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PERFORMANCE PROGRESS REPORT Administration for Children and Families (ACF), Office of Family Assistance (OFA) Healthy Marriage and Responsible Fatherhood Grant Program

OMB Control No.: 0970-0566

Expiration Date: 07/31/2029

Information from the annual Administration for Children and Families (ACF) performance progress report (PPR) will be used by the Office of Family Assistance (OFA) to meet grants management requirements and by grant recipients themselves to self-monitor progress and challenges (continuous quality improvement (CQI)). Annual progress reports are due within 30 days of the end of each 12-month reporting period, which is:

- Reporting Period: September 30 – September 29; Report Due: October 30

The PPR consists of the following three parts, with both qualitative and quantitative descriptions of program performance:

Part 1: ACF PPR Cover Page

Part 2: Appendix B – Qualitative (narrative) and quantitative (numeric) description of program indicators:

- | | |
|------|--|
| B-01 | Performance Narrative |
| B-02 | Major Activities and Accomplishments |
| B-03 | Problems |
| B-04 | Significant Findings and Events |
| B-05 | Dissemination Activities |
| B-06 | Other Activities |
| B-07 | Activities Planned for the Next Reporting Period |
| B-08 | Selected Participant Outcomes |

Part 3: Federal Financial Report (FFR) SF-425

Found at: <https://acf.gov/grants/manage-grant/reporting>.

Please address each reporting area. Once you complete the PPR packet, upload it, along with the ACF PPR Cover Page, as a Grant Note in GrantSolutions. Please contact your OFA Federal Program Specialist for additional guidance.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to support program performance monitoring and program improvement activities for Healthy Marriage and Responsible Fatherhood programs. Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (SEC. 403. [42 U.S.C. 603]). The answers you give will be kept private. 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 0970-0566 and the expiration date is 07/31/2029. If you have any comments on this collection of information, please contact Hannah McInerney at nFORMCQITA@mathematica-mpr.com.

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Part 1: ACF PPR Cover Page

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ACF PPR Cover Page

Item	Data Element	Response
1.	Federal Agency and Organization Element to Which Report is Submitted	
2.	Federal Grant or Other Identifying Number Assigned by the Awarding Federal Agency	
3a.	Unique Entity Identifier (UEI)	
3b.	EIN	
4.	Recipient Organization (Name and complete address including zip code)	
5.	Recipient Identifying Number or Account Number	
6.	Project/Grant Period Start Date (Month, Day, Year)	
6.	Project/Grant Period End Date (Month, Day, Year)	
7.	Reporting Period End Date (Month, Day, Year)	
8.	Final Report?	
9.	Report Frequency (Annual, Semi-annual, Quarterly, Other (describe))	
10.	Performance Narrative	
11.	Certification: 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.	
11a.	Typed or Printed Name and Title of Authorized Certifying Official	
11b.	Signature of Authorized Certifying Official	
11c.	Telephone (Area code and number, extension)	
11d.	Email Address	
11e.	Date Report Submitted (Month, Day, Year)	
12.	Agency use only	

OMB Approval Number: 0970-0406
Expiration Date: 03/31/2029

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:
This request includes **only the cover page** for an approved information collection, the ACF PPR. Public reporting burden for the full approved collection of information is estimated to average .33 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. The OMB # is 0970-0406 and the expiration date is 03/31/2029. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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Item	Data Elements	Cover Page Instructions
1.	Awarding Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is the sub-agency within an awarding Federal agency.
2.	Federal Grant or Other Identifying Number Assigned by the Awarding Federal Agency	Enter the grant/award number contained in the award document.
3a.	Unique Entity Identifier (UEI)	Enter the recipient organization's Unique Entity Identifier (UEI) assigned by the System for Award Management (SAM).
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4.	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5.	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6.	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g. 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7.	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter period end dates shall be used: 3/31; 6/30; 9/30; and 12/31. For final PPRs, the reporting period end date shall be the end of the project/grant period. The frequency of required reporting is usually established in the award document.
8.	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk recipients, as specified in OMB Circular A-110.
10.	Performance Narrative	Leave blank and complete HMRF PPR Appendix B—Program Indicators

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Part 2: Appendix B – PROGRAM INDICATORS

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B-01 PERFORMANCE NARRATIVE

1. Target population

Describe the population(s) your program intends to serve. Did you serve the intended population(s) during the reporting period? Review the information in Table B-01.1. The Applicant Characteristics tab of the nFORM query tool provides additional demographic information about the population your program is serving.

