



Federal Reporting: Guidance for Completing Your Annual Progress Report & Requesting Carryover Funds

Office of Adolescent Health
Office of Grants Management

Webinar Objectives

- Describe the submission and content requirements for completing the OAH Annual Progress Report and Federal Financial Report.
- Summarize the process and requirements for requesting to carry over unobligated funds from one year to the next.
- Review basic elements for the TPP Performance Measure reporting.
- Review the Evaluation reporting requirements for grantees with rigorous evaluations.

OAH Grantee Reports

Three primary reports due each year:

- Non-competing continuation application
 - May 31st
- Annual progress report
 - November 30th
- Federal financial report
 - December 29th

Annual Progress and Financial Reports

- Program Progress Report

- 12-month progress report (September 1st – August 31st)
 - Describes the completion of objectives and activities for the entire 12 months of the recently completed budget period
- Success story

- Federal Financial Report

- FFR- SF425

Submission Process

Due date for the Annual Progress Report submission:
November 30th

Submit Annual Progress Reports:

- Electronic via email (required)
 - Send to OAH Project Officer and OGM Grants Management Specialist
 - Grantees should include the official grant number on all submissions and include in the subject line in the email.
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Submission Process

Due date for the Federal Financial Report:
December 29th

Submit Federal Financial Reports:

- Electronically through GrantSolutions (required)
- Use the FFR Reporting Module
- Specific instructions are located at-

http://www.whitehouse.gov/omb/grants_forms

Expectations for 12-Month Progress Report

- Provide an update based on the objectives of your program.
- Focus on the entire 12-month period of September 1st through August 31st.
- Describe major accomplishments.
- Describe any challenges/barriers you encountered and how they were addressed.
- If applicable, include the reasons that goals or objectives were not met and a discussion of assistance needed to resolve the situation.
- Report on any other significant project activities, accomplishments, setbacks or modifications (e.g., change in key staff, change in scope of work) that have occurred in the current budget period.

Expectations for 12-Month Progress Report

- Include sufficient detail that any one picking up the report could understand what you have been doing and what has been accomplished.
- Be sure to include challenges faced; brainstorm ideas to overcome those challenges.
- No specific length is required— just a solid level of detail and depth.
- Recommended template is not required; the requirement is to cover the bulleted points.

Example of Progress Report

EXHIBIT B: Example Twelve-Month Progress Report (Partial) <i>Grantee X; Grant #:xxxxx</i> September 1st – August 31st		
Goal: Replicate xxx evidence-based program in 60 sites across xxx County.		
Objective: By August 31, 2010 ensure all facilitators are trained in the xxx evidence-based program model.	Met	
Activity: Identify and secure a trainer to conduct training on xxx evidence-based program.	Met	We identified three organizations that were certified to conduct trainings in xxx evidence-based program. We contacted each organization to learn more about the content and cost of their training. Each organization offered a 3-day training, but one organization also included 20 hours of follow-up technical assistance in their training plan. The cost estimates from the three organizations were similar. We decided that having the 20 additional hours of technical assistance from the trainer would be beneficial since this is a new program for all of our facilitators, therefore we selected xxx organization. We signed a contract with xxx organization to conduct four identical 3-day trainings for our facilitators and to provide 20 hours of follow-up technical assistance. It was agreed that our organization would take care of the logistics and registration for each training.
Activity: Conduct four, 3-day trainings in the xxx evidence-based program for program facilitators.	Met	Training dates and locations for four 3-day trainings were secured: 1.March 22-24, 2010 at the xxx community organization in City 2.April 14-16, 2010 at the xxx community organization in City 3.May 2-4, 2010 at the xxx community organization in City 4.May 20-22, 2010 at the xxx community organization in City Trainings were advertised to the 60 facilitators who are implementing the xxx evidence-based program. Each training includes an overview of the program model, core components, and teaching philosophy; a detailed review of the activities included in the program; time for each participant to practice delivering the program activities; review of the fidelity monitoring tools; discussion about allowable adaptations; and review of the available evaluation tools (see Appendix A – Training Agenda). Training participants completed an evaluation form after the training. Results have been analyzed indicate that facilitators are confident in their ability to implement the program with fidelity as a result of the training.

How to Write a Success Story



A detailed and objective account about action and behavior relating how something was used, what results were achieved, and what specific factors enabled or interfered with success. (The Success Case Method, Robert O. Brinkerhoff)



When presented effectively, success stories can be a useful tool for educating your stakeholders about the outcomes of your work and the results you are achieving.

Why are Success Stories Important?

- Shows progress in addressing relevant issues for your community.
- Provides information to policymakers, funders, and other stakeholders about the impact of your program.
- Demonstrates responsible use of resources to stakeholders.
- Shares best practices with interested parties.
- Markets your program to a wide audience (e.g. policymakers, funders, grantees, organizations).
- Enhances positive public relations.
- Attracts new partners for collaboration.



