



Chapter 3

ONGOING PROGRESS REPORT (OPR)

Accessing the Online Data Collection (OLDC) Portal

To access the Ongoing Progress Report (OPR) you need to get into the Online Data Collection (OLDC) system. At the top right of your grant navigation page you will see your initials in capital letters. Click on the pull-down list next to it and choose "Online Data Collection"

You will be taken to the Online Data Collection page. Choose the "Report Form Entry" link located on the left side of the page.

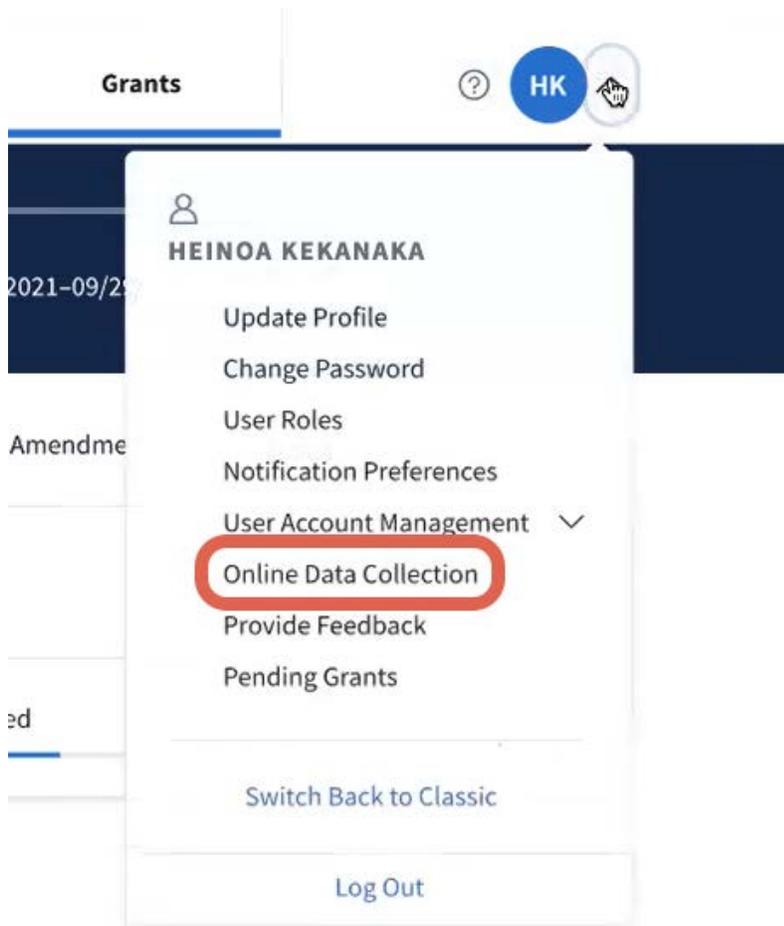


Figure: OLDC Access

[Report Form Entry](#)
[User / System Settings](#)
[Privacy](#)
[Accessibility](#)
[Help / FAQ](#)
[News & Tips](#)
[End OLDC](#)

 **On-Line Data Collection**

Welcome! If this is your first time, please feel free to make use of our training resources. For any questions visit our dynamic database of questions and answers. Many functions throughout this application, contain links that provide context-sensitive help.

Figure: Choose Report Form

The Program Name and Recipient Name field will be automatically populated with your grant information. You will then need to select the Performance Progress Report (OPR) from the Report Name field by selecting the drop-down menu and finding the correct report.

Form Selection

Program Name:

Grantee Name:

Report Name:

Select a Report Name

Objective Work Plan (OWP)

Performance Progress Report (OPR)

Figure: Form Selection

Your current Funding/Grant Period should then automatically populate the next field, but if not, select the correct grant period from the dropdown menu. Once selected, you will see a list of required Semi-Annual Reporting for the entire project period. Review the list to find the correct report for the current reporting period, then select the plus icon in the far right column titled, "Actions." If you have already initiated the report, you will see additional icons appear. By hovering your cursor over the icon, you will see what each one allows you to do. Click the action for "Edit".

Program Name: NA - Social and Economic Development Strategies
Grantee Name: HI [1 987654321A1] (2020-----) Hui Aloha Community Coalition
Report Name: Performance Progress Report (OPR)
Funding / Grant Period: 09/30/2021 - 09/29/2024 NA0 (90NA0123)

Show 15 entries Search:

Reporting Period	Type	Report Status	Due Date	Actions
04/01/2024 - 09/29/2024	Semi-Annual			+
09/30/2023 - 03/31/2024	Semi-Annual			+
04/01/2023 - 09/29/2023	Semi-Annual		10/29/2023	+
09/30/2022 - 03/31/2023	Semi-Annual		04/30/2023	+
04/01/2022 - 09/29/2022	Semi-Annual	Initialized	10/29/2022	
09/30/2021 - 03/31/2022	Semi-Annual	Submission in Review by CO	04/30/2022	

Figure: Form Selection Expanded

A new page will appear with a listing of each report section. Each section has a dropdown menu with actions that you can select, as well as a status. If you've begun the report, but have not saved anything yet, the Section Status will read "Initialized."

ANA OPR - Cover Page	Select Action: <input type="button" value="Go"/>	Initialized
A. Objective Work Plan (OWP) Status/Update	Select Action: <input type="button" value="Go"/>	Initialized
A. Project Year 1	Select Action: <input type="button" value="Go"/>	Initialized
A. Project Year 2	Select Action: <input type="button" value="Go"/>	Initialized
A. Project Year 3	Select Action: <input type="button" value="Go"/>	Initialized
B. Staffing and Human Resources	Select Action: <input type="button" value="Go"/>	Initialized
C. Challenges	Select Action: <input type="button" value="Go"/>	Initialized
D. Financial	Select Action: <input type="button" value="Go"/>	Initialized
E. Other	Select Action: <input type="button" value="Go"/>	Initialized

Showing 1 to 9 of 9 entries Previous Next

[View Attachments](#) [Print Full Report](#)

Figure: Page Navigation

Select “Edit” from the Cover Page dropdown menu and the cover page will load. Here, you will see several fields that are automatically populated with your organization and grant information. Be sure the information is accurate and fill in any blank fields before moving on.

