi-annual basis.

Cover Page

| **Item** | **Data Elements** | **Instructions** |
| --- | --- | --- |
| **1.** | **Awarding Federal agency and Organizational Element to Which Report is Submitted** | Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency. |
| **2.** | **Federal Grant or Other Identifying Number Assigned by the awarding Federal agency** | Enter the grant/award number contained in the award document. |
| **3a.** | **DUNS Number** | Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number. |
| **3b.** | **EIN** | Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service. |
| **4.** | **Recipient Organization** | Enter the name of recipient organization and address, including ZIP code. |
| **5.** | **Recipient Account Number or Account Number** | Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency. |
| **6.** | **Project/Grant Period** | Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends.  |
| **7.** | **Reporting Period End Date** | Enter the ending date of the reporting period. For semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31 and 9/30. For final PPRs, the reporting period end date shall be the end date of the project/grant period. . |
| **8.** | **Final Report** | Mark appropriate box. Check “yes” only if this is the final report for the project/grant period specified in Box 6. |
| **9.** | **Report or Frequency** | Select the appropriate term corresponding to the requirements contained in the award document. “Other” may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110. |
| **10.** | **Performance Narrative** | Attach performance narrative as instructed by the awarding Federal Agency |
| **11.** | **Other Attachments** | Attach other documents as needed or as instructed by the awarding Federal agency. |
| **12a.** | **Certification – Name** | Type or print the name and title of the Authorized Certifying Official. |
| **12b.** | **Certification - Signature** | The Authorized Certifying Official should sign here. |
| **12c.** | **Certification – Phone** | Enter the area code, phone number and extension of the Authorized Certifying Official. |
| **12d.** | **Certification – Email** | Enter the email address of the Authorized Certifying Official. |
| **12e.** | **Certification – Date** | Enter the date (month, day, year) the report is submitted. |

Form A

**Form A** collects the quantitative data about your project. Please fill out all sections and fields applicable to your RCD grant.

**Column 1** lists the indicator number. The letter corresponds to the group indicators.

**Column 2** describes the objective goal/description.

**Column 3** describes the indicators of progress toward the goal in Column 2 to be used to report in the rest of the columns in the row. Indicators are measurable elements of the desired results of the program.

**Column 4** describes where the project started on this goal. This is described by entering the value of the indicator at the start of [the project, the year or the reporting period- a decision you will want to make].

**Column 5** is the year in which the final target value (column 6) is expected to be achieved.

**Column 6** describes the final target for the project.

**Column 7** documents the grantees cumulative progress towards the project goal.

**Column 8** provides the grantee space to provide any additional data that the OCS Project Specialist might need to better understand the data. A very short explanation may be provided in the explanation column to explain the quantitative data provided. However, it is recommended that longer explanations and a more detailed discussion of highlights and challenges related to the grant be provided in the first two sections (Highlights and Challenges) of Form B.

**Indicators**

The indicators on which you report are grouped and labeled by letters. Indicators in groups A through I are applicable to all grantees.

**RCAP Grantees** – Provide data for indicators in groups A through I. Indicators in groups J through N generally do not apply to RCAP grantees. However, if any indicators in groups J through N do apply, please provide data for the applicable indicators. If an indicator does not apply, leave the field blank or enter “NA.”

**Tribal Grantees** – Provide data for indicators in groups A through I. Tribal grantees should also provide data for indicators in groups J through N. If an indicator does not apply, leave the field blank or enter “NA.”

Form B

Form B provides a structured format to discuss your RCD programs as you would in the semi-annual reports and address or explain any issues raised in Form A. It will primarily collect the qualitative data that OCS Program Specialists need to monitor the program. Please enter the page number and total number of pages in the upper right corner.

There are four sections to Form B.

**Project Description** – This section provides space for basic data describing the project.

**Highlights & Major Accomplishments** – This section provides a place to document key successes in the project. The nine specified topics in Column 2 are suggested areas where you may have experienced success. An additional line is included for accomplishments that are not covered by the nine distinct topics. Column 4 provides an opportunity to describe accomplishments for any of the topics deemed relevant. Leave Column 4 blank for any topics that are not relevant to your project during this reporting period.