What Can Your Success Story be Used for?

- Satisfy Congressional Requests
- OAH, HHS, and Administration-wide Reports
- Briefings
- Presentations to OAH, HHS, and other agencies in the Administration
- Presentations to External Audiences
- Requests from Foundations
- Budget Documents
- OAH Publications
- Trainings
- OAH Website



Title

- Should not be titled: “Success Story”
- Capture the overall message of the story.
- Include an action verb.
- Capture the reader’s attention.
- Punctuate properly (including capitalizing where appropriate).



Problem Overview

- Use data to frame the issue, including health burden and economic costs.
- Specify the affected population(s).
- Relate your problem overview to the program being described.
- Keep the problem overview between 150-300 words in length.
- Describe the problem being addressed (e.g. teen pregnancy, STIs, etc.) and why it's important.
- Describe how your program/activity is designed to address the problem.
- Denote the location of your grant program and where the problem took place.
- Identify references for your data (please cite properly).

Problem Overview Example

Delaying Sexual Initiation Through Use of an Evidence-based Teen Pregnancy Prevention Program

Allegany County, Maryland

Problem Overview

Allegany County is geographically isolated in the Appalachian Mountains of Western Maryland and is ranked as one of the unhealthiest counties in the state (23rd out of 24 counties). The county has the third lowest household income in Maryland, with a median income that is less than half the state average. Nearly one-quarter of youth under the age of 18 live in poverty¹ and more than half of the students in Allegany County Public Schools qualify for free or reduced lunch. Loss of major manufacturing plants has left the citizens of Allegany County with an unemployment rate that hovers above 8%.

In 2010, the teen birth rate for the United States was 34.3 births per 1,000 females aged 15-19. The teen birth rate for Allegany County was slightly higher than the national rate at 35 births per 1,000¹; and significantly higher than the teen birth rate in Maryland at 27.2 births per 1,000⁴. Though high, the outlook would likely be bleaker still if not for the arduous work of community-based organizations, like the YMCA of Cumberland Maryland, to prevent teen pregnancy.

Program Description

- Outline steps taken to implement the program.
- Link the program to OAH funding and state how OAH support contributed to the program/activity.
- Keep the program/activity description between 250-500 words in length.
- Denote the name of your program and the purpose of your program.
- Describe the program/activity that was implemented, including when and where it took place, and how it addressed the problem.
- Identify who was involved, including your partners.
- Identify the target audience of the program/activity (e.g. age, location, number impacted).
- Describe how the progress of the program/activity is evaluated (with enough detail for another party to properly understand).

Program Description Example

Strong Partnerships for Implementing Evidence-based Curriculum Assist with the Decline in Teen Pregnancies in Harris County, Texas

Harris County, Texas

Program Description

For the past 20 years, UTHealth has had ongoing partnerships with school districts across Harris County to develop and evaluate *It's Your Game...Keep It Real (IYG)*, an evidence-based sexual health education curriculum targeting middle school students. *IYG* is a classroom and computer-based HIV, STI, and pregnancy prevention program for 7th and 8th grade students. An evaluation of *IYG* found that, in the Spring of ninth grade, one year after the program ended, students who received the program were significantly less likely to report having initiated sexual activity.

In 2010, the U.S. Department of Health and Human Services' Office of Adolescent Health awarded UTHealth funds to implement *IYG* within 10 Harris County school districts and one charter school system. UTHealth staff worked closely, through School Health Advisory Committees and individual meetings with school leaders, principals, administrators, and teachers in these districts, to prioritize the problem of teen pregnancy while emphasizing the importance of using an evidence-based teen pregnancy prevention program to alleviate the problem. A Program Champion was identified in each of the 10 districts to facilitate district approval and implementation of *IYG*.

Program Impact

- Clearly describe outcomes of the program and the associated impacts.
- Provide the context for why the outcomes are important .
- Relate back to the program/activity description.
- Describe the short-term or intermediate outcomes that demonstrate how the program/activity addressed the problem, including the use of data whenever possible.
- Clearly identify the impacts of this program or activity
- Provide a conclusion to the success story that avoids using broad, sweeping statements.
- Include testimonials or quotes from individuals who benefited from your program, if available.



IMPACT

Program Impact Outcomes Example

Using Text Messaging to Reduce Teen Pregnancies

Denver, Colorado

Program Impact

From October 2011 to May 2012, 15,726 messages were successfully sent to 98 youth. In response to outbound quizzes, myth/fact questions, surveys, polls, and other text messages requesting feedback, 1,364 inbound text messages were received. The number of inbound responses per participant was similar across club sites. Females (14.1 inbound msgs/participant), 16 year olds (14.1 msgs), and those identifying as non-Hispanic (12.3 msgs) had higher rates of responses compared to other demographic groups (male, 9.0 msgs; Hispanic, 10.1 msgs). By category of message, quizzes elicited the highest response rate (20.8%) followed by myth/fact questions (17.9%).