Save View/Add Attachments Validate Next Section

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		Administration for Native Americans Ongoing Progress Report (OPR) Cover Page		OMB Clearance No.: 0970-0452 Expiration Date: 09/30/2023
PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This information collection is required at time of applications and serves as a blueprint for project implementation. It outlines the activities required to carry out project objectives, staffing, and dates. Public reporting burden for this collection of information is estimated to average 3 hours per applicant, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information as required by Section 803(a) of the Native American Programs Act of 1974. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0452 and the expiration date is 09/30/2023. If you have any comments on this collection of information, please contact Amy.Zukowski@acf.hhs.gov.				
1. <u>Grantee Name</u> Administration for Children and Families		2. <u>Grant Number</u> 90NA0123		3a. <u>DUNS Number</u> ABC1DE234F56
4. <u>Recipient Organization</u> Hui Pono Community Coalition				3b. <u>EIN</u> 1234567890A1
<u>Address Line 1</u> 12-345 KEALA ST				5. <u>SF-425 Submitted to the Payment Management System (PMS)?</u>
<u>Address Line 2</u>				<input type="radio"/> Yes
<u>Address Line 3</u>				<input type="radio"/> No
<u>City</u> MAKAWAO		<u>State</u> HI	<u>Zip Code</u> 95555	<u>Zip Ext.</u>
6. <u>Project Period</u>		7. <u>Reporting Period End Date:</u> 09/29/2022		8. <u>Report Frequency</u>
<u>Budget Period Year Covered in the Report:</u> Select ▾		<u>Start Date:</u> ▾	<u>End Date:</u> ▾	<input type="radio"/> 1st semi-annual (mid-year)
				<input type="radio"/> 2nd semi-annual (end of budget period)
9. <u>Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)</u>				
<u>Project Title:</u> Weaving a Sovereign Economy				
<u>Report prepared by: Name</u> <input type="text"/>		<u>Date:</u> ▾		
<u>Email Address:</u> <input type="text"/>		<u>Telephone</u> <input type="text"/>	<u>Ext.</u> <input type="text"/>	
10. <u>Other Attachments:</u>				
11. <u>Certification:</u> 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. <u>Typed or Printed Name and Title of Authorized Certifying Official</u>			12c. <u>Telephone (area code, number and extension)</u>	
12b. <u>Signature of Authorized Certifying Official</u>			12d. <u>Email Address</u>	
			12e. <u>Date Report Submitted (Month, Day, Year)</u>	

Figure: OPR Cover Page

At the top of the page, you’ll see a navigation bar with “Previous Section (does not appear on Cover Page),” “Save,” “View/Add Attachments,” “Validate,” and “Next Section.” You’ll want to save any edits you make before selecting next section. If you choose next section without saving, you may receive a pop-up reminder. When you are finished reporting, select validate to check for errors.



Figure: Navigation Bar

If you need to take a break and come back to edit the OPR, you can jump to a specific report section by using the dropdown menu at the top of the webpage.

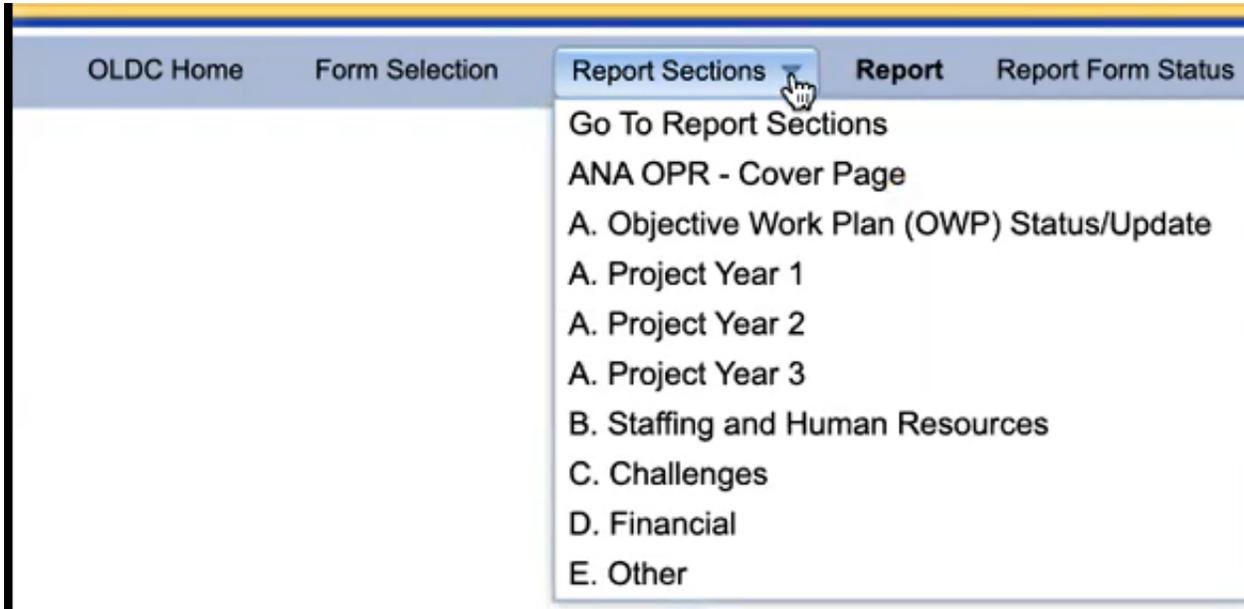


Figure: Navigation Part 2

After editing and saving the Cover Page section, you can move on to Section A and report on your Objective Work Plan Status/Update. Again, be sure to save before clicking, “Next Section.”

ADMINISTRATION FOR CHILDREN AND FAMILIES	Expiration Date: 09/30/2023
Administration for Native Americans On-going Project Progress Report (ANA-OPR)	
<u>A. OBJECTIVE WORK PLAN (OWP) STATUS/UPDATE</u>	
1. Do you need to make any changes to your OWP? <input type="radio"/> Yes <input checked="" type="radio"/> No	
2. Please describe any changes to your work plan and if you requested the change from the ANA office.	
N/A	

Figure: OWP Progress Section

The following several sections will ask you to report on project accomplishments, including the status of each activity and the outputs your project generated. You'll also need to select whether the activity is completed, on-going, delayed or not applicable to the current reporting period. Be thorough in reporting the details of your activities. If you are delayed for any reason at this halfway point during the current project year, then explain why and how you intend to catch up.

Do this for each year and objective of the project. Past years will automatically populate based on past submitted reports. You can input "Not Applicable This Reporting Period" into fields that apply to future reporting periods. Do not leave any box blank or you will have validation errors.

Continue to click "Save" and then "Next Section" until you have completed all years and all objectives.

[Previous Section](#) [View Attachments](#) [Next Section](#)

A. Project Year 2

Please complete the tables below and include all activities, outputs, outcomes, and dates as they appear in your OWP. If you require more space, please add additional tables as necessary. In completing the 'Status of Activity' column please choose the status of the activity from the drop-down box below utilizing the following definitions:

- Completed (select if activity is complete)
- On-going (select only if activity is supposed to continue past this reporting period according to the OWP)
- N/A this reporting period (select if activity is scheduled to start after this current reporting period)
- Delayed (select if activity is not completed by the originally anticipated end date and is still active)

Goal:							
To increase the number of traditional weavers able to generate earnings above the area median household income from their work.							
Year: 2							
Objective # 1							
Objective Statement:							
By the end of 36 months, 6 part-time masters weavers will achieve two months of consecutive sales at least 175% of their personal historical average.							
	Milestone Activities	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).	Outputs	Describe the status of each Output	Begin Date	End Date	Status of Activity (see instructions above)
1	Convene weaver hui for retreat		* Adopt, by consensus, cultural guidelines for selling weavings.		09/30/2021	12/31/2021	N/A this quarter
2	Secure partnerships with three high-end retail partners.		* Merchandising agreements formalized with Oahu retailers		01/01/2023	01/31/2023	N/A this quarter

Figure: OWP Progress Section Year 2 Page

After Project Year reporting, you'll move on to the Staffing Section. Review and update this section accordingly. If you have had a change in project staff, explain the reasons why.