**Challenges (or problems) & Resolutions (or steps taken)** – This section mostly mirrors the highlights section but collects data on the challenges faced in the reporting period, and how those challenges were or will be addressed. The nine specified topics in Column 2 are suggested areas where you may have experienced challenges. An additional line is included for challenges that are not covered by the specific topics. Column 4 provides an opportunity to describe challenges and resolutions for any of the topics deemed relevant. Leave Column 4 blank for any topics that are not relevant to your project during this reporting period.

**Changes** – This section documents for the OCS Program Specialist any significant changes in the project that may impact future success and/or need to be documented. The seven specified topics in Column 2 are suggested areas where you may have undergone changes. Column 4 provides an opportunity to describe challenges and resolutions for any of the topics deemed relevant. Leave Column 4 blank for any topics that are not relevant to your project during this reporting period.

**Note:** This PPR form is in a locked format. The editable fields contain gray text that says “Enter text” or “Enter number.” Click on the text to type in your data or response. If an editable field does not apply to your grant or the data is not available, leave it blank. All other sections of the document, including instructions, indicator names, and table formatting are locked and cannot be edited.

# Cover Page

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Page Enter text. | of Enter text. Pages |
| 1.Federal Agency and Organization Element to Which Report is SubmittedEnter text. | 2. Federal Grant or Other Identifying Number Assigned by Federal AgencyEnter text. | 3a. DUNS NumberEnter text. |  |
| 3b. EINEnter text. |  |
| 4. Recipient Organization (Name and complete address including zip code)Enter text. | 5. Recipient Identifying Number or Account NumberEnter text. |
| 6. Project/Grant Period | 7. Reporting Period End Date | 8. Final Report? [ ]  Yes [ ]  No |
| Start Date: *(Month, Day, Year)*Enter text. | End Date: *(Month, Day, Year)* Enter text. | *(Month, Day, Year)*Enter text. | 9. Report Frequency |
| [ ] *annual*  [ ] *semi-annual* [ ] *quarterly*  [ ]  *other*  *(If other, describe: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* |
| 10. Performance Narrative *(attach performance narrative as instructed by the awarding Federal Agency)*Enter text.  |
| 11. Other Attachments *(attach other documents as needed or as instructed by the awarding Federal Agency)* |
| **12. 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 OfficialEnter text. | 12c. Telephone *(area code, number and extension)*Enter text. |
|  | 12d. Email Address  Enter text.  |
| 2b. Signature of Authorized Certifying OfficialEnter text. | 12e. Date Report Submitted *(Month, Day, Year)*Enter text. |
| 13. Agency use only |

# Form A: Performance Measures

**Reminder:**

The indicators on which you report are grouped and labeled by letters. Indicators in groups A through I are applicable to all grantees.

**RCAP Grantees** – Provide data for indicators in groups A through I. Indicators in groups J through N generally do not apply to RCAP grantees. However, if any indicators in groups J through N do apply, please provide data for the applicable indicators. If an indicator does not apply, leave the field blank or enter “NA.”

**Tribal Grantees** – Provide data for indicators in groups A through I. Tribal grantees should also provide data for indicators in groups J through N. If an indicator does not apply, leave the field blank or enter “NA.”