In addition, qualitative feedback was collected via text, anonymous participant satisfaction forms, and in-person interviews. Participants stated that “I liked everything”, “[The texts] tell me things I didn’t know”, “[The texts tell me] there are safe ways to have sex”, “I liked the fun facts. They were not really just fun. I learned a lot from them and it was good to get those when you were not having TOP[®]”, and “Since I share a phone with my sisters, I would read it to them and we’d all argue – that’s a fact – no that’s a myth - and then I’d tell them the answer”. Quotes and fun facts were the two most popular types of texts.

As a result of the text messaging curriculum enhancement, we expect to find that the addition of a text message supplement to the TOP[®] program will result in increases in factors that protect youth from pregnancy (e.g. numbers of supportive relationships, self-efficacy to use contraception and refuse unwanted sex, etc.) and reductions in sexual and social risk behaviors associated with pregnancy (e.g. program engagement, utilization of contraceptive clinic services etc.). We anticipate that results on these measures will be available in 2015.

Elements of a Success Story

General Suggestions:

- Follow the 80/20 rule to effective writing
- Give it a rest.
- Keep the story to no more than two pages.
- Cite data references properly by using APA citation.
- Know that writing success stories is a powerful process.

Success Stories



For Consideration

- Style

- Third-person narrative
- Spell out acronyms
- Do NOT use colloquial language
- Use objective language

- Develop an angle

- Human interest
- Startling or interesting facts/statistics
- Innovative approaches or solutions

- Focus on facts

- Facts vs. grandiose, lofty language
- Use quantitative data

For Consideration

- Audience(s)

- Identify your audience(s)
- Know your audience(s)
- Appeal to your audience(s)
 - What is important to them?
 - What do they care about?
 - What types of outcomes are they hoping to see?

- Link properly

- Link to activities of OAH-funded programs
- Link to compelling changes and benefits for young people

- Create an emotional hook

- Paint a picture of the people behind the facts
- Do not bury or back into the lead
- Engage the reader early on

Follow OAH Guidance

- Please follow the OAH Success Story template.
- Make the story easy on the eyes.
- These success stories are NOT individual success stories where a certain student, faculty member, teacher, etc. overcomes an obstacle.
- Do not submit stories that you do not want OAH to share.

 **UIDANCE**

Federal Financial Reporting and Carryover Requests

Federal Financial Report

Submitting Federal Financial Reports Using Standard Form-425 (SF-425)

Carryover Request Process

The purpose of this training is to provide detailed guidance on carryover requests submission to the Office of Grants Management (OGM), Office of Adolescent Health (OAH) and identify pitfalls when processing the carryover request.

How Can Carryover Funds be Used?

All unobligated funds that are available for carryover must be used to support the original approved goals and objectives of the grant program based on the Funding Opportunity Announcement.

Funding Restrictions- Funds cannot be used for the following purposes:

To supplant or replace current public or private funding;

To supplant on-going or usual activities of any organization involved in the project;

To purchase or improve land, or to purchase, construct, or make permanent improvements to any building; or

Submitting your Carryover Request

The Carryover Request must be submitted electronically only using the GrantSolutions Manage Amendment Module under My Grants.

Submitting the request as an email attachment, or hard copies are no longer acceptable.

Documentation to Support the Carryover Request

1. A written statement indicating why the carryover funds were not spent during the approved budget period signed by the Authorizing Business Official and/or Program Director.
 2. A detailed line item Budget and Budget Narrative Justification for the amount of carryover funds.
 3. A Work Plan to support the carryover request.
 4. A Federal Financial Report (SF 425), certifying funds are available for use signed by the Financial Officer.
- Note: Grantees may not carryover funds that are identified as restricted in the Notice of Award's Terms and Conditions.

Carryover Request- Process for Review

- OGM and OAH review for allowable and reasonable cost.
 - OGM reconciles grantee's financial report with Division of Payment Management System.
 - OAH reviews proposed activities and past grantee performance.
- Ensure all supportive documents are included with submission.
- OGM and OAH have 30 days to process the request (unless additional information is required from the grantee).

Response to Carryover Request

1. Revise the NOA authorizing the grantee to spend the unobligated funds for approved purposes. (Carryover funds must be used to cover only prospective costs, not costs already incurred by the grantee.)
2. Restrict the grantee's authority to carryover the unobligated balance.
3. Use the balance to reduce or offset funding for a future budget period.
4. Use a combination of these actions.

