**GRANTEE PERFORMANCE PROGRESS REPORT (PPR)**

**Instructions:**

This report must reflect the activity documented in the corresponding grantee Financial Progress Report and Budget Narrative below. A1l reports, including any ganteee specific addendums, are due according to the Division’s applicable Grant Administration Timeline. Please email all reports in their respective original formats, and attached to a single email, to Kristina.Baldwin@Hartford.gov. Note: Please preserve the formatting of this template.

**Section I: Grantee and Report Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grantee** | |  | | |
| **Partner Organization** (if any) | |  | | |
| **Program Name** | |  | | |
| **Person Submitting Report** | |  | | |
| **Phone** | |  | | |
| **Email** | |  | | |
| **Reporting Period**  (please check one) | | 1st Quarter (July 1, 2021 to September 30, 2021)  2nd Quarter (October 1, 2021 to December 31, 2021)  3rd Quarter (January 1, 2022 to March 31, 2022)  4th Quarter (April 1, 2022 to June 30, 2022) | | |
| **Signature** |  | | **Date** |  |
| Grantee signature above verifies the information has been reviewed and is correct. | | | | |

**Section II: Demographics of youth served**

|  |  |  |
| --- | --- | --- |
| **Number of unduplicated youth served** | **This quarter** |  |
| **Fiscal year to date** |  |

**Instructions:**

Please provide the following demographics for all unduplicated youth served **this fiscal year to date.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | **Count** | **Age** | **Count** | **Age** | **Count** |
| **11** |  | **16** |  | **21** |  |
| **12** |  | **17** |  | **22** |  |
| **13** |  | **18** |  | **23** |  |
| **14** |  | **19** |  | **24** |  |
| **15** |  | **20** |  | **other** |  |

|  |  |
| --- | --- |
| **Gender** | **Count** |
| **Female** |  |
| **Male** |  |
| **Other** |  |

|  |  |
| --- | --- |
| **Ethnicity** | **Count** |
| **African American** |  |
| **Asian** |  |
| **Bi-racial** |  |
| **Caucasian** |  |
| **Hawaiian or Pacific Islander** |  |
| **Hispanic** |  |
| **Multiracial** |  |
| **Native American** |  |
| **Other** |  |

**Section III: Major activities and accomplishments during this period**

**Instructions:**

Please provide narrative responses on this quarter’s activities by utilizing the outcomes results framework from the original Request For Proposal as appropriate:

**How much did we do? (Our Effort)**

This includes: People served (# and characteristics) and activities to be conducted (#). Please refer to <http://www.raguide.org/3_11.shtml> for technical information and guidance on how to approach this section.

**How well did we do? (Our Effort)**

Common types of measures include “TASCS:” Timeliness of activities (%), Attendance levels (%), Satisfaction of participants (%), Cost per unit ($), Standards (%)

**Who is better off? (Difference Made)**

This includes “BACKS:” Behaviors change (#/%), Attitudes shift (#/%), Circumstances change (#/%), Knowledge increases (#/%), Skills improve (#/%)

|  |
| --- |
| **Overall (Please specify whether the grantee or partner has conducted the activity described.)** |
|  |
| **By specific activity, per Contract Exhibit A** |
|  |

**Section IV: Problems encountered during this period**

|  |
| --- |
| **Overall (may include timeline/fiscal/administrative challenges as well as programmatic ones)** |
|  |
| **By specific activity, per Contract Exhibit A** |
|  |

**Section V: Activities planned for next reporting period**

|  |
| --- |
| **Overall** |
|  |
| **By specific activity, per Contract Exhibit A** |
|  |

**GRANTEE FINANCIAL PROGRESS REPORT (FPR)**

**Section I: Grantee and Report Information**

**Section II: Financial Activity**

**Instructions:**

For the above two sections please complete the accompanying **Grantee Financial Progress Report** in Excel.

**Section III: Budget Narrative**

**Instructions:**

The Budget Narrative must correspond to each line item in the budget, providing an explanation of how the costs benefit the program as well as the calculation of costs or value of in-kind services. Sufficient detail should be provided that your calculations may be reproduced by someone reviewing your report.

|  |
| --- |
| **Direct Program Expenses** |
| **Staff Salaries** |
| **Staff Fringe** |
| **Consultants / Hourly Rates** |
| **Technology** |
| **Program Supplies** |
| **Food/Basic Needs** |
| **Transportation** |
| **Other: [specify]** |
| **Other: [specify]** |
| **Other: [specify]** |
|  |
| **Direct Administrative Expenses** |
| **Staff Salaries** |
| **Staff Fringe** |
| **Consultants / Hourly Rates** |