Form A: Performance Measures

|  |  |  |
| --- | --- | --- |
|  | Page Enter text. | of Enter text. Pages |
| 1.Federal Agency and Organization Element to Which Report is SubmittedEnter text. | 2. Federal Grant or Other Identifying Number Assigned by Federal AgencyEnter text. | 3a. DUNS Enter text. |  | 4. Reporting Period End Date *(Month, Day, Year)* Enter text. |
| 3b. EINEnter text. |  |
| **A. Performance Measures**  |
| **(1)****Measure Number or Label** | **(2)****Objective/Goal Description** | **(3)****Measure** | **(4)****Baseline** | **(5)****Target Year** | **(6)****Project****Target** | **(7)****Actual****To Date** | **(8)****Explanation** |
| A-01 | **Serve states in region** | Number of state represented (*enter state names in the Explanation column*) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| B-01 | **Population Served** | # of people served | Enter # | Enter # | Enter # | Enter # | Enter text. |
| B-02 |  | # of households served | Enter # | Enter # | Enter # | Enter # | Enter text. |
| B-03 |  | # of communities served | Enter # | Enter # | Enter # | Enter # | Enter text. |
| B-04 |  | # of people living in poverty served as defined by the HHS Guidelines | Enter # | Enter # | Enter # | Enter # | Enter text. |
| B-05 |  | # of Native American people served | Enter # | Enter # | Enter # | Enter # | Enter text. |
| C-01 | **Rural Communities Served**  | # of communities served below a population of 500 | Enter # | Enter # | Enter # | Enter # | Enter text. |
| C-02 |  | # of communities served with a population between 501 and 2,500 | Enter # | Enter # | Enter # | Enter # | Enter text. |
| C-03 |  | # of communities served with a population between 2,501 and 5,000 | Enter # | Enter # | Enter # | Enter # | Enter text. |
| C-04 |  | # of communities served with a population between 5,001 and 10,000 | Enter # | Enter # | Enter # | Enter # | Enter text. |
| C-05 |  | # of communities served with a population over 10,001 | Enter # | Enter # | Enter # | Enter # | Enter text. |
| **(1)****Measure Number or Label** | **(2)****Objective/Goal Description** | **(3)****Measure** | **(4)****Baseline** | **(5)****Target Year** | **(6)****Project****Target** | **(7)****Actual****To Date** | **(8)****Explanation** |
| C-06 |  | Average size of community | Enter # | Enter # | Enter # | Enter # | Enter text. |
| C-07 |  | Population of Smallest community served | Enter # | Enter # | Enter # | Enter # | Enter text. |
| C-08 |  | Population of Largest community served | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-01 | **Assist in developing affordable, safe water and wastewater treatment facilities**  | # of needs assessments conducted | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-02 |  | # of long-term facilities development projects  | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-03 |  | # of community and leadership development projects | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-04 |  | # of disaster preparedness and recovery projects | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-05 |  | # of loan fund projects | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-06 |  | # of management and financial projects | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-07 |  | # of regulatory compliance projects | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-08 |  | # of operations and maintenance projects | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-09 |  | # of source water protection projects | Enter # | Enter # | Enter # | Enter # | Enter text. |
| D-10 |  | # of other short-term technical assistance projects not classified above | Enter # | Enter # | Enter # | Enter # | Enter text. |
| E-01 | **Develop training so that the facilities will be sustained over the long term**  | # of trainings conducted (all types) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| E-02 |  | # of training attendees (all types) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| E-03 |  | # of board trainings | Enter # | Enter # | Enter # | Enter # | Enter text. |
| E-04 |  | # of board training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-01 | **Conduct networking and outreach activities**  | # of funding collaborations | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-02 |  | # of WARN collaborations | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-03 |  | # of presentations lead (non-training) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-04 |  | # of publications created (non-newsletter) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| **(1)****Measure Number or Label** | **(2)****Objective/Goal Description** | **(3)****Measure** | **(4)****Baseline** | **(5)****Target Year** | **(6)****Project****Target** | **(7)****Actual****To Date** | **(8)****Explanation** |
| F-05 |  | # of publications updated, translated, or otherwise revised (non-newsletter) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-06 |  | # of publications disseminated digitally (by email) (non-newsletter) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-07 |  | # of paper publications disseminated (by mail or in person) (non-newsletter) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-08 |  | # of email newsletters published (number of issues) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-09 |  | # of contacts on email mailing list (number distributed) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-10 |  | # of paper newsletters published (number of issues) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-11 |  | # of contacts on paper mailing list (number distributed) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| F-12 |  | # of new face-to-face contacts | Enter # | Enter # | Enter # | Enter # | Enter text. |
| G-01 | **Leverage additional funds to increase project success**  | # of communities assisted that applied for funding | Enter # | Enter # | Enter # | Enter # | Enter text. |
| G-02 |  | # of communities assisted this year that were awarded funding  | Enter # | Enter # | Enter # | Enter # | Enter text. |
| G-03 |  | # of communities assisted this year that were denied funding  | Enter # | Enter # | Enter # | Enter # | Enter text. |
| G-04 |  | # of communities assisted this year where funding is pending | Enter # | Enter # | Enter # | Enter # | Enter text. |
| G-05 |  | Total dollar amount of funding in loans received by the communities assisted this year | Enter # | Enter # | Enter # | Enter # | Enter text. |
| G-06 |  | Total dollar amount of funding in grants received by the communities assisted this year | Enter # | Enter # | Enter # | Enter # | Enter text. |
| H-01 | **Create revolving loan funds to support small community projects**  | # of loans granted | Enter # | Enter # | Enter # | Enter # | Enter text. |
| H-02 |  | Total dollar amount of loans distributed | Enter # | Enter # | Enter # | Enter # | Enter text. |
| H-03 |  | Smallest loan | Enter # | Enter # | Enter # | Enter # | Enter text. |
| **(1)****Measure Number or Label** | **(2)****Objective/Goal Description** | **(3)****Measure** | **(4)****Baseline** | **(5)****Target Year** | **(6)****Project****Target** | **(7)****Actual****To Date** | **(8)****Explanation** |
| H-04 |  | Largest loan | Enter # | Enter # | Enter # | Enter # | Enter text. |