Potential Pitfalls to Process

1. Delinquent or Incorrect Federal Financial Reports – OGM must have a current FFR (SF425) which shows the budget period from September 1st through August 31st in order to review actual balances that are available for carryover.
2. Budget narrative justifications inadequate – not enough details to support each listed line item.
3. Not submitting the Carryover request through GrantSolutions

Carryover Policy Citations

45 Code of Federal Regulations, Part 74 and 92.

HHS Grants Policy Statement; Rev. 01/2007; page II-52.

For additional questions regarding Carryover Requirements contact your assigned Grants Management Specialist

Questions?

Application Content TPP Performance Measure Report

Resources

- Performance measures website manual
 - Recording and transcript of Webinar training
 - On the Performance Measures Website - <https://tpp.rti.org/>
 - On the home page, and
 - Under the “Resources” tab
 - On the OAH Web site: <http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/program-guidance/webinars.html>
 - Script for Perceived Impact
 - Help Desk request on website
 - Additional resources added as needed
-

Grantee-level measures: Program structure

- Reach, Dosage (Attendance), Fidelity
 - Includes all program participants, regardless of whether or not in the evaluation
 - Actual reach is compared to the proposed target reach for that year
 - Dosage is calculated looking at % of participants that received at least 75% of the program
 - Fidelity takes into consideration both facilitator and observed noted fidelity
 - Also looking at the reported quality of the session
 - Fidelity process scale is due annually (Program Director completes)
 - All youth receiving program services must be counted for measures of Reach and Dosage (even if no parental consent for evaluation)
-

Grantee-level measures: Program structure

Partners, Training, and Dissemination

- Partners with formal and informal agreements in place and retained
 - Any type of training that improves facilitators' delivery of the program (e.g., adolescent development, classroom management, retention strategies) not just curricular
 - Dissemination of materials related to the funding through the TPP/PREIS grant (e.g., experiences in implementing the program, lessons learned, or evaluation results)
-

Participant-level measures:

Perceived impact

- Collected anonymously either at end of program, or annually (for longer programs)
 - Must collect demographic data as well
 - Measures:
 - Perceived impact on sex
 - Perceived impact on condom use
 - Perceived impact on birth control use
 - Perceived impact on abstinence
-

Participant-level measures: Behaviors/Intentions

- For grantees with a rigorous evaluation *only*
 - Reported by evaluators, not grantees
 - Baseline and follow-up data for intervention and control groups if youth have parental permission to be in evaluation
 - Measures
 - Behaviors
 - Sex in last 3 months
 - Condom use if had sex
 - Birth control use if had sex
 - Intentions
 - To have sex in next year
 - To use a condom if have sex
 - To use birth control if have sex
-

Comparison Groups in Rigorous Evaluations

- Collect and report Behavioral and Intention data if they are participating in the evaluation
 - Do not administer Perceived Impact on comparison youth
 - Do not report attendance data on comparison youth
 - Do not report fidelity for any comparison program
-

Reporting Dates

- All annual report data must be uploaded no later than November 30th each year
 - Enter data early to ensure that questions may be answered in a timely fashion
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Questions?

Application Content TPP Evaluation Progress Report

For TPP Tier 1 C/D & Tier 2 Grantees Only

What and why?