Table B-01.1. Demographic characteristics	Percent of applicants
1. Sex	
a. Female	
b. Male	
2. Age	
a. 13 – 15 years	
b. 16 – 17 years	
c. 18 – 20 years	
d. 21 – 24 years	
e. 25 – 34 years	
f. 35 – 44 years	
g. 45 – 54 years	
h. 55 years or older	

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2. Program services (except for economic stability and/or job and career advancement)

Describe all program components, except for economic stability and/or job and career advancement services, which will be covered in the next section. For RF grant recipients that serve reentering individuals, specify which services are pre-release and which are post-release. Please include the following information in the description:

- Workshops, including curriculum(a) name, number of hours offered, frequency of sessions, format, and whether enrollment is cohort-based or rolling
- If services are offered in schools
- Individual-level contacts, including type, frequency, and purpose
- Incentives provided for enrollment, participation, and survey completion
- Program supports provided, such as gas cards or bus tokens to get to workshops

3. Economic stability and/or job and career advancement services

Describe your program's economic stability and/or job and career advancement services. For RF grant recipients serving reentering fathers, specify which services are pre-release and which are post-release. Please include the following information in the description:

- Employment services offered to participants in need of employment, including the process to identify and create employment opportunities
- Job-driven employment, if offered, and the policies, procedures, and requirements for placing participants
- Subsidized employment, if offered, and the policies, procedures, and requirements for placing participants
- Other economic well-being services specified in the NOFO, such as job training, job placement, or resume writing

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4. Staffing

Describe the responsibilities of your project director, project manager, facilitators, case managers, employment specialists, recruitment specialists, data managers, continuous quality improvement (CQI) lead, and other key staff. Indicate whether staff have dedicated or multiple roles within the program, or work on multiple programs within your organization. Describe how the program ensures adequate staff time is dedicated to roles and responsibilities.

Describe any staff positions that were lost, any that are currently vacant, and your plan to fill each vacancy. Please include any useful context for the information in Table B-01.2.

Table B-01.2. Staff hiring and turnover

Grant-funded staff position during reporting period	Number on first day		Number added		Number who left position		Total at end of reporting period	
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time
1. Project director								
2. Project manager								
3. Facilitators								
4. Case managers								
5. Employment specialists								
6. Recruitment specialists								
7. Data managers								
8. Other staff								
Total								

5. Partners

List program partners (specify those with MOUs) and their roles and responsibilities for program implementation.

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B-02 MAJOR ACTIVITIES & ACCOMPLISHMENTS

1. Recruitment methods and strategies

Describe your recruitment strategies and approaches, including any changes, during this reporting period. Provide any useful context for the performance measures in Tables B-02.1, B-02.2, and B-02.3, such as whether your program is receiving referrals from the expected sources and has sufficient staff for recruitment.

Also describe whether potential clients are hearing about the program as expected, and their primary reasons for enrolling. This additional information is available on the Enrollment tab of the nFORM query tool.

Table B-02.1. Three recruitment methods used most frequently during reporting period

1. Phone, mail, or email	
2. Social media	
3. Street outreach (recruiting people in person in their neighborhoods or places they frequent)	
4. Referrals from inside your organization	
5. Referrals from external organizations	
6. On-site recruitment at external agencies or events	
7. Other	

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Table B-02.2. Five types of organizations or other sources that provided the most referrals during reporting period

1. Health, education, employment, and faith-based	
a. Hospitals, maternity clinics, or doctors' offices	
b. Schools	
c. Head Start	
d. Healthy Start	
e. Employment assistance centers or one-stops	
f. Community support agencies or community centers	
g. Places of worship	
2. Child support and public assistance	
a. Child support agencies (voluntary enrollment)	
b. Child support agencies (court ordered to enroll in a program like this)	
c. Temporary Assistance for Needy Families (TANF) offices	
d. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) agencies	
3. Child welfare	
a. Child protective services (voluntary enrollment)	
b. Child protective services (court ordered to enroll in a program like this)	
c. Other child welfare agencies (voluntary enrollment)	
d. Other child welfare agencies (court ordered to enroll in a program like this)	
4. Criminal justice	
a. Probation and parole	
b. Correctional facilities	
5. Other	
a. Self-referrals	
b. Other	
c. Did not receive referrals in reporting period	