B. Staffing and Human Resources											
1. Do you have any current vacancies that are associated with this project? <input type="radio"/> Yes <input checked="" type="radio"/> No											
1a. If Yes, please list positions that are vacant or were vacant as of 30 days prior to the end of this reporting period. Include reasons for vacancies and actions taken or to be taken to fill vacant positions.											
2. Did you have any changes or turnover in project staff, consultants or contractors during this reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No											
2a. If Yes, please list affected positions, explain the reason for the change, how long the position has been open, and if the position has been filled											
3. Project Funded Staffing Please list, in the following table, all project positions required for the project and currently filled. NOTE: This will be for staff funded from the federal or non-federal budget either from staffing, consultants, or other.											
	Position Title	Position Type	Position Funding	Name of Individual	Filled by? Select any that apply	Date Job Filled	Avg. # Hours Per Week	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends? (only for final reporting period)	
1	Program Director	Full-time	Federal	Heinoa Kekanaka	Native	09/30/2021	30		Yes	Yes	
2	Creative and Technical Director	Full-time	Federal	Erin Kaulana	Native	09/30/2021	30		Yes	Yes	
3	Retail Association Market Contractor	Consultant/Freelance	Federal	Kuleana Consulting LLC		01/21/2022	15	03/30/2022	No	No	
3a. Employment Obtained Through Project Activities Please list, in the following table, all project positions obtained as a result of project activities such as job training, readiness, business creation, or expansion, etc. NOTE: These positions are not funded by the project's federal or non-federal funds.											
	Name of Individual	Position Title	Position Type	Industry	Filled by? Select any that apply	Date Job Filled	Avg. Hours per Week	Salary	Date Job Ended (if applicable)	Did position exist before the project?	Will position continue after the project ends? (only for final reporting period)
								\$0.00			

Figure: Staffing Section

In the next section on Challenges, describe any issues you have faced and whether you have overcome them. If you were able to address your challenges, explain how you succeeded. If you have not overcome challenges or need extra help, let ANA know you would like training and technical assistance at this time.

NOTE: You can ask for immediate training and technical assistance by contacting your Project Specialist or your regional ANA T/TA Center, directly.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		OMB Clearance No. Expiration Date:	
Administration for Native Americans On-going Project Progress Report (ANA-OPR)			
C. CHALLENGES			
1. Did your project face any challenges during this reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No			
1a. If Yes, please describe your challenges in the table below:			
	Provide a description of the challenge	Did you overcome the challenge?	If Yes, please state how you overcame the challenge. If no, please identify your plan to address this challenge.
1			
2. Would training or technical assistance benefit the project at this time? <input type="radio"/> Yes <input checked="" type="radio"/> No			
2a. Please describe the services you would like to receive.			

Figure: Challenges Section

When you move on to the Financial Section, you will be asked to enter actual expenditures for each quarter of the current reporting period and briefly explain if the forecasted and actual do not match. Don't worry if the Forecasted columns are blank or contain zeroes (\$0), you cannot edit Forecasted amounts. Simply make note of it box 3a. If this section does not validate, you may need to enter just one dollar (\$1) into the future funding quarters as a placeholder for future expenditures.

(ANA-OPR)								
D. FINANCIAL								
1. Did you have trouble accessing funds through the Payment Management System (PMS) during this reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No								
1a. If Yes, please explain the problem and if it was resolved								
2. Have any changes requiring prior approval been made to your budget during this reporting period? <input type="radio"/> Yes <input checked="" type="radio"/> No								
2a. If Yes, please explain:								
3. Provide the forecasted cash needs for this reporting period (from the SF-424A) and the actual expenditures (from the SF-425). Please list in the table below:								
	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual	Forecasted	Actual
Federal	\$49,519	\$39,681	\$52,254	\$48,791	\$39,289	\$1	\$39,289	\$1
Non-Federal	\$0	\$0	\$10,000	\$21,000	\$17,544	\$1	\$17,544	\$1
3a. If forecasted and actual amounts for the quarter do not match, please explain why:								
Q1:	Fringe was below forecasted amount by approx. \$2025. Supplies for software was below forecasted amount by approx. \$825. Other Expenses were under forecasted amount by approx. \$3350. Indirect expenses were under forecasted amount by approx. \$3638. These amounts will all be utilized during successive quarters.							
Q2:	Fringe was above forecasted amount by approx. \$75. Software supplies were over the forecasted cash needs this quarter by approx. \$100. Other Expenses were also over the forecasted amount by approx \$900 over the forecasted amount. Indirect expenses were under forecasted amount by approx. \$4450. These amounts will all be utilized during successive quarters.							
Q3:	n/a							
Q4:	n/a							
4. Do you anticipate obligating all of the Federal funds awarded for this budget period by the budget period's end? <input checked="" type="radio"/> Yes <input type="radio"/> No								
If No, please explain:								
5. Do you have any pending amendments with ANA? <input type="radio"/> Yes <input checked="" type="radio"/> No								
6. Did your project generate any program income as a result of project activities? <input type="radio"/> Yes <input checked="" type="radio"/> No								
6a. If yes, how much was generated and from what source?								
Income Generated	Income Source							
\$0.00								
6b. How will the program income be utilized to support the project?								

Figure: Financial Section

Goal:
To increase the number of traditional weavers able to generate earnings above the area median household income from their work.

Year: 1

Objective # 1

Objective Statement:
By the end of 36 months, 6 part-time masters weavers will achieve two months of consecutive sales at least 175% of their personal historical average.

	Milestone Activities	Describe how each activity was accomplished (or what prevented the activity from being completed). Include quantitative information (e.g. # of participants, workshops, etc).	Outputs	Describe the status of each Output	Begin Date	End Date	Status of Ac (see instructions above)
1	Convene weaver hui for retreat	Milestone was accomplished via two weekend-long retreats in the hala grove of Kona Hawai'i. Agendas facilitated by Auntie Maka Ulana and team.	Adopt, by consensus, cultural guidelines for selling weavings.	Adopted three-page document clarifying values, principles, and definitions. Stored in project cloud drive.	9/30/2021	12/31/2021	Completed

Figure: Section A-Objective Work Plan-Use of the Expansion Tab

The second semi-annual OPR includes seven additional sections (Sec. F-L). In these sections you will report on the entire budget period (YR1, YR2, etc.) and not just on the reporting period. In section F you will report on the project indicators. These can be found in the Outcome Tracker submitted with your application. Fill out this section, save your work and go to the next page.