- Data on two key elements
 - Sample intake (CONSORT diagram)
 - Baseline equivalence
 - We will assess that data
 - Against the HHS evidence standards for attrition and equivalence
 - To look for areas in which evaluation implementation could be strengthened
 - To look for issues that need to be clarified/implemented in reporting
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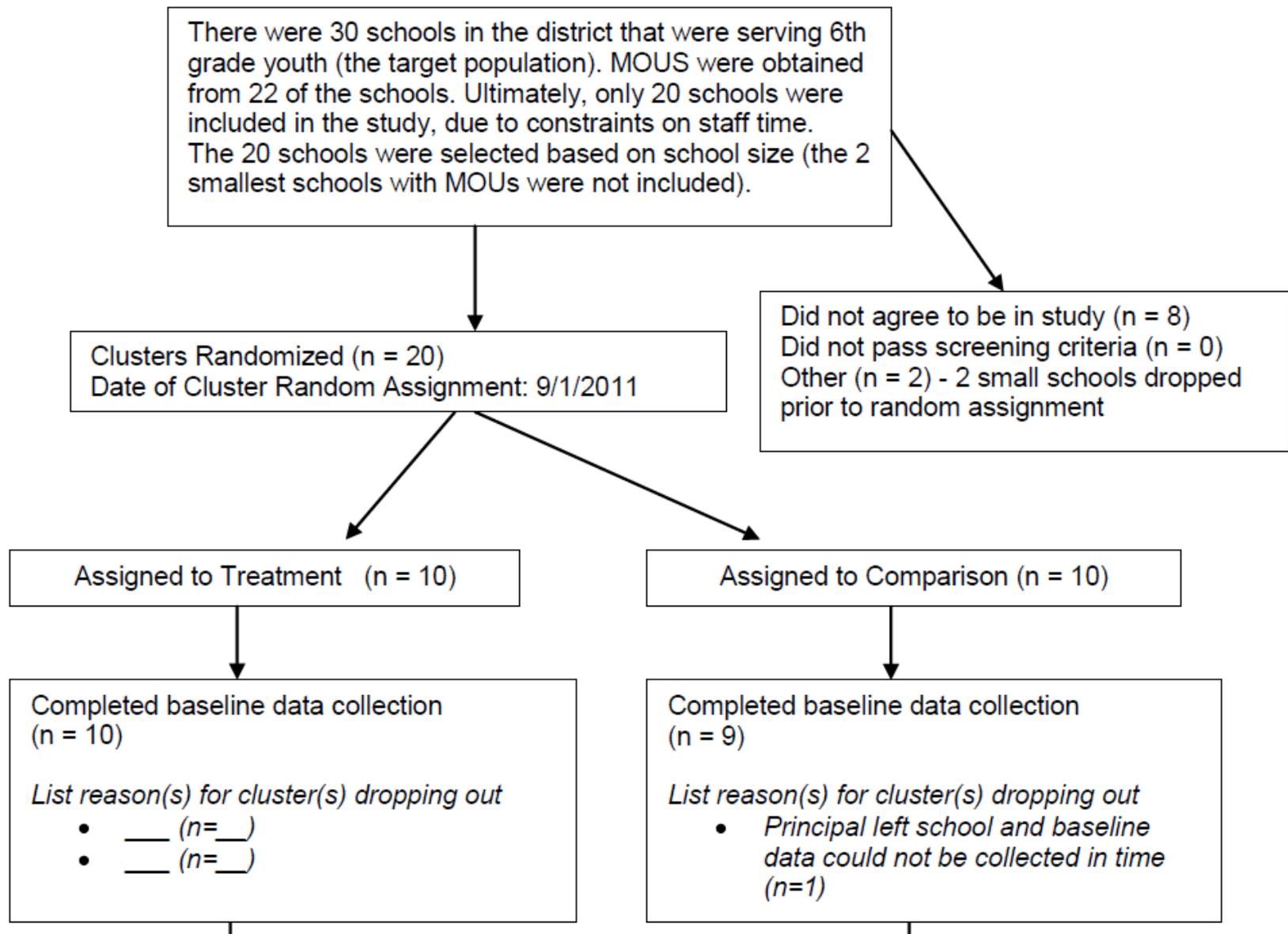
General guidance

- Do not provide data on your evaluation pilot
 - Provide data pooled across cohorts and sites currently enrolled
 - Provide baseline equivalence data for:
 - Full sample at baseline
 - Sample responding to follow-up surveys
 - Provide as much data as you have available
-

CONSORT diagrams

- Templates and examples are available in the continuation application guidance and on the Eval TA website
- For clustered RCTs,
 - Cluster intake consort diagram
 - Youth intake consort diagram, based on youth in remaining clusters
- For individual-level RCTs and QEDs, youth intake consort diagram only