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Table B-02.3 Recruitment staff during reporting period

	Full time staff	Part time staff	Total staff
1. Total recruitment specialists at end of reporting period			
2. If grant does not have recruitment specialists, number of program staff who conducted recruitment as part of their job responsibilities			

2. Program enrollment

Describe your program's progress toward meeting enrollment targets. Please include any useful context for the performance measures in Table B-02.4, such as the following:

- If you are not meeting your enrollment target(s), the challenges you are experiencing and plans to address them
- If you are exceeding your target(s), please describe what you think is contributing to your success—including both program-related and contextual (that is, non-program-related) factors.
- If you are enrolling clients in a population for which you have not set targets, explain why and whether your program plans to adjust the population(s) it intends to serve.
- If you primarily serve clients on an academic calendar, and if so, whether progress toward enrollment targets should be viewed on that timeframe.

Table B-02.4. Enrollment targets and actual enrollment

	Number of adult couples^a	Number of adult individuals	Number of youth
1. Enrollment target for the grant year			
2. Enrolled since beginning of grant year through end of reporting period			
3. Percent of grant-year target met to date			
4. Enrolled since beginning of academic year through end of academic year ^b (READY4Life grants only)			
5. Percent of grant-year target met to date, based on academic year enrollment (READY4 Life grants only)			

^aThe number of adult couples is the number of couple units.

^bPerformance in rows 4 and 5 is calculated on an academic calendar (7/1-6/30).

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3. Addressing domestic violence (DV) or intimate partner violence (IPV)

Please describe the following:

- Any useful context for the information in Table B-02.5, which presents the number and percentage of clients receiving DV/IPV services
- Whether the grantee has a written plan to respond to possible disclosures of DV/IPV or teen dating violence. If yes, please provide a copy with this report

Table B-02.5. Domestic violence or intimate partner violence services

Number	Percent

1. Number and proportion of clients who received DV/IPV information or resources during service contacts
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4. Program participation

Please describe program initiation and retention. Please include any useful context for the performance measures in Tables B-02.6 through B-02.10, and participation information in nFORM's query tool (Grant Year Overview, Individual Services, and Workshop Participation tabs). Please describe:

Program initiation

- Strategies planned or being implemented to engage clients in services within two weeks of program enrollment.
- Reasons why program initiation is lower than expected or desired, if relevant. Consider program-related factors (such as, workshop schedule) as well as non-program-related (contextual) factors (such as, client barriers to participation). Describe your current or planned efforts to increase program initiation.
- Reasons why program initiation is higher than expected, if relevant. Consider program-related and non-program-related (contextual) factors. Identify any promising practices you think may be contributing to your success in getting clients to begin services.

Retention

- Strategies planned or being implemented to ensure clients complete the workshops in which they have enrolled, and that they receive as many individual service contacts as necessary.
- Reasons why program retention is lower than expected or desired, if relevant. Consider program-related factors as well as non-program-related (contextual) factors. Describe your current or planned efforts to increase program retention, such as referring clients to additional services.
- Reasons why program retention is higher than expected, if relevant. Consider program-related and non-program-related (contextual) factors. Identify any promising practices you think may be contributing to your success in getting participants to regularly attend and complete program services.
- Whether your program primarily serves clients on an academic calendar, and progress toward primary workshop participation targets should be viewed on that timeframe.

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Table B-02.6. Achievement of participation benchmarks during reporting period

Adult individuals	Count of clients achieving benchmark in current grant year						Target count of clients for benchmark (TGT)	Percent of target met (PCT= TC/TGT)
Benchmarks for participation in primary workshops (BP)	Clients enrolled in grant year 1 (GY1)	Clients enrolled in grant year 2 (GY2)	Clients enrolled in grant year 3 (GY3)	Clients enrolled in grant year 4 (GY4)	Clients enrolled in grant year 5 (GY5)	Total clients (TC=sum of all GYs)		
1. Initial attendees: Attended at least one primary workshop session								
2. Halfway attendees: Attended at least 50% of primary workshop hours								
3. Completed clients: Attended at least 90% of primary workshop hours								
4. Fully finished clients: Attended at least 100% of primary workshop hours								

NOTE: This table includes clients/couples enrolled from the start of grant year 1 through the reporting period end date who achieved at least one benchmark during the reporting period; only clients in populations with benchmark targets in the reporting period are included. This table repeats for each applicable population. For READY4Life grants, the table repeats with performance calculated on an academic calendar (7/1-6/30).