Report Progress

Initialized
 Edit-Saved
 Validated
 Certified
 Submitted
 In Review
 C/O Approved

[Previous Section](#)
 [Save](#)
 [View/Add Attachments](#)
 [Validate](#)
 [Next Section](#)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

OMB Clearance No.: 0970-0452
Expiration Date: 9/30/2023

**Administration for Native Americans
Ongoing Progress Report (OPR)**

F. INDICATOR(S)
Your approved project impact indicator or indicators are identified below, as well as your pre-grant status (baseline measure), end-of-project target, 3-year target, and means of measurement.

Indicator	Baseline	Project Year 1 Target	Project Year 2 Target	Project Year 3 Target	Project Year 4 Target	End-of-Project Target	3-Year Post-Project Target	Means of Measurement	Delete

1. For each impact indicator, please report on the actual change that has occurred so far. For example, if your impact indicator is the unemployment rate, list the actual unemployment rate at the end of the reporting period.

Impact indicator	Actual change during Budget Period	Delete

[Previous Section](#)
 [Save](#)
 [View/Add Attachments](#)
 [Validate](#)
 [Next Section](#)

Figure: Outcome Tracker

In section G you will report on intergenerational interaction between Elders and Youth. Click on the appropriate bubbles then save and go to the next page.

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	OMB Clearance No.: 0970-0452 Expiration Date: 9/30/2023
Administration for Native Americans Ongoing Progress Report (OPR)	
G. NATIVE YOUTH AND ELDER ENGAGEMENT	
For each budget period, please update the table below if any project activities occurred in which Native youth or Elders participated. This table should reflect only those activities occurring within the budget period so that, by project's end, all activities that took place are reflected.	
1. During this budget period, did this project provide any opportunities or activities for Native youth or Elders?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
2. During this budget period, did any of the above activities involving Elders and/or youth promote cultural preservation?	<input type="radio"/> Yes <input type="radio"/> No
3. During this budget period, has the project engaged youth in leadership development activities?	<input type="radio"/> Yes <input type="radio"/> No

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

Figure: Elders and Youth Section

In section H you will identify who wrote the grant. Save your work and go to the next page.

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	OMB Clearance No.: 0970-0452 Expiration Date: 9/30/2023														
Administration for Native Americans Ongoing Progress Report (OPR)															
H. PROJECT DEVELOPMENT															
Please identify who wrote the grant application in the table below:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Name</th> <th style="width: 15%;">Title</th> <th style="width: 15%;">Program Staff</th> <th style="width: 15%;">Consultant</th> <th style="width: 15%;">Native</th> <th style="width: 15%;">Tribal Member</th> <th style="width: 10%;">Delete</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Title	Program Staff	Consultant	Native	Tribal Member	Delete			<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	Add who wrote the grant application(s): <input type="text" value="1"/> Add Delete Marked Rows			
Name	Title	Program Staff	Consultant	Native	Tribal Member	Delete									
		<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>												

[Previous Section](#) [Save](#) [View/Add Attachments](#) [Validate](#) [Next Section](#)

Figure: Development of Grant Application

In section I you will report on partnerships. Add rows for questions #1 and #2 if you have more than one partnership in place at the end of the budget period.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		OMB Clearance No.: 0970-0452 Expiration Date: 9/30/2023			
Administration for Native Americans Ongoing Progress Report (OPR)					
I. PARTNERSHIPS					
1. For each budget period, please update the table below. The table should reflect only those partnerships relevant to the budget period so that by project's end all partnerships are reflected.					
Name of Partner	New = Partnership Formed During the Project Pre-Existing = Partnership Existed Prior to the Project	Federal or Non-Federal Partner	Type of Partner	Resources Contributed to the project by the Partner	Delete
<input type="text"/>	Select ▾	Select ▾	Select ▾	<input type="text"/>	<input type="checkbox"/>
Add I. PARTNERSHIPS: 1 ▾ Add Delete Marked Rows					
Cumulative Total Since Beginning of Project:					
2. If there are any potential organizations or individuals that your project would like to partner with, but have not yet been able to, please indicate below:					
Name of Potential Partner	Potential Role in Support of the Project			Delete	
<input type="text"/>	<input type="text"/>			<input type="checkbox"/>	
Add 2. If there are any potential organizations: 1 ▾ Add Delete Marked Rows					
Previous Section Save View/Add Attachments Validate Next Section					

Figure: Partnership Section

In section J you will report on any community involvement that happened during the budget period.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		OMB Clearance No.: 0970-0452 Expiration Date: 9/30/2023	
Administration for Native Americans Ongoing Progress Report (OPR)			
J. COMMUNITY INVOLVEMENT AND PARTICIPATION IN THE PROJECT			
1. During this budget period, have any volunteers (unpaid individuals providing service or resources to the project) been utilized in the implementation of your project? <input type="radio"/> Yes <input type="radio"/> No			
2. During this budget period, if community participation is intended as part of your project, what is your estimate of the level of actual community participation compared with desired participation? This may include, but is not limited to, the intended beneficiaries of the project.			
<input type="radio"/> No community participation <input type="radio"/> 50% or less community participation than desired <input type="radio"/> More than 50% community participation <input type="radio"/> Desired community participation achieved <input type="radio"/> Not applicable			
Previous Section Save View/Add Attachments Validate Next Section			

Figure: Community Participation Section

In section K you will report on benefits provided to your community as a result of your project. Answer each question accordingly and move to the next section of the report.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		OMB Clearance No.: 0970-0452 Expiration Date: 09/30/2023
Administration for Native Americans Ongoing Progress Report (OPR)		
K. PROJECT BENEFITS		
1. During the budget period, what changed in your community as a result of the project? These may include expected and unexpected and intended and unintended changes as well as positive and negative changes.		
<div style="border: 1px solid black; height: 30px;"></div>		
2. Did this project support native-owned businesses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3. During this budget period, were any businesses created due to the project?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4. Were any businesses expanded?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
5. Did any members of your community, including project staff, complete training sponsored or arranged by the project in order to learn a new skill, gain knowledge, develop expertise, earn a credential, or otherwise obtain beneficial experience during this budget period?	<input type="radio"/> Yes <input type="radio"/> No	
6. Were any ordinances, codes, regulations, or other governmental documents developed during this budget period?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	
7. During the budget period, did the project create any materials or resources (e.g., curricula, training materials, translated written materials, resource guides, financial literacy guides, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
8. Does your project currently have a plan in place to secure post-project funding to continue or extend project benefits?	<input type="radio"/> Yes <input type="radio"/> No	
9. Please describe any collaboration with partners, including federal, tribal, or state partnership to continue or extend project outcomes, services, and activities in order to achieve your community's desired long-term goals after this ANA project ends.	<input type="checkbox"/> Not applicable	
<div style="border: 1px solid black; height: 30px;"></div>		

Figure: Native Business Section

Section L is the last section of the report and this is where you will talk about Lessons Learned during the budget period you are reporting on. Once you have completed this section, click on the "Save" button and then click "Validate". Correct any error messages that might pop up, contact the AOR to "Certify and Submit" the report. Now you're done!