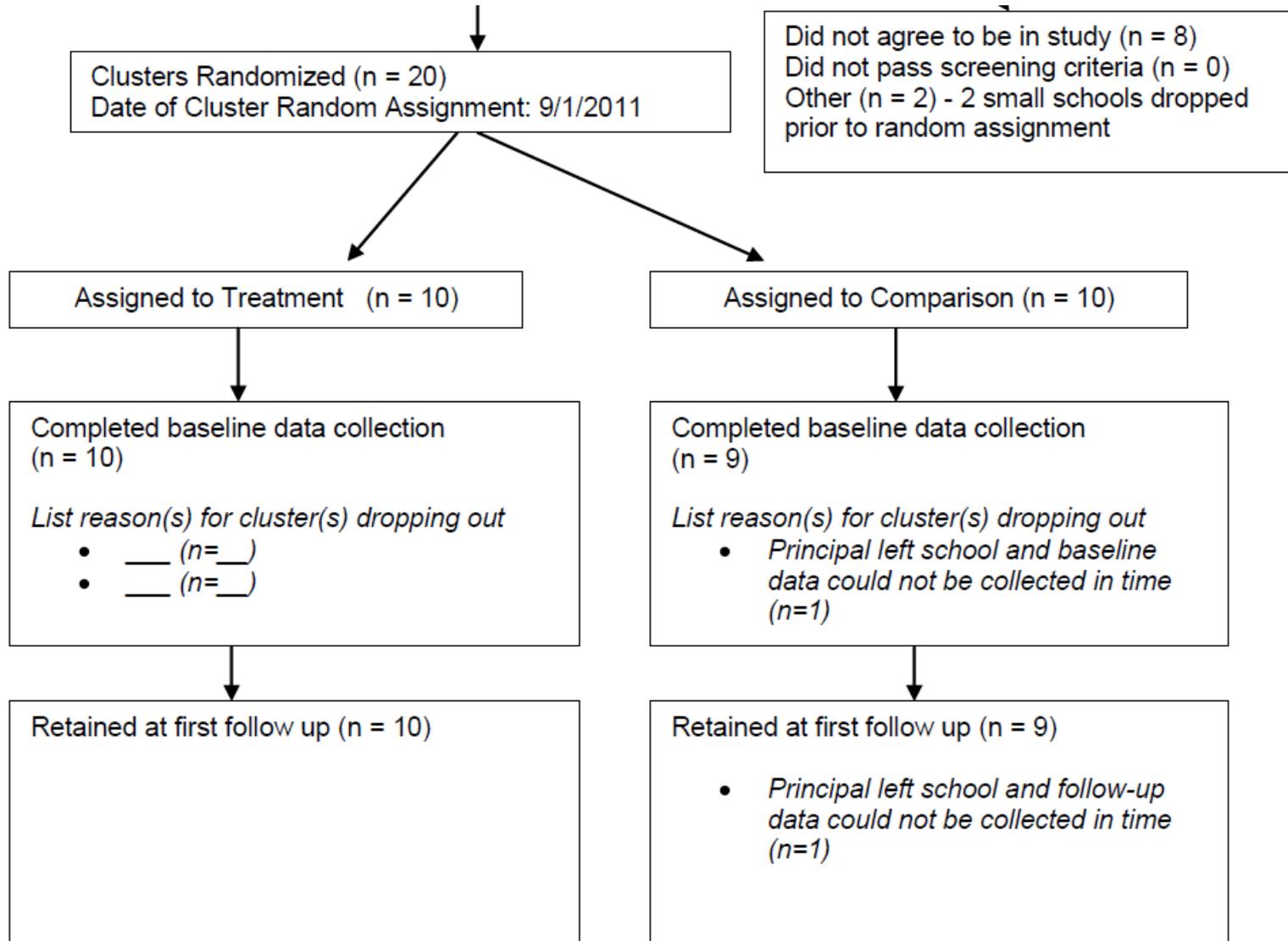
CONSORT Diagram for Clusters in a Cluster Randomized Controlled Trial



Paragraph on intake process for clusters

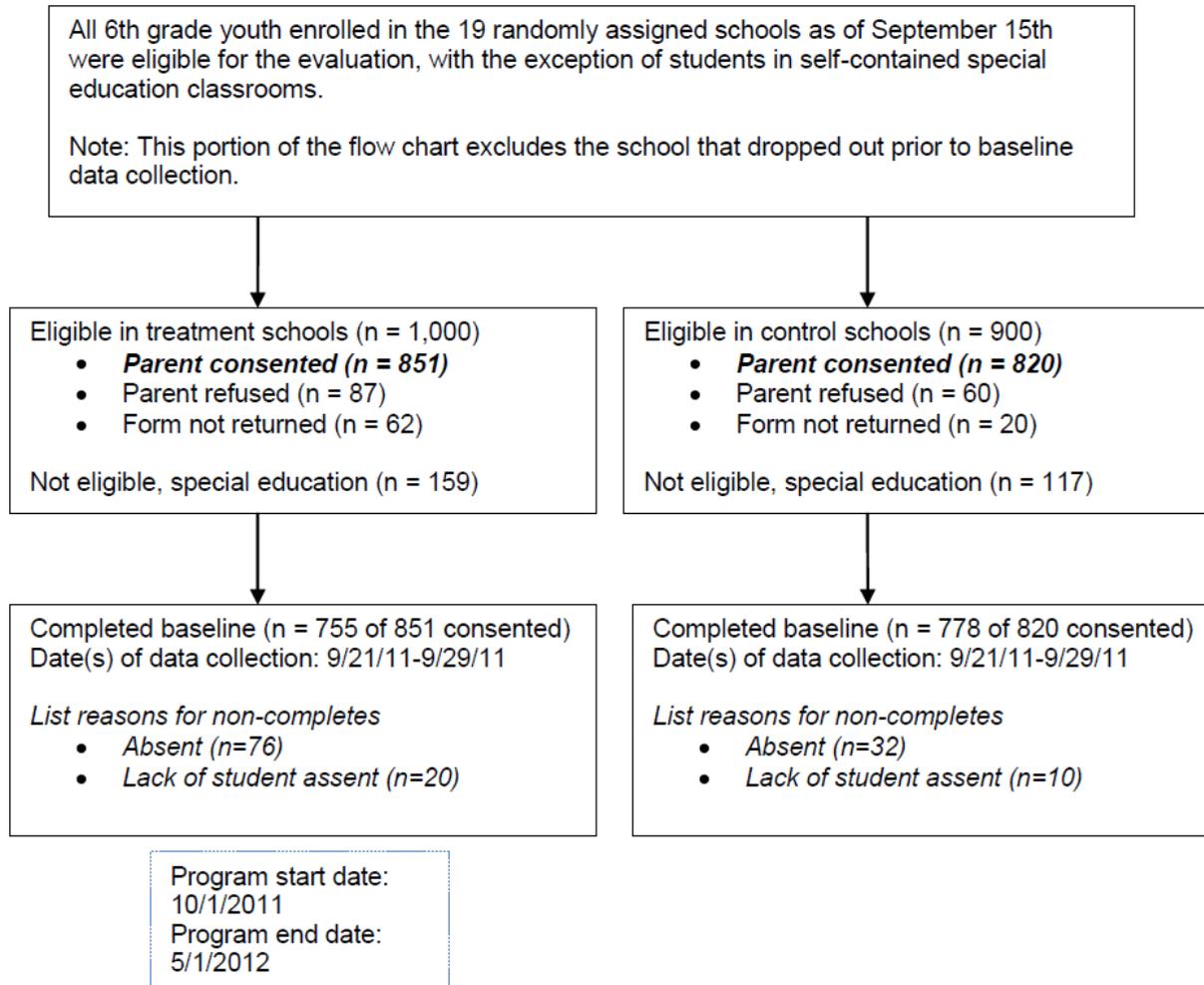
There were 30 schools in the district that were serving 6th grade youth (the target population). MOUS were obtained from 22 of the schools. Ultimately, only 20 schools were included in the study, due to constraints on staff time. The 20 schools were selected based on school size (the 2 smallest schools with MOUs were not included).

