



Food and Nutrition Service

Performance Progress Report (PPR) Form

August 2020

Training Agenda

- General FAQs
- Step by Step Process
 - Section I: Summary Information
 - Section II: Program Management Information
 - Section III: Program Activities/Indicators

General FAQs

General FAQs

1. **What is the purpose of the Standardized PPR Form?** *To standardize Performance Progress Reporting requirements and better measure success through qualitative and quantitative metrics.*
2. **Am I required to use the Standardized PPR form?** *Grantees are required to use the form for all FY2020 awards. For FY19 awards, the form was encouraged, but not required. At a minimum, FY19 progress reports were required to include information noted in section 5 of the Terms and Conditions.*
3. **What do the fields highlighted in red indicate?** *Fields highlighted in red indicate that they are required. Once data is entered into a required field, there will no longer be a red highlight. You will not be able to submit the form until all required fields are completed.*
4. **When should I submit the PPR form?** *The PPR form should be submitted according to the agreed upon quarterly or semi-annual frequency agreed upon in the Terms and Conditions.*
5. **Is the PPR form pre-populated with Program information?** *The PPR is pre-populated with Objectives for each program, but not with grant-specific information. We recommend that grantees populate the form with grant-specific data (i.e., activities, indicators) upon initial report submission. For all subsequent reporting, we recommend that you update the prior submission as to reduce the data entry burden.*
6. **What Activities should I add to the PPR form?** *Activities added should match those provided on your applications. If there are additional activities, please work with your Grants Officer to determine whether to add to the form.*
7. **Who should I contact for questions related to the PPR form?** *Please contact your Grants Officer if you have questions related to the PPR.*

Step by Step Process

Step 1: Complete Section I

Print		Submit by Email		UNITED STATES DEPARTMENT OF AGRICULTURE Food and Nutrition Service		OMB Number: 0584-0512 Expiration Date: 7/31/2022	
PERFORMANCE PROGRESS REPORT							
Management Settings							
Recommended File Name: FNS908_{Organization Name}_{Type of Report}_{Reporting Fiscal Year}_{Period}_{Original Revision}.pdf <i>Copy value then paste in Save As dialog when saving</i>							
The public burden statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0512. The time required to complete this information collection is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314, ATTN: PRA (0584-0512*). Do not return the completed form to this address.							
1. Recipient Organization							
a. Organization Name:				2. Program Information:			
b. Street Address:				Program Area:			
City:				Federal Fiscal Year of Award:			
State:				Program:			
Zip:				Tag:			
3. Primary POC:				4. Federal Award Identification Number (FAIN):			
a. First Name:		Last Name:		b. Title:		5. Type of Report (Select One):	
c. Telephone (Area Code & Number):		d. Email Address:		Reporting Fiscal Year:		Period:	
6. Federal Grant Agreement Number:				Original/Revision:			
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:							
Form FNS-908 Version Number: 1.3 06-20							
SBU				Electronic Form Version Designed			

A recommended file name will be generated as you enter values in the report. We encourage you to copy and paste this name when saving the document.

Program Information and Type of Report will be completed by FNS.

You can find the FAIN in the GAD report. If in need of assistance, contact your Grants Officer.

You can find the Grant Agreement Number on the fully executed FNS-529 in box 1

Step 2: Complete Program Mgmt. Section

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): 	

Clicking Yes in boxes 2b, 3b, 4a, and 5a will trigger additional required fields.

Number of Full-Time Equivalents (FTEs) should reflect the sum of effort across all FTEs (e.g. add up the effort across the grant – one person contributing 1.0 and another contributing 0.25 would equal 1.25.)

Be sure to capture any deviations including changes to your itemized budget.

Step 2 (Cont.): Complete Program Mgmt. Section

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)

New required fields in red. Clicking Yes in Box 6b will trigger additional required fields

This section should only be completed for the Final Reporting period.

Step 3: Complete Program Activities/Indicators

New required fields in red. Objectives will be entered by FNS.

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)
-							
+							
1	Indicator Description	Indicator Type	Target		Actual (Cumulative)		
-							
+							

Add Objective Remove Objective

Each Objective requires at least one Activity, and each Activity requires at least one Indicator. If an Activity row is populated, then Type, and Anticipated Completion Date fields are required on that Activity. **Note:** Objectives are for the program as a whole. Enter "N/A" in the Activity field if the objective does not apply.

Use the Add/Remove buttons to add/remove indicators, and/or activities. **Note:** Objectives should not be edited.