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		OMB Clearance No.: 0970-0452 Expiration Date: 09/30/2023
Administration for Native Americans Ongoing Progress Report (OPR)		
L. LESSONS LEARNED AND ADDITIONAL SUPPORT		
1. Please describe any lessons learned, promising practices, innovations, etc. you think could help similar projects overcome or resolve obstacles you have encountered in the budget period related to the success of the project.		
<div style="border: 1px solid black; height: 30px;"></div>		
2. Please identify support or resources that ANA could provide or arrange to help your project overcome or resolve obstacles you have encountered in the budget period.	<input type="checkbox"/> Not applicable	
<div style="border: 1px solid black; height: 30px;"></div>		

Figure: Lesson Learned Section

NOTE: Once the report is submitted you will not be able to make any changes. You will need your Program Specialist to release the report back to you before you can edit it.

NOTE: A blank copy of the entire OPR report can be found in Appendix 5.

Finalizing the Ongoing Progress Report (OPR)

Review all sections of the OPR before beginning the validation process. Any missing data or incomplete fields will result in validation errors that can prevent you from submitting your report.

Pay particular attention to Section A. OWP, you must provide a description of work performed during the reporting period. If you have activities that you didn't start on time or were contingent on another activity that was delayed you must describe why the problem arose, when you expect to begin the work and how will the delay effect the completion. Do not leave the description of the activity blank because you experienced challenges or delays. Explain them. A blank activity description will trigger a validation error and the system will not allow you to submit the report until the error is fixed.

VALIDATING, CERTIFYING AND SUBMITTING A REPORT IN OLDC

Validate

Click the Report Sections link toward the top of the screen.

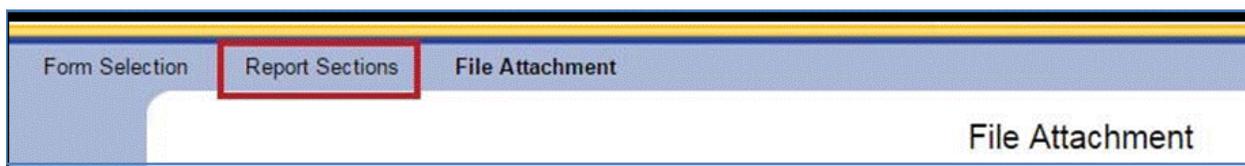


Figure Report Sections

Once the data is entered and saved for each section, the entire form must be validated. Validate checks the form for errors and missing data. Click Validate from a section or from the "Report Sections" screen.



Figure: Validate Button

The screen refreshes and the status updates.

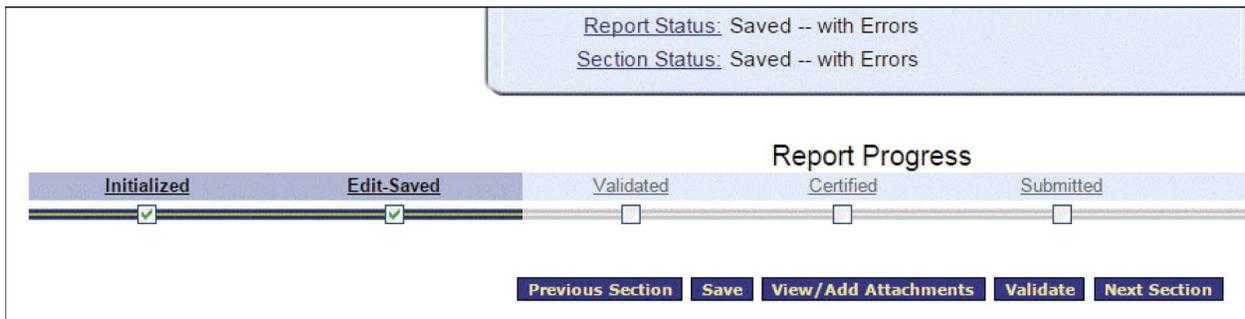


Figure: Report Progress

If the report status is Saved with Errors, an error message appears at the top of the Report screen. The errors must be corrected and the report revalidated. A report with errors cannot be certified or submitted.

1. Click the Go to Error link to go directly to the field in need of corrections.
2. Click the Long Description link to view a description of the error.

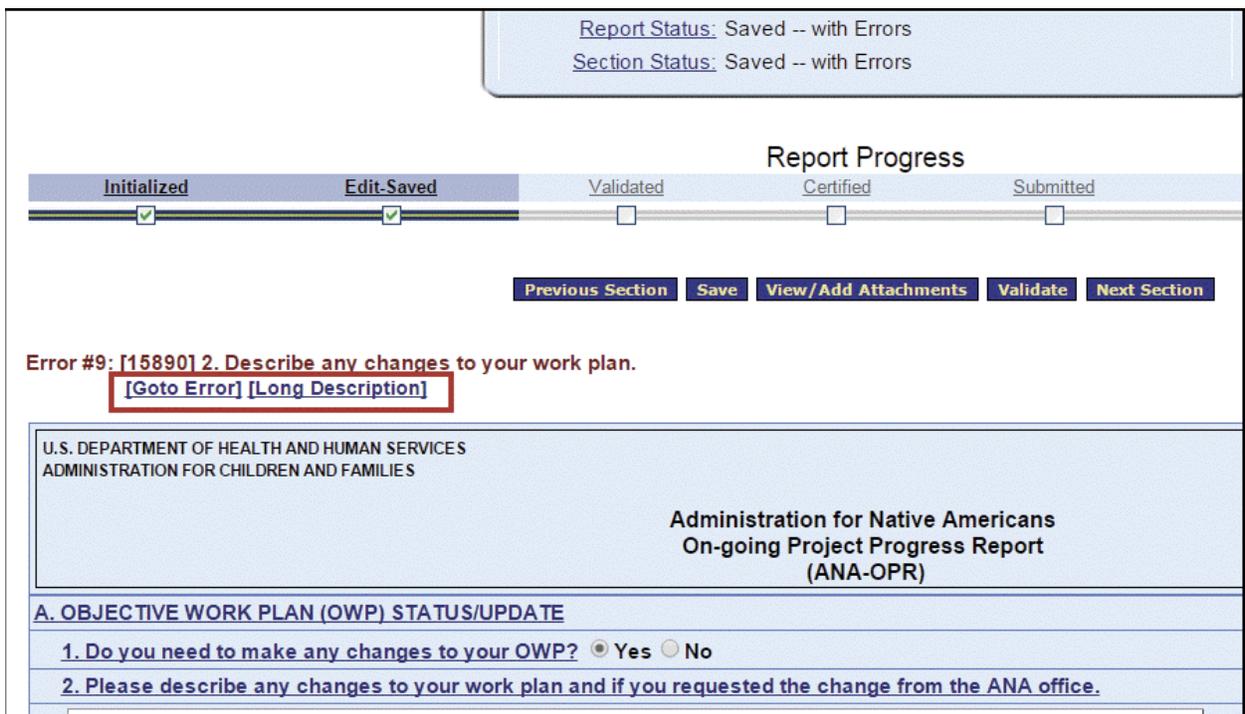


Figure: Go to Error

Use the same process outlined for Error Messages to correct warnings.

