

**ACF PERFORMANCE PROGRESS REPORT
ACF-ACFY-SDVC-SF-PPR COVER PAGE**

Family and Youth Services Bureau/Administration for Children and Families
U.S. Department of Health and Human Services

			Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted FVPSP/FYSB/ACYF/ACF/HHS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS		4. Reporting Period End Date (MM/DD/YYYY)
		3b. EIN		

4. Recipient Organization (Name and complete address including zip code)		5. Recipient Identifying Number or Account Number	
6. Project/Grant Period Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	7. Reporting Period End Date (Month, Day, Year)	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
			9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)

10. Performance Narrative

Leave blank and complete Form ACYF-SDVC-SF-PPR Attachment B

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 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	

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Program Indicators			
(1) Item	(2) Activity Description	(3) Indicat or	(4) Explanation
B-01	Coordination, training and technical assistance, needs assessment, and comprehensive planning activities	Leave Blank	Please attach a description of these activities
B-02	Public information and education services provided	Leave Blank	Please attach a description of these activities
B-03	Activities conducted in conjunction with judicial and law enforcement agencies	Leave Blank	Please attach a description of these activities
B-04	Actions conducted in conjunction with other agencies such as the State child welfare agency	Leave Blank	Please attach a description of these activities
B-05	Activities conducted in conjunction with community-based, culturally specific service providers or organizations serving or representing underserved communities	Leave Blank	Please attach a description of these activities
B-06	Any other activities undertaken under this grant award	Leave Blank	Please attach a description of these activities
B-06	Assessment of the effectiveness of the grant-supported activities	Leave Blank	Please attach a description of these activities