| I-01 | **Monitor the outcomes of construction projects**  | # of long term facilities projects where construction was STARTED (post-OCS grantee work outcome) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| I-02 |  | # of long term facilities projects where construction was COMPLETED (post-OCS grantee work outcome) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| J-01 | **Serve Tribal Communities** | # of workshops to inform tribal councils, water boards and citizens regarding drinking water | Enter # | Enter # | Enter # | Enter # | Enter text. |
| J-02 |  | # of proposals prepared for infrastructure development | Enter # | Enter # | Enter # | Enter # | Enter text. |
| J-03 |  | # of onsite community technical assistance visits by Tribal staff | Enter # | Enter # | Enter # | Enter # | Enter text. |
| J-04 |  | # of onsite managerial assistance visits by Tribal staff | Enter # | Enter # | Enter # | Enter # | Enter text. |
| J-05 |  | # of working group meetings | Enter # | Enter # | Enter # | Enter # | Enter text. |
| J-06 |  | # of certification program advisory group meetings | Enter # | Enter # | Enter # | Enter # | Enter text. |
| J-07 |  | other comments on activities | Enter # | Enter # | Enter # | Enter # | Enter text. |
| K-01 | **Tribal Training Maintenance** | # of new trainings developed this FFY | Enter # | Enter # | Enter # | Enter # | Enter text. |
| K-02 |  | # of trainings revised and updated this year | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-01 | **Tribal Training Attendance** | Total of training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-02 |  | # of consumer confidence training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-03 |  | # of confined spaces training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-04 |  | # of cross connection training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-05 |  | # of drinking water sampling training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-06 |  | # of emergency response training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-07 |  | # of general module training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-08 |  | # of hydraulics and pumping training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| **(1)****Measure Number or Label** | **(2)****Objective/Goal Description** | **(3)****Measure** | **(4)****Baseline** | **(5)****Target Year** | **(6)****Project****Target** | **(7)****Actual****To Date** | **(8)****Explanation** |
| L-09 |  | # of mathematics course attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-10 |  | # of refresher cross-connection training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-11 |  | # of water quality standards academy attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-12 |  | # of school of work training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-13 |  | # of wastewater collection training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-14 |  | # of wastewater treatment-act. Sludge training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-15 |  | # of wastewater treatment lab attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-16 |  | # of wastewater treatment systems – lagoon training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-17 |  | # of wastewater treatment level 2 training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-18 |  | # of water distribution training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-19 |  | # of water distribution level 2 training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-20 |  | # of water treatment training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-21 |  | # of water treatment level 2 training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-22 |  | # of TWS operator work group training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-23 |  | # of water laboratory analyst training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-24 |  | # of total max daily load workshops attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-25 |  | # of water security training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-26 |  | # of source water assessment training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-27 |  | # of satellite conferences attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-28 |  | # of pumps and motors training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| L-29 |  | # of cost savings and utility operations training attendees | Enter # | Enter # | Enter # | Enter # | Enter text. |
| M-01 | **Train water operators to be able to pass certifications** | # of individuals who passed certification tests | Enter # | Enter # | Enter # | Enter # | Enter text. |
| **(1)****Measure Number or Label** | **(2)****Objective/Goal Description** | **(3)****Measure** | **(4)****Baseline** | **(5)****Target Year** | **(6)****Project****Target** | **(7)****Actual****To Date** | **(8)****Explanation** |
| M-02 |  | # of individuals who failed certification tests  | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-01 | **Issue and reissue certifications** | # of new certifications issued | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-02 |  | # of certifications reissued | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-03 |  | # of certifications issued through reciprocity agreements | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-04 |  | Of all the certifications issued, # of lagoon | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-05 |  | Of all the certifications issued, # of wastewater collection (1) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-06 |  | Of all the certifications issued, # of wastewater treatment (1) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-07 |  | Of all the certifications issued, # of wastewater treatment (2) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-08 |  | Of all the certifications issued, # of wastewater treatment (3) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-09 |  | Of all the certifications issued, # of wastewater treatment (4) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-10 |  | Of all the certifications issued, # of wastewater lab analyst (1) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-11 |  | Of all the certifications issued, # of water distribution (1) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-12 |  | Of all the certifications issued, # of water distribution (2) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-13 |  | Of all the certifications issued, # of water distribution (3) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-14 |  | Of all the certifications issued, # of water lab analyst | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-15 |  | Of all the certifications issued, # of water treatment (1) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| **(1)****Measure Number or Label** | **(2)****Objective/Goal Description** | **(3)****Measure** | **(4)****Baseline** | **(5)****Target Year** | **(6)****Project****Target** | **(7)****Actual****To Date** | **(8)****Explanation** |
| N-16 |  | Of all the certifications issued, # of water treatment (2) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-17 |  | Of all the certifications issued, # of water treatment (3) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-18 |  | Of all the certifications issued, # of water treatment (4) | Enter # | Enter # | Enter # | Enter # | Enter text. |
| N-19 |  | Of all the certifications issued, # of other | Enter # | Enter # | Enter # | Enter # | Enter text. |