Warning #3: [15894] Current Status of Expected Results and Benefits for Objective 1.
[\[Goto Error\]](#) [\[Long Description\]](#)

Warning #6: [16219] Current Status of Expected Results and Benefits for Objective 2.
[\[Goto Error\]](#) [\[Long Description\]](#)

Warning #9: [16220] Current Status of Expected Results and Benefits for Objective 3.
[\[Goto Error\]](#) [\[Long Description\]](#)

A. Project Year 1

Please complete the tables below and include all objectives, results, benefits, activities and dates as they appear in the tables as necessary. In completing the 'Status of Activity' column please choose the status of the activity from the dropdown menu.

Figure: Warnings

NOTE: If the status is Saved with Warnings, the warnings should be corrected. However, a report with warnings can still proceed through the approval process (certifying and submitting).

Certify

After the entire report is successfully saved and validated (no errors), the Recipient Authorizing Official electronically signs the report. Click the Certify button from the "Report Sections" screen.

The screenshot shows a navigation bar with four buttons: "View/Add Attachments", "Validate", "Certify", and "Print Full Report". The "Certify" button is highlighted with a red rectangular box. Below the navigation bar is a table with two columns: "Name" and "Perform Action". The "Perform Action" column contains a dropdown menu labeled "Select Action:" and a "Go" button.

Figure: Certify Button

A pop-up message appears stating “Changes made after saving and validating this form will be lost. You have the ability to sign in the signature area by pressing the Click to Sign button. This will complete your Certify process and officially sign this form.” Click OK.

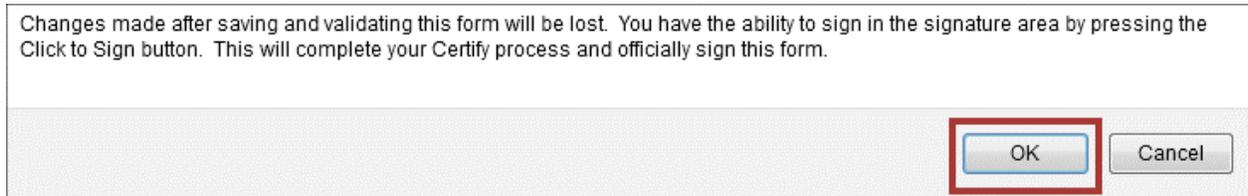


Figure: Changes Made Warning and OK Button

The “Cover Page” section opens. In field 12b, select the Click to Sign button.

A screenshot of a certification form. The form contains several sections: "11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance in the award documents.", "12a. Typed or Printed Name and Title of Authorized Certifying Official", "12c. Telephone (area code, number)", "12d. Email Address", "12b. Signature of Authorized Certifying Official", and "12e. Date Report Submitted (Month/Day/Year)". In the "12b. Signature of Authorized Certifying Official" section, there is a button labeled "Click to Sign" which is highlighted with a red rectangular border.

Figure: Click to Sign

The screen refreshes and the status is Certified. Click the Report Sections navigation link towards the top of the page.

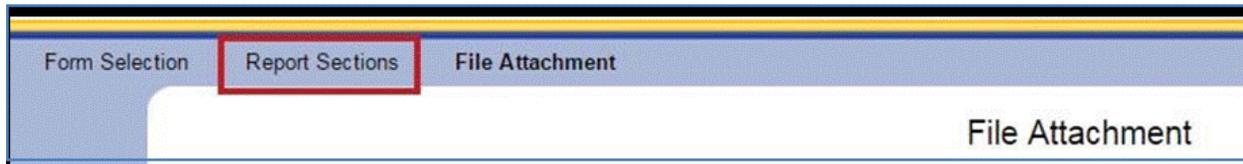


Figure: Report Sections

Submit

The last step is to electronically send the OPR to ANA. From the "Report Sections" screen, click the Submit button.



Figure: Submit Button

A pop-up message appears stating "This will officially submit your report. Do you wish to continue?" Click OK.

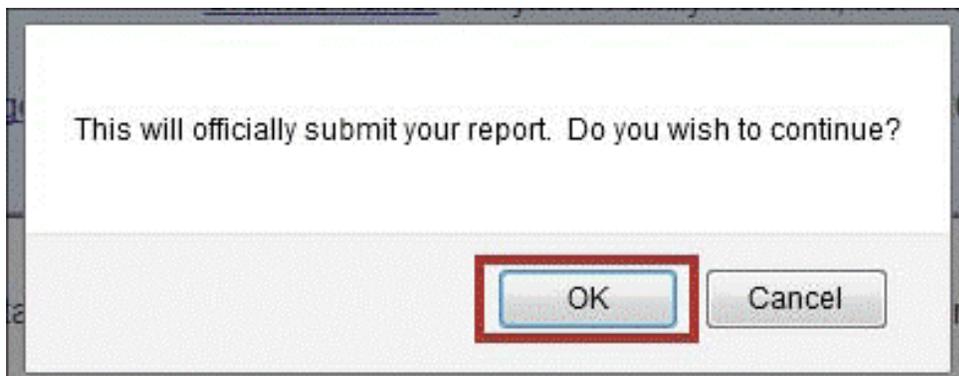


Figure: Do you wish to continue? And, OK button.

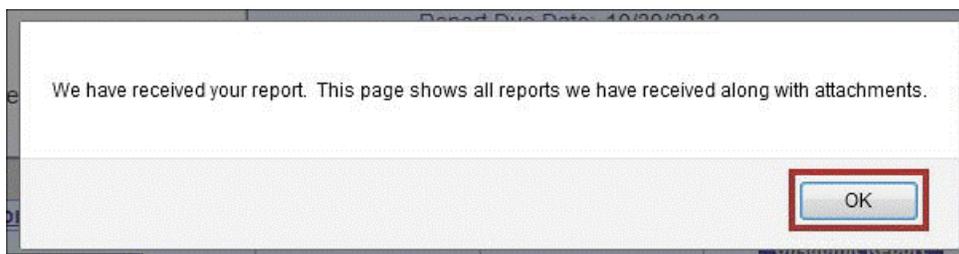


Figure: Report confirmation message and OK button

The "Report Form Status" page appears and the report is in the Submitted status.

This screen displays the status of report forms and their revisions, along with attached files. To continue entering report form information, click on 'Grantee Selection'.

Report Form Status				
Report Submissions:	Report Status:	Status Date:	Report Action:	Print:
View Revision # 1	Submitted	02/24/2016	Unsubmit Report	Print as PDF <input type="button" value="Go"/>
View Original	Submission Accepted by CO	02/17/2016		Print as PDF <input type="button" value="Go"/>

Figure: Report Status Submitted

An email confirmation of the report submission is sent to designated grantors and recipients.

