Appendix E – Performance Progress Report (PPR)

UNITED STATES DEPARTMENT OF AGRICULTURE
Food and Nutrition Service

OMB Number: 0584-0512
Expiration Date: 7/31/2022

PERFORMANCE PROGRESS REPORT

*Copy value then paste in **Save As** dialog when saving*

1. Recipient Organization

a. Organization Name:

b. Street Address:

City: State: Zip:

2. Program Information:

Program Area:

Federal Fiscal Year of Award:

Program:

Tag:

3. Primary POC:

a. First Name: Last Name:

b. Title:

c. Telephone (Area Code & Number):

d. Email Address:

4. Federal Award Identification Number (FAIN):

5. Type of Report (Select One):

☐ Quarterly ☐ Semi-Annual ☐ Final

Reporting Fiscal Year: _____ Period: _____

Original/Revision: _____

6. Federal Grant Agreement Number:

7. Additional POC (Optional)

a. First Name: Last Name:

b. Title:

c. Telephone (Area Code & Number):

d. Email Address:

8. Report Submitted By:

a. First Name: Last Name:

b. Title:

9. Certification

☐ I certify by checking this box that, to the best of my knowledge and belief, this report is correct and complete for performance of activities set forth in the award documents.

10. Date Report Submitted:

Program Management Information

1. Progress Summary

Provide summary of progress this reporting period, highlighting your greatest achievements and challenges to date in this reporting period. For challenges, how did you resolve or overcome them? (Max 2000 characters):

2. Personnel Information

a. Number of FTEs: _____ b. Were there any changes in key personnel? ☐ Yes ☐ No

c. If yes, please describe the changes in key personnel, including the individual leaving/joining the project as well as the name and contact information (email address, phone number, and name of organization) of the individual. Note: This information does not serve as a formal request to approve the change in key personnel. This request must be forwarded to the Grants Officer in a separate request (Max 2000 Characters):

3. Projected Amendments (Cost and No-Cost)

a. Number of amendments projected this upcoming quarter? _____

b. Do the projected amendment(s) require FNS approval? ☐ Yes ☐ No

c. Please describe the type of amendment(s) projected and justification for each. Note: This information does not serve as a formal request to approve amendments. This request must be forwarded to the Grants Officer in a separate request (Max 2000 characters:):

4. Expenditures/Purchases:

a. Were there any significant expenditures or purchases, including any contracts entered during this reporting period? ☐ Yes ☐ No

b. If so, please describe (Max 2000 Characters):

5. Deviations (Changes this quarter outside of the agreed upon budget, timeline, or scope):

a. Have there been any deviations? ☐ Yes ☐ No b. Type: ☐ Budget ☐ Timeline ☐ Scope ☐ Other

c. Describe any deviation(s), including a justification and impacts to budget/timeline (Max 2000 characters):

d. Please describe proposed activities to mitigate the impact of the deviation(s) (Max 2000 characters):

Program Management Information (Continued)

6. Upcoming Activities and Anticipated Changes

a. Please describe activities planned for next quarter (Max 2000 Characters):

b. Do you anticipate any changes in your project timeline, activities or cost? ☐ Yes ☐ No

c. If yes, please explain the anticipated changes (Max 2000 Characters):

7. Final Reporting Summary (Final Reporting Period Only)

a. Are all goals and objectives completed at this time? ☐ Yes ☐ No

b. If no to answer 7a, briefly describe the goals and objectives that were not completed and why they were not completed (Max 2000 Characters):

c. Was the project budget sufficient for meeting the project goals? ☐ Yes ☐ No

d. If no to answer 7c, briefly describe why the budget was insufficient for meeting the project goals (Max 2000 Characters):

8. Additional Comments (Max 2000 Characters)

Instructions: Complete this section by adding all Activities and Indicators as listed on your submitted proposal for each listed objective. For each reporting period, update these Activities/ Indicators with the most up to date information. **Note:** Objectives will be added by FNS and should not be altered. Additionally, note that indicator values vary by Indicator Type selected.

Program Activities

Objective 1

1	Activity	Type	Anticipated Completion Date	Actual Completion Date	Optional		
					Location	Beneficiaries/ Audience	Topic (if training)

	Indicator Description	Indicator Type			
1			Target	Actual (Cumulative)	Comments

Instructions: Only complete this section if the prompts have been completed in the provided PPR. For some Programs this section IS NOT required.