## ACF PERFORMANCE PROGRESS REPORT ACF-OGM-PPRCoverPage

## 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	2. Federal Grant or Other Identifying Number Assigned by Federal Agency		3a. Unique Entity Identifier (UEI)		
4. Recipient Organization (Name and complete	address including zip cod	e)	5. Recipient Ider or Account Num		
6. Project/Grant Period Start Date: (Month, Day, Year) End Date: (Month, L 10. Performance Narrative (attach performance)		n, Day, Year)	8. Final Report? Yes No 9. Report Frequency annual semi-annual quarterly other (If other, describe)		
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.					
11a. Typed or Printed Name and Title of Authorized Certifying Official		11c. Telepho	ne (area code and num	ber) extension	
11b. Signature of Authorized Certifying Official			11e. Date Report Submitted (Month, Day, Year)  12. Agency use only		

## ACF PERFORMANCE PROGRESS REPORT ACF-OGM-PPR COVER PAGE INSTRUCTIONS

## Administration for Children and Families U.S. Department of Health and Human Services

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 the 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.	Unique Entity Identifier (UEI)	Enter the recipient organization's Unique Entity Identifier (UEI) assigned by the System for Award Management (SAM).	
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.	
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. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increment known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.	
7.	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter period end dates shall be used: 3/31; 6/30; 9/30; and 12/31. 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.	
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	Leave blank and complete Form- Performance Narrative- A	