Column (BP) lists ACF's benchmarks for client participation in primary workshops (column TGT).

Columns (GY1) to (GY5) include the count of clients enrolled in each grant year who achieved at least one benchmark in the reporting period. Participation for those enrolled in the reporting period is measured cumulatively; for example, fully finished clients are also counted towards every other benchmark.

Column (TC) is the total count of clients who achieved each benchmark in the reporting period, regardless of when they enrolled (sum of all GY columns).

Column (TGT) is the grant's target for the number of clients who will achieve each benchmark in the reporting period, regardless of when they enrolled.

Column (PCT) is the percent of the target met for each participation benchmark.

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Table B-02.7. Cumulative participation in primary workshop hours through end of reporting period

Adult individuals Participation of clients who attended at least one primary workshop session	Target hours (current grant year)	Average hours	Average percent
1. Grant year 5— Participation in primary workshop hours for clients enrolled in grant year 5			
2. Grant year 4— Participation in primary workshop hours for clients enrolled in grant year 4			
3. Grant year 3— Participation in primary workshop hours for clients enrolled in grant year 3			
4. Grant year 2— Participation in primary workshop hours for clients enrolled in grant year 2			
5. Grant year 1— Participation in primary workshop hours for clients enrolled in grant year 1			

NOTE: This table (including footnotes) repeats for each applicable population. This table includes clients/couples enrolled from the start of grant year 1 through the reporting period end date who have attended at least one primary workshop session. This table reports participation in all session series, both series that are completed and series that are still in progress, where attendance has been fully recorded.

Table B-02.8. Cumulative progress through end of reporting period

Adult individuals Retention and completion for clients enrolled in grant year	Count of enrollees	Count of initial attenders	Percent of initial attenders	Count of initial attenders who attended at least 90% of target hours	Percent of initial attenders who attended at least 90% of target hours
1. Grant year 5					
2. Grant year 4					
3. Grant year 3					
4. Grant year 2					
5. Grant year 1					

NOTE: This table (including footnotes) repeats for each applicable population. The workshop participation columns in this table report participation in all session series, both series that are completed and series that are still in progress, where attendance has been fully recorded.

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Table B-02.9. Client receipt of substantive individual service contacts (ISCs)

Cumulative number of substantive ISCs received	Adult couples		Adult individuals		Youth	
	Count	Percent	Count	Percent	Count	Percent
1. None						
2. One to four						
3. Five to seven						
4. Eight or more						

Note: The numerator for percentage calculations of substantive individual service contacts received (and the value in the # column(s)) is the count of enrolled clients/couples who have received the specified range of substantive individual service contacts; contacts before and since enrollment are included. The denominator for percentage calculations is all clients/couples in the identified population enrolled since the start of grant year 1, whether or not they have received substantive individual service contacts.

Table B-02.10. Average cumulative number of substantive ISCs received per client/couple through end of reporting period

Average cumulative number received per client/couple through end of reporting period	Adult couples	Adult individuals	Youth
	Average count	Average count	Average count
1. Enrolled across all grant years			
2. Enrolled in grant year 5			
3. Enrolled in grant year 4			
4. Enrolled in grant year 3			
5. Enrolled in grant year 2			
6. Enrolled in grant year 1			

Note: The numerator for calculations of average substantive individual service contacts received is the cumulative count of substantive individual service contacts received by all clients/couples in the specified population who were enrolled in the specified grant year. The denominator for average calculations is all clients/couples in the identified population enrolled in the specified grant year, whether or not they have received substantive individual service contacts.

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5. Quality assurance and monitoring (continuous quality improvement [CQI])

Describe your program's quality assurance and monitoring, including training and supervision. Please include any useful context for the performance measures in Table B-01.11 through Table B-01.15, such as whether staff are trained, supervised, and their work observed as intended, and whether average caseloads meet expectations for service delivery. Describe current CQI initiatives and improvement goals and indicate who on your program's staff serves as the CQI team lead.