**Definitions**

* **Community –** Is the service area, which may be a town, county, or a subset of either.
* **Leveraged Funding –** Includes any local matching funds or funds raised by or for the community to accomplish the RCAP related projects. It does not include other Federal funding sources (EPA or RD) that fund the RCAP grantee.
* **Newsletters** – Are promotional documents primarily created for the purpose of outreach and providing organizational updates. They may also include information to increase readers’ knowledge of the field.
* **Presentations** – Includes webinars and in-person presentations.
* **Publications** – Are documents designed with the primary purpose of increasing readers’ knowledge on a particular topic or on the field in general and include recorded presentations either distributed online or by DVD.
* **RCD –** Rural Community Development Facilities Grant
* **Trainings** – Are formal training sessions involving a group of people. Individual trainings should be classified as technical assistance.

# Form B: Program Indicators

|  |  |  |
| --- | --- | --- |
|  | Page Enter text.  | of Enter text. Pages |
| 1.Federal Agency and Organization Element to Which Report is SubmittedEnter text. | 2. Federal Grant or Other Identifying Number Assigned by Federal AgencyEnter text. | 3a. DUNS Enter text. | 4. Reporting Period End Date *(Month, Day, Year)* Enter text. |
| 3b. EINEnter text. |
| **B. Program Indicators** |
| **(1)****Activity Number or Label** | **(2)****Activity Description** | **(3)**Indicator or Status | **(4)****Explanation** |
| **Highlights & Major Accomplishments** |
| A-01 | Population Served | Enter text. | Enter text. |
| A-02 | Communities Served | Enter text. | Enter text. |
| A-03 | Projects | Enter text. | Enter text. |
| A-04 | Trainings | Enter text. | Enter text. |
| A-05 | Outreach | Enter text. | Enter text. |
| A-06 | Leveraged Funding | Enter text. | Enter text. |
| A-07 | Revolving Loan Fund | Enter text. | Enter text. |
| A-08 | Project Outcomes | Enter text. | Enter text. |
| A-09 | Other Highlights | Enter text. | Enter text. |
| **Challenges (or problems) & Their Resolutions (or steps taken)** |
| B-01 | Population Served | Enter text. | Enter text. |
| B-02 | Communities Served | Enter text. | Enter text. |
| B-03 | Projects | Enter text. | Enter text. |
| B-04 | Trainings | Enter text. | Enter text. |
| B-05 | Outreach Activities | Enter text. | Enter text. |
| B-06 | Leveraged Funding | Enter text. | Enter text. |
| B-07 | Revolving Loan Fund | Enter text. | Enter text. |
| B-08 | Project Outcomes | Enter text. | Enter text. |
| B-09 | Other Challenges | Enter text. | Enter text. |
| **Changes** |
| C-01 | Services Provided | Enter text. | Enter text. |
| C-02 | Level of Services Provided | Enter text. | Enter text. |
| C-03 | Distribution of Services Provided | Enter text. | Enter text. |
| C-04 | Staffing | Enter text. | Enter text. |
| C-05 | In the Field (examples: available funding, regulations, etc.) | Enter text. | Enter text. |
| C-06 | In Grantee Region & States  | Enter text. | Enter text. |
| C-07 | Other Changes | Enter text. | Enter text. |