



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

Periodic Performance Report (PPR) Instructions

The Periodic Performance Report (PPR) is a standard, uniform statewide performance progress reporting format used by all state agencies to collect performance information from recipients of state grant awards. Unless statutorily exempt as documented in the Catalog of State Financial Assistance and the Grant Agreement (UGA), all grant awards are subject to periodic performance reporting.

General instructions for completing the PPR are contained below. **PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE PPR.** Please contact the state agency's points of contact specified in the "State Agency Contacts" section of your UGA if additional support is needed completing the PPR.

If the UGA specifies an alternative file or external database for grant performance reporting, the grantee should mark the shaded box in the PPR accordingly. In the *File Name or Database Source* field, enter the name of the alternative file or database utilized. The grantee is not required to complete Sections 14 - 22 if the information is provided in an alternative format specified in the UGA.

Report Submission

1. The grantee must submit the PPR cover page and any forms required by the awarding state agency as specified in the UGA.
2. The PPR must be submitted to the attention of the state agency's points of contact specified in the "State Agency Contacts" section of your UGA in accordance with the requirements established in the award document.
3. If additional space is needed to support the PPR, supplemental pages should be attached. As indicated on the PPR, responses to Sections 14 - 22 may be provided in a separate format. If additional pages are provided, the pages should be numbered and must reference:
 - a. Grant number
 - b. Grantee organization
 - c. DUNS number
 - d. FEIN
 - e. Period covered by the PPR

Reporting Requirements

1. Unless statutorily exempt as documented in the Catalog of State Financial Assistance and the UGA, all grant awards are required to submit a PPR in accordance with the terms established in the UGA.
2. The frequency of the PPR is specified in the Notice of Funding Opportunity (NOFO) and the UGA. The PPR must be submitted within the specified time frames. A submittal will be considered "late" if it is more than 15 calendar days past the due date or the date specified by the State agency's JCAR Rules (including approved extensions.)
3. Under the terms of the Grant Funds Recovery Act (30 ILCS 705/4.1), "Grantor agencies may withhold or suspend the distribution of grant funds for failure to file requirement reports." If the report of more than 30 calendar days delinquent, without any approved written explanation by the grantee, the entity will be placed on the Illinois Stop Payment List. (Refer to the Grantee Compliance Enforcement System for detail about the Illinois Stop Payment List: <https://www.illinois.gov/sites/GATA/Pages/ResourceLibrary.aspx>.)
4. A final PPR shall be required at the completion of the grant award. For final PPRs, the reporting period end date shall be the end date of the project / grant period.



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Section	Data Element	Section Instruction for PPR
1	<i>Grantee Name (per UGA)</i>	Enter the name of the grantee exactly as stated in the UGA.
2	<i>Grant Number</i>	Enter the number assigned by the awarding state agency; Grant Number specified in the UGA.
3	<i>Grantee DUNS</i>	Enter the grantee's Dun and Bradstreet number.
4	<i>CSFA Number</i>	Enter the number assigned to the program through the Catalog of State Financial Assistance.
5	<i>Grantee FEIN</i>	Enter the grantee's Federal Employer Identification Number provided by the Internal Revenue Service.
6	<i>Program Name (per UGA)</i>	Enter the program name exactly as stated in the UGA.
7	<i>CFDA Number(s)</i>	Enter the Catalog of Federal Domestic Assistance (CFDA) number(s) as stated in the UGA. If the program is funded by more than one CFDA, list each CFDA number.
8	<i>State Agency (Grantor)</i>	Enter the name of the state agency awarding the grant as identified in the UGA.
9	<i>Agreement Period</i>	Enter the agreement period established in the Grant Agreement. This may span multiple years, based on the terms of the UGA.
10	<i>Report Period End Date</i>	Enter the ending date of the reporting period. The reporting periods are specified in the UGA.
11	<i>Final Report?</i>	Mark appropriate box. Check "yes" only if this is the final or last PPR for the Agreement Period specified in Section 9.
12	<i>Report Frequency</i>	Select the appropriate term corresponding to the requirements specified in the UGA. "Other" may be used when a different reporting schedule is required due to Specific Conditions. State the frequency as state in the UGA Specific Conditions.
13	<i>Prepared Date:</i>	Enter date the PPR was prepared by the grantee.
Responses to Sections 14 - 22 may be provided in a separate format. All grantees must complete Section 23.		
14	<i>Deliverable (if applicable)</i>	<p>List all high-level deliverables required under the current, approved UGA. Enter one Deliverable per row.</p> <p style="margin-left: 40px;">- Examples of Deliverables could include:</p> <ul style="list-style-type: none"> o Provide IT training o Purchase equipment o Hire contractors o Conduct workshop o Submit document <p>As delineated in the UGA, "Deliverables" are not "Performance Measures." Performance Measures are addressed in Section 18 - 22.</p> <p>Grantees are not required to report on deliverables that were due and <u>completed</u> in prior reporting periods.</p>
15	<i>Due Date</i>	Per the current, approved UGA , enter the Due Date for the corresponding Deliverable. This date may fall outside the time frame of the current PPR.
16	<i>Date Completed</i>	Enter the date the Deliverable task was completed. If the task has not yet been completed, leave this cell blank.