Activities/Indicators Example

Instructions: Complete this section by adding all Activities and Indicators as listed on the SF-424A application 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 metrics vary by Indicator Type selected.

Program Activities									
Objective 1 Assist schools/districts administering NSLP and SBP programs									
Activity		Type	Anticipated Completion Date	Actual Completion Date	Optional				
					Location	Beneficiaries/Audience	Topic (if training)		
Grant-funded activities or trainings offered to School Nutrition Professionals		Trainings/Conferences/Events	07/22/2019		AZ: Arizona				
Activity 1									
Indicator Description		Indicator Type	Target	Actual (Cumulative)	Comments				
No. Trained		Quantitative	30.00						
Activity 2									
Measuring student's nutrition knowledge, attitudes, and behaviors		Evaluation	07/24/2019		AZ: Arizona				
Indicator Description		Indicator Type	% Complete (Cumulative)	Performance Status	Comments				
% Complete		Qualitative	50.00	Ongoing					

Add Objective Remove Objective

If the dropdown does not align with your activity/indicator, select "Other" and type in a value.

Use the Indicator Type that best captures the particular activity goals. While Narrative is available as an Indicator Type, we encourage you to think about whether the Indicator can be captured quantitatively or qualitatively.

Step 4: Click Submit By Email

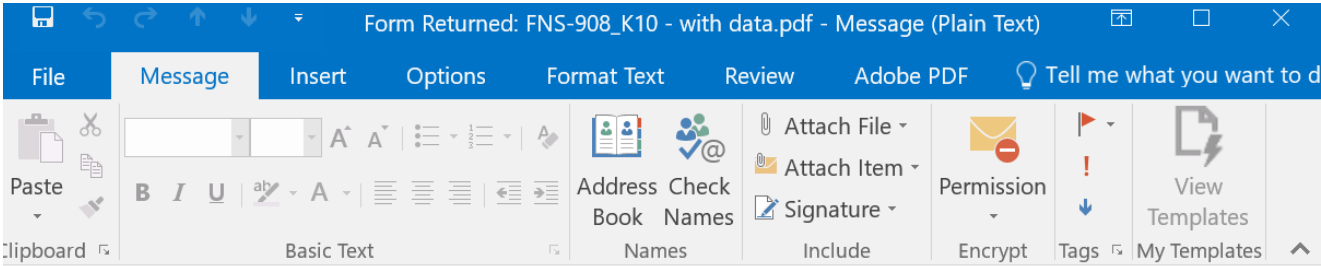
Print	Submit by Email	UNITED STATES DEPARTMENT OF AGRICULTURE Food and Nutrition Service	OMB Control Number: 0584-0512 Expiration Date: xx/xx/xxxx
PERFORMANCE PROGRESS REPORT			
The public burden statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0512. The time required to complete this information collection is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584 - 0512*). Do not return the completed form to this address.			
1. Recipient Organization a. Organization Name: b. Street Address: City: State: Zip: 4. Primary POC: a. First Name: Last Name: b. Title: c. Telephone (Area Code & Number): d. Email Address: 7. Federal Grant Agreement Number: 8. Additional POC (Optional) a. First Name: Last Name: b. Title: c. Telephone (Area Code & Number): d. Email Address: 9. Report Submitted By: a. First Name: Last Name: b. Title: 11. Date Report Submitted: 2. Grant Federal Fiscal Year & Quarter: Federal Fiscal Year and Quarter should reflect the time this Progress Report is submitted a. Federal Fiscal Year: b. Federal Quarter: 3. Program Information: Program Area: Program: Tag: 5. Federal Award Identification Number (FAIN): 6. Type of Report (Select One): ☐ Final ☐ Quarterly ☐ Reporting Period: ☐ Semi-Annual 10. 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.			

Confirm that all required fields are completed prior to clicking "Submit By Email".

Error Assistance: An error message will trigger if a required field is not completed on the form and you will be brought to the closest field that must be completed.

Step 5: Email Report

Note: Clicking the Submit By Email button will open an email with your PPR form attached. You can also can the report to your desktop and email separately.



Email the PPR to the Grants Officer listed for your Grant.

To...

Cc...

Subject Form Returned: FNS-908_K10 - with data.pdf

Attached  FNS-908_K10 - with data.pdf 2 MB

The PPR form will be attached automatically if you click the Submit By Email button in the PPR form.

Form Returned: FNS-908_K10 - with data.pdf

The attached file is the filled-out form. Please open it to review the data.