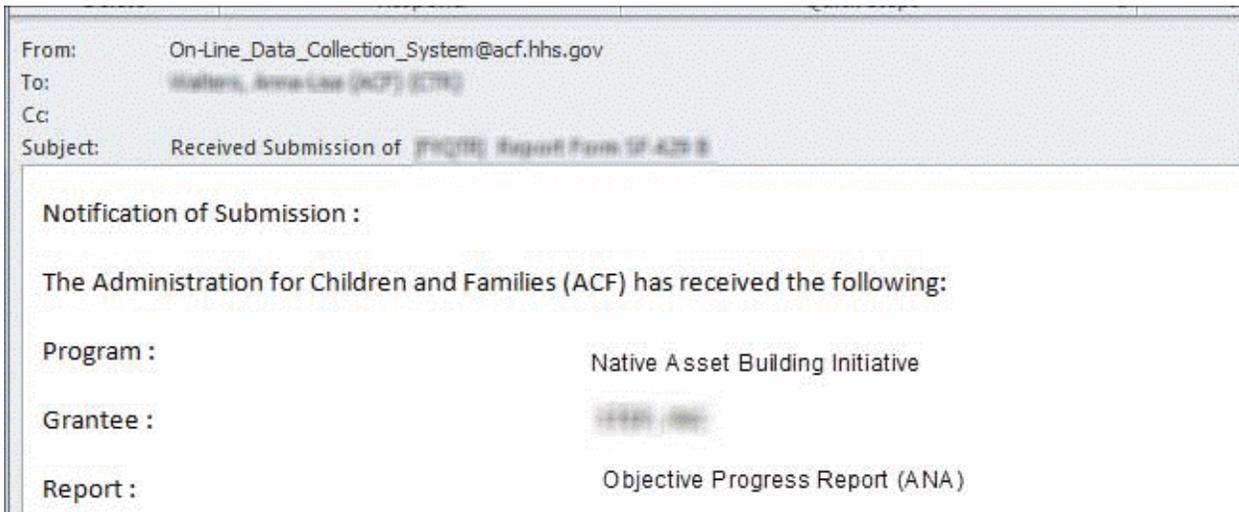


Figure: Email Notification

Change a Submitted Report

When a report is submitted by the recipient but is not yet In Review by ANA, the recipient may take the report back to make changes. Contact ANA if the report is already in the Review status.

When a report is edited, it must be re-Validated, Certified, and Submitted to complete the process. Previous due dates apply.

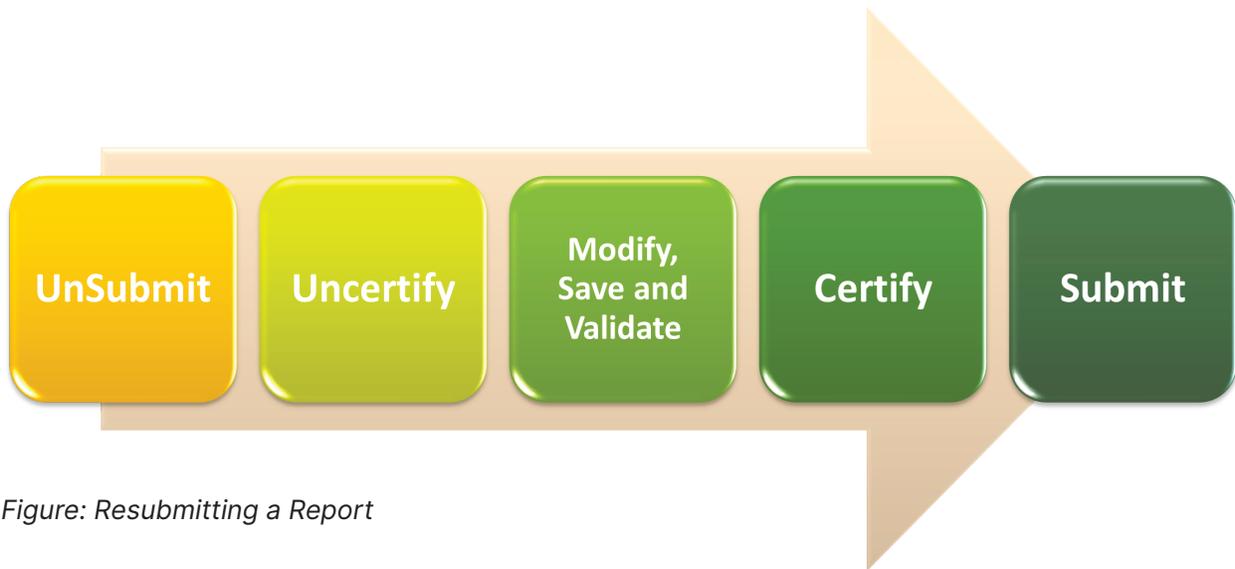


Figure: Resubmitting a Report

Revisions

Once the OPR is approved, the process is complete. However, if a recipient needs to make a change, they have the option of creating a revision.

A revision is an exact duplicate of the Accepted OPR, only the data fields are open and modifications can be made. The original report does not change and can be accessed by clicking “View Original” from the Report Form Status page. There is no limit to the number of revisions for a single report. However, if a revision is made after the OPR’s due date, the Recipient is not able to submit the revision and must instead contact their ANA Program Specialist for assistance.

NOTE: Revisions may only be created for the OPR. To request changes to the OWP, please contact ANA staff.

To create a revision:

1. Log into the GrantSolutions Grants Management Module (GMM) (<https://home.grantsolutions.gov/home>).
2. Click the menu Online Data Collection.