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17	<i>Deliverable Explanation</i>	<p>Briefly explain progress towards meeting the Deliverable to inform the awarding agency of challenges and successes. If additional space is needed, attach a supporting narrative.</p> <p>A description of the challenges and plans for overcome must be provided if:</p> <ul style="list-style-type: none"> - Deliverable was completed after the Due Date, - Deliverable is not completed and the Due Date has passed, or - Grantee anticipates the Deliverable will not be completed by a future Due Date. <p>If the grantee is on pace to complete a Deliverable that comes due after the reporting period, the grantee should, at a minimum, enter "On schedule" in Section 17.</p>
18	<i>Performance Measures</i>	Enter all Performance Measures required in Exhibit E of under the <u>current, approved</u> UGA. Enter one Performance Measure per row.
19	<i>Performance Standard/Frequency</i>	<p>Based on the <u>current, approved</u> UGA, enter the Performance Standard (or target) for the corresponding Performance Measure and the reporting frequency (annual/quarterly/monthly/etc.) based on Exhibit F of the Grant Agreement.</p> <ul style="list-style-type: none"> - Examples of Performance Standards/Frequency could include: <ul style="list-style-type: none"> o 1,000 Persons Trained/quarter o \$250,000 capital leveraged/year o 500 Patients Rehabilitated/month <p>If the Performance Standard fluctuates over time per the UGA, the Standard listed should apply to the specific report period.</p>
20	<i>Results/Accomplishments in Reporting Period</i>	Based on the <u>current, approved</u> UGA, enter the actual results for the corresponding Performance Measure for the specific report period.
21	<i>Required (R) or Inform Only (IO)</i>	<p>Based on the <u>current, approved</u> UGA, indicate whether the performance standard in Section 19 is a grant "requirement."</p> <ul style="list-style-type: none"> - Enter "R" if meeting or exceeding the Performance Standard is necessary to satisfy grant terms. Failure to meet the Standard may indicate that the grantee in not in compliance. - Enter "IO" if the data is collected for programmatic or assessment purposes. Failure to meet an "IO" Performance Standard may not imply that the grantee is out of compliance.
22	<i>Performance Explanation - Award to Date</i>	<p>Mark the appropriate check box based on whether or not ALL performance accomplishments are on schedule with performance standards.</p> <p>Section 22 is not limited to the reporting period. Responses are <u>award to date</u>.</p> <p>If any performance measure results / accomplishments (Section 20) are below the required standards (Section 19), an explanation must be provided to inform the awarding agency about the deviation. Consider internal and external factors that impact performance. Attach a supporting narrative if additional space is needed.</p> <p>Grantees are <i>encouraged</i> to highlight factors that enable grant performance to exceed performance standards.</p>



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Section	Data Element	Section Instructions for PPR
All grantees must complete Section 23.		
23	<i>Performance Accomplishment Correlated to Reported Expenses</i>	<p>Federal Uniform Guidance requires periodic reporting to correlate performance and expenses within a report period. Correlation reporting focuses on the degree to which expended resources are effectively achieving anticipated outcomes.</p> <p>Determine if grant performance (service / outcomes) is on schedule with the anticipated timing of incurred grant expenditures / earnings per the terms of the UGA. Mark the appropriate box. Per the UGA, the award may have services / outcomes that occur at a different time than the expense. The award may be on schedule because it is expected that expenses and services / outcomes occur at different intervals.</p> <p>Grantees must provide an explanation if grant performance to-date does not correlate to the timing of incurred expenses / earnings per UGA terms. Attach a supporting narrative if additional space is needed.</p> <p>Grantees are <i>encouraged</i> to inform the awarding agency if internal or external factors are causing a better than anticipated correlation.</p>
Grantee Certification / State Agency Acceptance		
<i>Grantee Certification</i>		
Federal Uniform Guidance (2 CFR 200.415) requires an authorized grantee representative certify the accuracy of the information provided in the PPR.		
24	<i>Name and Title of Authorized Individual from Grantee Organization</i>	Enter the name and title of the grantee representative certifying the PPR. This individual must be authorized to represent the grantee in this capacity.
25	<i>Phone Number</i>	Enter the phone number of the grantee representative certifying the PPR.
26	<i>Email Address</i>	Enter the email address of the grantee representative certifying the PPR.
27	<i>Name and Title of State Agency PPR Approver</i>	Enter the name and title of the state agency representative authorized to approve the PPR.
28	<i>Date Received</i>	Enter the date the state agency representative received the PPR.
29	<i>Date Approved</i>	Enter the date the state agency representative approves the PPR.



