

**PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT FOR HEALTHY MARRIAGE PROGRAMS**

OMB Control No.: 0970-0566  
Expiration Date: 03/31/2027

**B-01 PERFORMANCE NARRATIVE**

**Please provide details on the following questions about your program and services.**

**1. Target population**

Please provide a detailed description of your target population.

**2. Program services**

Please provide a detailed description of the following:

- Program components, including workshops and case management.
- Curriculum, including name, length, and format.
- Type, frequency, and purpose of individual-level contacts with participants.
- Program supports, such as gas cards or bus tokens to get to workshops.

**3. Job and Career Advancement**

Please provide a detailed description of the following:

- Describe the employment services offered to participants in need of employment.
- Provide a list of employment partners (including those that provide subsidized and unsubsidized jobs) and their roles and responsibilities. Also indicate whether each partner has a memorandum of understanding (MOU) with the grantee.

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**4. Programs with Subsidized Employment Elements**

If employment subsidies are provided, please provide detailed descriptions to the following:

- Policies, procedures, and requirements for placing participants in subsidized employment
- The process used by employment specialists to identify and create employment opportunities.

**5. Staffing**

Please provide a list of program key staff with roles and responsibilities.

**6. Organizational/Program Partners**

Please provide a list of program partners (specify those with MOUs) and their roles and responsibilities for program implementation.

**7. Other**

Please provide any other details on performance that you think are relevant for this reporting period.

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**B-02 MAJOR ACTIVITIES & ACCOMPLISHMENTS**

**Describe major programmatic and operational activities and accomplishments during this reporting period in the topical areas shown below.**

**1. Recruitment methods and strategies**

Please provide a detailed description of your recruitment strategies and approaches, including any changes, during this reporting period.

**2. Recruitment performance measures**

Please review the performance measures in section C-01 of the PPR. Is there anything else you would like to share about the recruitment methods?

**3. Program intake and applicant characteristics**

Please describe your program's intake process and enrollment process.

**4. Applicant characteristics performance measures**

Please review the performance measures in section C-02 of the PPR. Please provide additional information describing/explaining the characteristics of program applicants this reporting period.

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**5. Program enrollment**

Please describe your program's progress toward meeting enrollment targets.

In the space provided below, please describe:

- The degree to which you are enrolling your intended target population.
- If you are not meeting your enrollment targets, the challenges you are experiencing and plans to address them.
- If you are exceeding your target, please describe what you think is contributing to your success -- including both program-related and contextual (i.e., non-program-related) factors.

**6. Screening for intimate partner violence or teen dating violence**

Please describe whether and how applicants are screened for intimate partner violence or teen dating violence.

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**7. Process for handling disclosures of intimate partner violence or teen dating violence**

Please indicate whether the grantee has a written plan to respond to possible disclosures of intimate partner violence or teen dating violence. If yes, please provide a copy with the report.

**8. Program enrollment performance measures**

Please review the performance measures in section C-03 of the PPR. Please provide additional information describing/explaining program enrollment and intimate partner violence or teen dating violence screening this reporting period.

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**9. Program participation**

In the space provided below, please describe:

Enrollment:

- Strategies planned or being implemented to engage program enrollees in services within two weeks of program enrollment.
- Reasons why program initiation is lower than expected or desired, if relevant. Consider program-related factors (e.g., workshop schedule) as well as non-program-related (contextual) factors (e.g., 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 enrollees to begin services.

Retention:

- Strategies planned or being implemented to ensure program enrollees 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.
- 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.

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**10. Program participation performance measures**

Please review the performance measures in section C-04 of the PPR. Please provide additional information describing/explaining program participation during this reporting period.

**11. Quality assurance and monitoring (continuous quality improvement)**

Please provide a detailed description of your plans for program quality assurance and monitoring, including training and supervision. Please provide a detailed description of your CQI plan and its implementation.

**12. Quality assurance and monitoring (continuous quality improvement) performance measures**

Please review the performance measures in section C-05 of the PPR. Please provide additional information describing/explaining your activities this reporting period to ensure program quality.

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**13. Staff Training**

In the space provided below, please describe the trainings that staff received.

**14. Referrals**

In the space provided below, please provide a detailed description of your process for follow-up with participants referred for services.

**15. Referral performance measures**

Please review the performance measures in section C-06 of the PPR. Please provide additional information describing/explaining referrals this reporting period.



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**16. Local program evaluation (if applicable)**

Please describe activities and accomplishments pertaining to the design and execution of your local program evaluation.

**17. Equity-related activities**

Please describe any activities you or your subrecipients conducted during the reporting period to address or advance equity as part of this project.

The term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Use additional pages if needed.

**18. Other**

Please describe other activities and accomplishments during the reporting period.

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**B-03 PROBLEMS**

**Describe challenges encountered implementing your program during this reporting period. 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. Use this section to advise your Family Assistance Program Specialist and Grants Management Specialist of assistance needs.**

**1. Implementation challenges performance measures**

Please review the performance measures in section C-07 of the PPR. For any challenge categorized as “somewhat of a problem” or “a serious problem,” please describe the nature of the problem and any proposed solutions.

**2. Staff turnover**

Please describe any positions that are currently vacant and your plan to fill each vacancy.

**3. Technical assistance needs**

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**

In the table provided below, please list and briefly describe any significant findings and events that occurred this reporting period. Topics may include innovative strategies or promising practices in areas such as:

- Program staffing
- Marketing, outreach, and recruitment strategies
- Achieving enrollment targets
- How to get enrollees to attend their first service
- How to retain participants in program services and ensure they complete all workshop sessions
- Service delivery structure and sequencing
- Workshop format(s)
- Quality assurance and monitoring of program operations (continuous quality improvement)
- Ensuring staff enter service delivery data accurately, in a timely fashion, and in a manner that protects privacy
- Designing or executing your local program evaluation

When possible, please use data to substantiate your findings.

Finding or Event	Description

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<b>Finding or Event</b>	<b>Description</b>

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**B-05 DISSEMINATION ACTIVITIES**

**In the space provided below, please describe your program's marketing and dissemination activities. Additionally, please itemize your efforts and include copies of any newspaper, newsletter, magazine articles, or other published materials relevant to your project's activities, or used for marketing purposes.**

Marketing performance measures

Please review the performance measures in section C-08 of the PPR. Please provide additional information describing/explaining dissemination activities this reporting period.

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**B-06 OTHER ACTIVITIES**

In the space provided below, please 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 (if applicable, please name the source).

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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:

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

Planned Activity	Timeline

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<b>Planned Activity</b>	<b>Timeline</b>



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**B-08 SELECTED PARTICIPANT OUTCOMES**

**Please review the performance measures in section C-09 of the PPR. Please provide additional information describing/explaining program participants' outcomes this reporting period.**