Table B-02.11. Staff training in reporting period

	Number
1. Number of staff receiving initial training on program curriculum(a)	
2. Number of staff receiving follow-up or refresher training on program curriculum(a)	
3. Number of staff receiving training other than on program curriculum(a)	

Table B-02.12. Observation of facilitators in reporting period

Number of facilitators observed by a supervisor or another experienced facilitator	Number
1. Facilitators hired in reporting period	
2. Experienced facilitators	

Table B-02.13. Staff supervision in reporting period

Average frequency of one-on-one meetings between each type of staff and their supervisors	Two or more times per month	Once a month or less	Not in reporting period
1. Project manager			
2. Facilitators			
3. Case managers			
4. Employment specialists			
5. Recruitment specialists			
6. Data managers			
7. Other staff			

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Table B-02.14. Continuous quality improvement meetings in reporting period

	Two or more times per month	Once a month or less	Not in reporting period
1. Average frequency of meetings focused on continuous quality improvement			

Table B-02.15. Caseloads

	Average
1. Average number of participants assigned to each case manager	

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6. Local program evaluation (if applicable)

Describe activities and accomplishments pertaining to the design and execution of your local program evaluation. Discuss whether participation in the evaluation is meeting expectations, and whether characteristics of participants assigned to treatment and control groups meet baseline equivalence standards. If your local evaluation assigns participants to control or control waitlist groups that do not receive services, indicate how many participants are in each such group. (Control group clients that do not receive services are not included in performance measures tables in this report.)

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B-03 PROBLEMS
1. <u>Implementation challenges</u> Describe any current or expected deviations or departures from the original project plan, including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Please include any useful context for the performance measures in Table B-03.1. For any response categorized as a challenge, please describe the nature of the problem and any proposed solutions.

Table B-03.1. Common Implementation Challenges in reporting period

Whether each of the following has been a challenge	Yes	No
1. Client recruitment and participation		
a. Obtaining referrals from external organizations		
b. Recruiting clients		
c. Enrolling the intended population		
d. Getting clients to start participating in services		
e. Keeping clients engaged during sessions		
f. Getting clients to complete the program		
2. Staffing		
a. Hiring qualified staff		
b. Maintaining staff performance		
c. Retaining staff		
3. Services		
a. Covering all program content in the time allotted		
b. Implementing curriculum with fidelity		
c. Working with service delivery partners		
d. Providing case management services		

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Whether each of the following has been a challenge	Yes	No
4. Data collection and reporting		
a. Getting clients to complete entrance or exit surveys		
b. Entering and reporting data		
5. Other		
a. Having adequate program facilities		
b. Experiencing extreme weather or natural disasters		

2. <u>Technical assistance needs</u> Describe any guidance or technical assistance you would like to help address current or anticipated challenges.

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B-04 SIGNIFICANT FINDINGS & EVENTS

Describe other major activities and accomplishments that happened during the reporting period, not included elsewhere in the narrative, such as sustainability activities. Additionally, please include any “good news”, such as inspiring stories or experiences that clients or staff have shared about your program. OFA will use this information to better understand how HMRF programs can influence clients and staff. These stories may be shared in newsletters, social media, other stakeholders, and ACF leadership. If your story is selected for dissemination, you may be contacted to provide additional information. As a reminder, do not include names or other personally identifiable information (PII) in your report.

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B-05 DISSEMINATION ACTIVITIES

Please describe the following:

- Your program's advertising, marketing, and dissemination activities, including any newspaper, newsletter, magazine articles, or other published materials relevant to your project's activities, or used for marketing purposes
- Any useful context for the performance measures in Table B-05.1, such as whether advertising and marketing activities were conducted as expected
- Dissemination activities this reporting period.

Table B-05.1. Three types of advertising most frequently purchased, earned, donated, or conducted during reporting period

1. Newspaper ads or publicity	
2. TV spots	
3. Billboards, including those on public transportation or bus stop (that is, bench ads)	
4. Radio ads or announcements	
5. Internet ads	
6. Social media	
7. Flyers	
8. Presentations to external organizations	
9. Word-of-mouth campaign/outreach by program graduates	
10. Other	

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B-06 OTHER ACTIVITIES

Describe other activities that are a part of your program. Please indicate whether the program activity is supported by the OFA grant, another funding source, or provided in-kind through another source. Please name the source of any activities provided in-kind or by other funding.