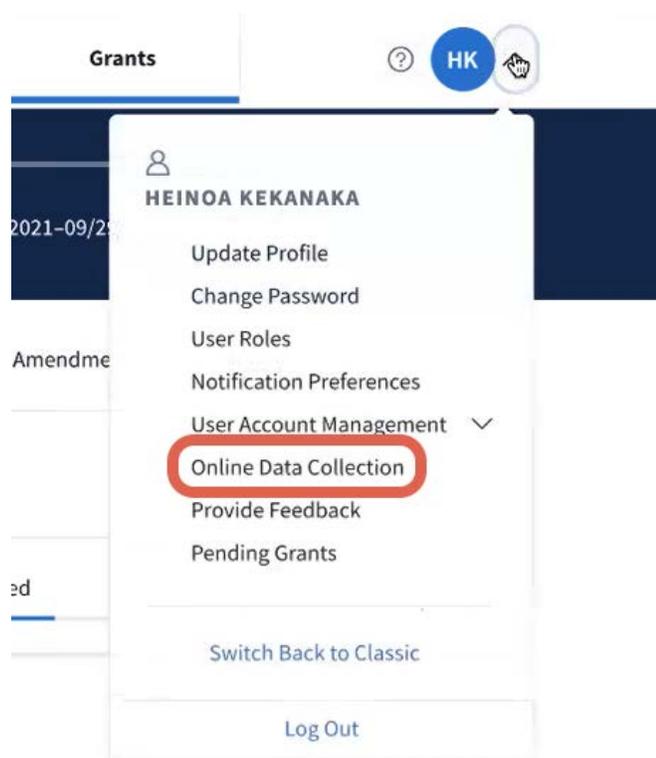


Figure: Online Data Collection

3. The OLDC “Home” screen appears. Click Report Form Entry.

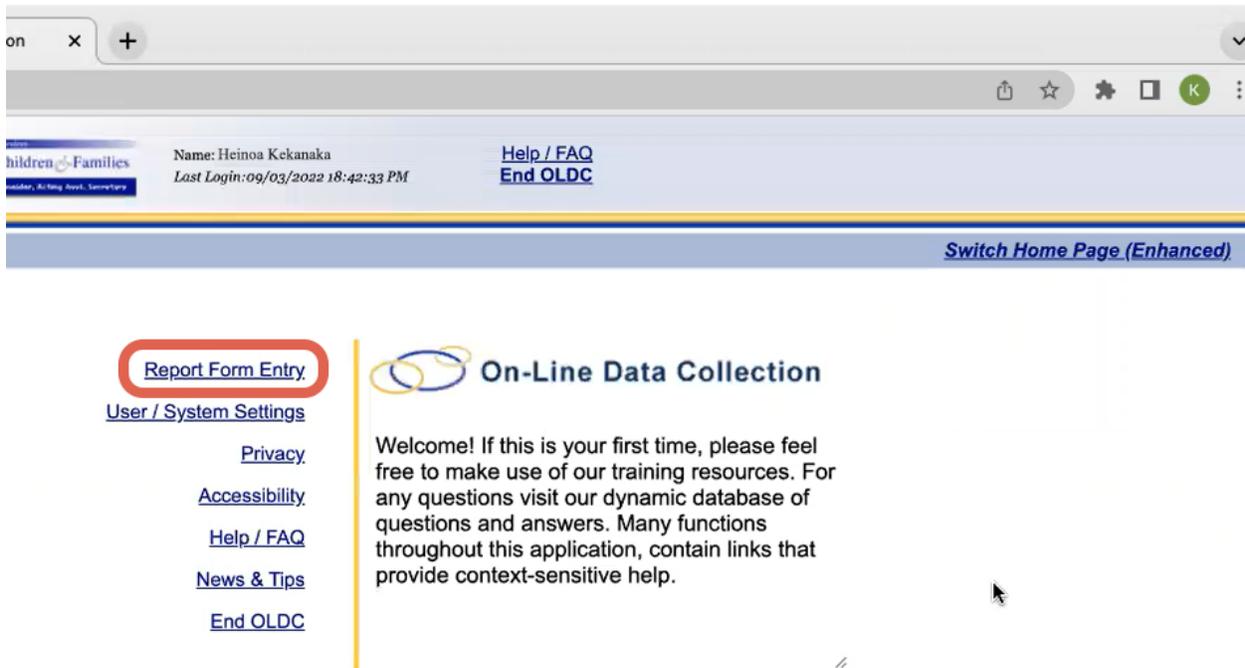


Figure: Report Form Entry

4. The “Form Selection” screen displays. Select the Program Name, Grantee Name, and Report Name (in that order).
5. The screen refreshes. Select the Funding/Grant Period from the drop-down list.

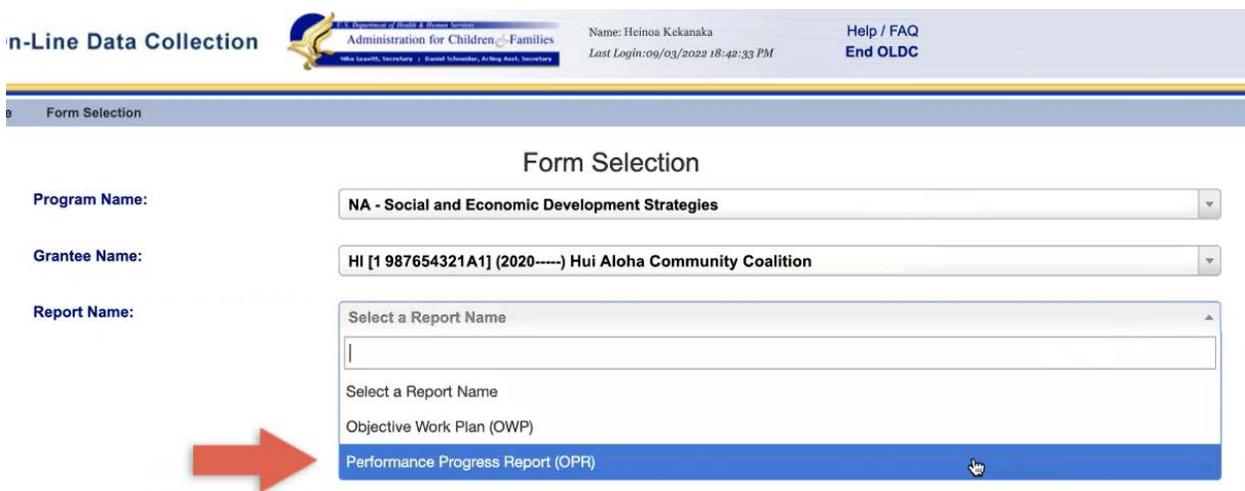


Figure: Form Selection

6. Select the Report Period.

NOTE: Ensure the Report Status says Submission Accepted by CO.

7. Select the Action New/Edit/Revise Report, and then click the Enter button.

Form Selection

Program Name: NA - Social and Economic Development Strategies

Grantee Name:

Report Name: Performance Progress Report (OPR)

Funding / Grant Period: 09/30/2021 - 09/29/2024 NA

Show 15 entries Search:

Reporting Period	Type	Report Status	Due Date	Actions
04/01/2024 - 09/29/2024	Semi-Annual			+
09/30/2023 - 03/31/2024	Semi-Annual			+
04/01/2023 - 09/29/2023	Semi-Annual		10/29/2023	+
09/30/2022 - 03/31/2023	Semi-Annual		04/30/2023	+
04/01/2022 - 09/29/2022	Semi-Annual	Initialized	10/29/2022	  
09/30/2021 - 03/31/2022	Semi-Annual	Submission in Review by CO	04/30/2022	  

8. The "Report Sections" screen opens. The screen appears exactly like the original report. However, the report name now also includes the Revision number. The submission of a Revision follows the exact same process as the submission of the original OPR: Initialize, Save, Validate, Certify, and Submit. If a Revision needs to be made after the due date is passed, the Federal Office may need to submit on behalf of the recipient.

When a Revision is submitted, the "Report Form Status" page appears. The most recent Revision is listed first in the Status table, followed by earlier Revisions, and ending with the original Accepted Report.

Report Form Status				
Report Submissions:	Report Status:	Status Date:	Report Action:	Print:
View Revision # 1	Submitted	02/24/2016	Unsubmit Report	Print as PDF <input type="button" value="Go"/>
View Original	Submission Accepted by CO	02/17/2016		Print as PDF <input type="button" value="Go"/>

Figure: Report Submissions View Revision Button