Clustered RCT – cluster sample to date



Clustered RCT – youth sample to date

CONSORT Diagram for the Youth in the Clustered Randomized Controlled Trial
Presented on the Prior Page

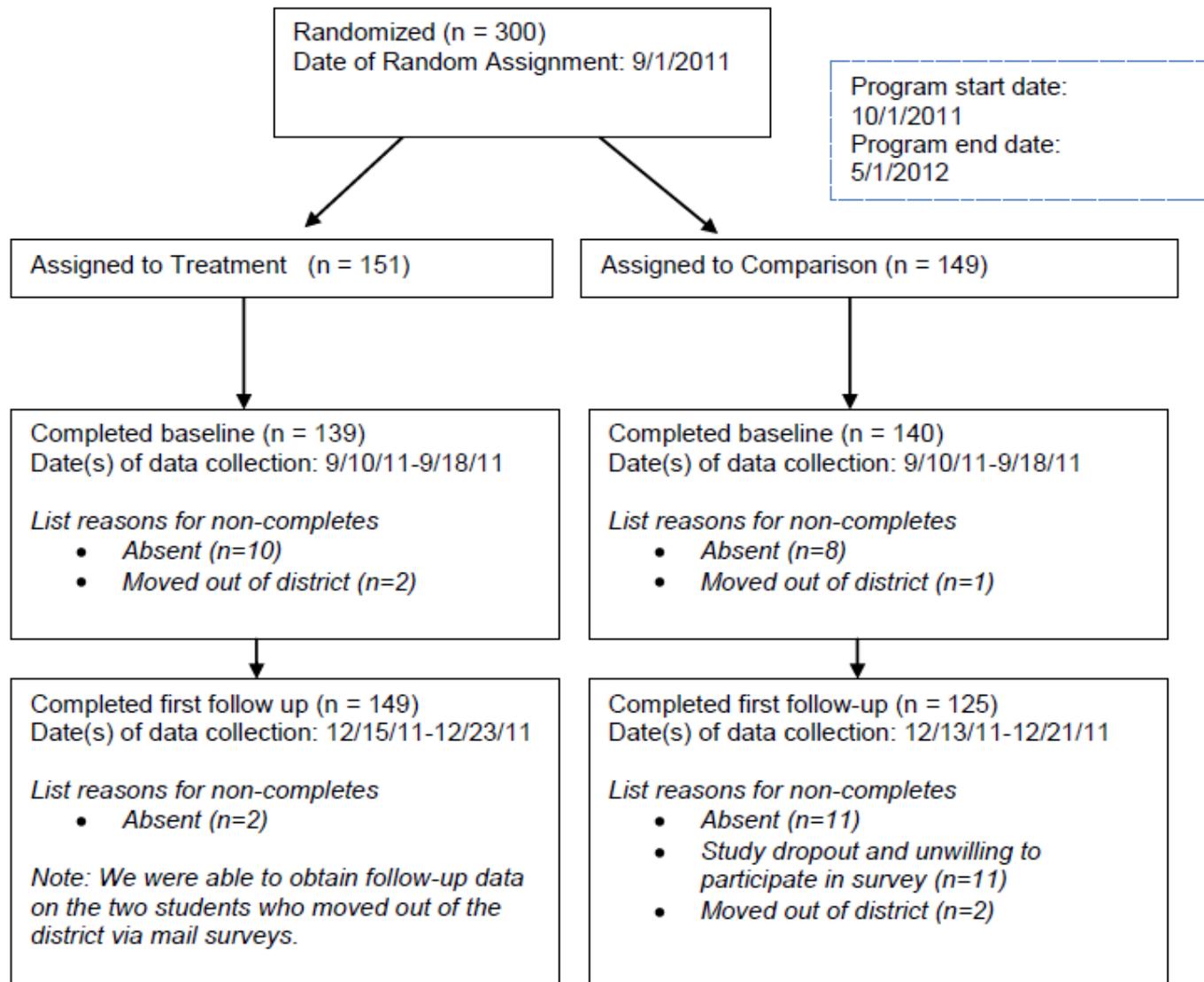


Individual-level RCT or QED - youth enrollment process

7th grade youth in 4 middle schools were eligible for program participation. 600 youth expressed interest in the afterschool program. 200 were in 8th grade and were ineligible. Of the 400 eligible, only 300 provided consent. Thus, only 300 students were considered for the randomization procedure.

Did not pass screening criteria (n = 200)
Did not provide consent (n = 100)

Individual-level RCT or QED – sample to date



Baseline equivalence documentation

- Focus on variables assessed under HHS evidence standards
 - Age, gender, race/ethnicity
 - Measures of sexual behavior
 - Excel template available on Eval TA website
 - Two tabs in workbook – blank template and populated example
 - What to provide
 - For binary measures, percent (in decimal form, e.g. 0.05) and sample size
 - For continuous measures, mean, standard deviation, and sample size
 - For categorical measures (e.g. race), counts in each category
 - Any documentation of deviations from those basic statistics (e.g. you calculate statistical tests accounting for clustering)
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Required data processing

- Construct race variable
 - Recode multiple races into a two or more races category
 - Construct dummy (binary) variables for yes/no survey items, gender, and Hispanicity
 - *Construct full sample sexual behavior variables*
 - Youth that did not have sex are in sample, but coded as zero
 - Youth that did not have sex in the past 3 months should be coded as zero in the number of times had sex in the past three months and included in the denominator
 - Youth that did not have sex in the past 3 months should be coded as “no” or zero in the numerator and included in the denominator for the measure regarding sexual intercourse without a condom in past three months
 - This means that all Ns in the lower part of the table should reflect the full sample N (minus any truly missing data)
-

Baseline equivalence excel template

Please indicate the sample for which you are assessing baseline equivalence:				Sample with baseline data					
<u>Treatment Group</u>				<u>Comparison Group</u>			<u>Group differences</u>		
Characteristics at BASELINE	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic (calculated by the worksheet)	df (calculated by the worksheet)	p-value (calculated by the worksheet)
<u>Demographic characteristics</u>									
Age (in years)	12.3	1.1	150	12.4	0.9	160	0.878	308	0.3804
Female (%)	0.5		150	0.49		160	0.176	308	0.8604
Hispanic (%)	0.2		150	0.1		160	2.475	308	0.0139
Race (% and counts) ¹			150			160			0.0008
American Indian or Alaska Native			20			30			
Asian			30			40			
Black			40			60			
White			60			29			
Two or more races			0			1			

Baseline equivalence excel template

Characteristics at BASELINE	Treatment Group			Comparison Group			Group differences		
	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic (calculated by the worksheet)	df (calculated by the worksheet)	p-value (calculated by the worksheet)
<u>OAH behavioral performance measures</u>									
Ever had sexual intercourse (%)	0.03		150	0.02		160	0.565	308	0.5722
Gotten someone pregnant or been pregnant (%) ²	0.01		150	0.01		160	0.000	308	1.0000
Number of times (mean)	0.02	0.01	150	0.00	0.005	160	21.356	308	0.0000
Sexual intercourse in prior 3 months (%) ²	0.2		150	0.15		160	1.160	308	0.2470
Number of times (mean)	0.1	0.11	150	0.12	0.08	160	1.839	308	0.0669
Sexual intercourse in prior 3 months without using condom (%) ³	0.10		150	0.08		160	0.616	308	0.5384
Number of times (mean)	0.1	0.22	150	0.09	0.08	160	0.538	308	0.5908
Sexual intercourse in prior 3 months without using effective contraception (%) ³	0.15		150	0.12		160	0.774	308	0.4397
Number of times (mean)	0.2	0.1	150	0.3	0.2	160	5.511	308	0.0000

Templates

- Located on Eval TA Website under [Shared Documents/OAH Annual Progress Report Requirements](#)
- Excel workbook for baseline equivalence
 - [Excel 2007 version](#)
 - [Excel 1997-2003 compatible version](#)

Questions?

Thank you for your time today!