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B-07 ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD

In the table provided below, please list the key activities you plan to engage in over the next six months, and a general timeline for completion. Activities may be related to:

- Marketing, outreach, and recruitment
- Program enrollment
- Engaging clients in their first program service
- Retaining clients in program services
- Service delivery
- Staffing
- Quality assurance and monitoring program operations (continuous quality improvement)
- Data collection and data entry
- Program evaluation

Planned Activity	Timeline

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B-08 SELECTED PARTICIPANT OUTCOMES

Please review the client outcomes at program exit in the table below, and other exit outcomes that are relevant to your program's goals. Please provide your interpretation of key outcomes and additional useful context, such as whether clients' outcomes at program exit are as expected.

Table B-08. Participant Outcomes
HM Adult Grants Only

Selected outcomes at program exit: HM adult couple and individual clients	Average score at exit	Range	Number of respondents
1. Relationships/Marriage: Relationship satisfaction			
a. Satisfaction with current relationship		1 (very satisfied) to 3 (not at all satisfied)	
2. Parenting			
a. Nurturing parenting (such as feeling very close to child and comforting child)		1 (never) to 4 (often)	
3. Job and career advancement: Job acquisition skills			
a. Confident in job search skills		1 (strongly agree) to 4 (strongly disagree)	
4. Program perceptions			
a. How often learned about communication skills during the program		1 (never) to 3 (often)	
b. Overall, how helpful the program was		1 (not at all) to 5 (extremely helpful)	

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PERFORMANCE PROGRESS REPORT

Administration for Children and Families (ACF), Office of Family Assistance (OFA)
Healthy Marriage and Responsible Fatherhood Grant Program

HM Youth Grants Only

Selected outcomes at program exit: HM youth clients	Average score at exit	Range	Number of respondents
1. Marriage and relationship attitudes: Expectations			
a. Expect to have a healthy marriage with one person for life		1 (almost no chance) to 5 (almost certain chance)	
2. Relationship skills			
a. Confidence in relationship skills, such as confidence in having a healthy relationship and being able to recognize the warning signs of a bad relationship		1 (strongly agree) to 4 (strongly disagree)	
3. Program perceptions			
a. How often learned about communication skills during the program		1 (never) to 3 (often)	
b. Overall, how helpful the program was		1 (not at all) to 5 (extremely helpful)	

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PERFORMANCE PROGRESS REPORT

Administration for Children and Families (ACF), Office of Family Assistance (OFA)
Healthy Marriage and Responsible Fatherhood Grant Program

RF Grants Only

Selected outcomes at program exit: RF community clients	Average score at exit	Range	Number of respondents
1. Parenting: Contact with child in past month			
a. Lives with child, saw child in the past month, or reached out to youngest child in the past month (%)		0–100	
2. Coparenting/relationships			
a. Collaborative coparenting, such as the other parent or coparent undermines me as a parent, makes it hard for me to spend time or talk with child, or the other parent and I make joint decisions about child, or respect each other's decisions about child		1 (strongly agree) to 5 (strongly disagree)	
3. Economic stability: Job acquisition skills			
a. Confident in job search skills		1 (strongly agree) to 4 (strongly disagree)	
4. Program perceptions			
a. How often learned about communication skills during the program		1 (never) to 3 (often)	
b. Overall, how helpful the program was		1 (not at all) to 5 (extremely helpful)	

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PERFORMANCE PROGRESS REPORT

Administration for Children and Families (ACF), Office of Family Assistance (OFA)
Healthy Marriage and Responsible Fatherhood Grant Program

Selected outcomes at program exit: RF reentering clients	Average score at exit	Range	Number of respondents
1. Parenting: Contact with child in past month			
a. Saw in person, spoke on the phone, or wrote to youngest child in past month (%)		0–100	
2. Coparenting/relationships			
a. Collaborative coparenting, such as the other parent or coparent contradicts my decisions, or the other parent and I make joint decisions about child, or respect each other's decisions about child		1 (strongly agree) to 5 (strongly disagree)	
3. Economic stability			
a. Has a job or has participated in education or job training in past month (%)		0–100	
4. Program perceptions			
a. How often learned about communication skills during the program		1 (never) to 3 (often)	
b. Overall, how helpful the program was		1 (not at all) to 5 (extremely helpful)	