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Report Transmittal

1. Grantee Name (per UGA):		2. Grant Number:		3. Grantee DUNS:	
		4. CSFA Number:		5. Grantee FEIN:	
6. Program Name (per UGA):				7. CFDA Number(s):	
8. State Agency (Grantor): Illinois Department of Human Services - MIECHV					
9. Agreement Period:			10. Report Period End Date:		
Start Date (Month/Day/Year):		End Date (Month/Day/Year):		(Month/Day/Year):	
07/01/2024		06/30/2025			
11. Final Report?		12. Report Frequency:		13. Prepared Date:	
<input type="checkbox"/> Yes		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
<input type="checkbox"/> No		<input type="checkbox"/> Semi-annually <input type="checkbox"/> Other (specify):			
<p>Responses to Sections 14 - 22 may be provided in a separate format. All grantees must complete Section 23.</p> <p><input type="checkbox"/> Alternative file or database used.</p>					
File Name or Database Source:					
14. Deliverable (if applicable): (Separate line for each based on UGA)		15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	
					Add - Delete



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14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
1. Home visiting models: A. Implement one of the following evidence-based home visiting models with fidelity: i. Early Head Start Home-Based (EHS). ii. Healthy Families America (HFA). iii. Nurse-Family Partnership (NFP). iv. Parents as Teachers (PAT) Note: Successful applicants must request the HFA child welfare protocol from the HFA National Office within 6 months of the contract start date.	06/30/2025		Home visiting model implemented: _____ If HFA, date HFA child welfare protocol requested and/ or date HFA Child Welfare Protocol received (Please state "N/A" if implementing another model): _____	ADD DEL
1.B. Programs must be in good standing with their national model.	06/30/2025		Is your program currently in good standing with the model? _____ Yes _____ No _____ In Progress Provide the date of the program's most recent accreditation or credentialing review by the model: _____ If not in good standing, please explain:	ADD DEL
1. C. Prior approval from the Department must be secured prior to any anticipated change to the program model.	06/30/2025		Do you intend to change your model? _____ Yes _____ No _____ In Progress If yes, please contact HV manager for prior approval.	ADD DEL



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Program policies and procedures: 2.A. Maintain written local program policies and procedures that are consistent with the program standards set by one of the four home visiting models noted above.	06/30/2025		Do you maintain written policies and procedures that are consistent with program standard set by your model? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Please provide narrative explanation including how your program ensures consistency, how staff are made aware of policies and procedures, how often policies and procedures are updated: NOTE: IDHS Staff may request a copy of polices and procedures.	ADD DEL
2.B. Review and incorporate all policies and procedures found on the igrow Illinois website, including those related to breastfeeding, safe sleep, child welfare, substance use issues, cultural and linguistic responsiveness, and dual enrollment.	06/30/2025		Have all policies and procedures been incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please indicate which policies still need to be incorporated and what your plan is to incorporate. Please include whether you need additional training and technical assistance to incorporate these policies:	ADD DEL
2. C. Maintain written policies and procedures for connecting referred families to other available services when your program has no openings.	06/30/2025		Do you maintain written policies and procedures for connecting referred families to other available services when your program has no openings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain your plan to develop a written policy:	ADD DEL
2. D. Assure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).	06/30/2025		Is your program in compliance with HIPAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	ADD DEL



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2. E. For educational institutions, assure compliance with the Family Educational Rights and Privacy Act (FERPA).	06/30/2025		Is your program in compliance with FERPA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ***For educational institutions ONLY***	ADD DEL
Hiring and compensation: 3.A. Recruit, hire, and retain home visitors who mirror the cultural, ethnic, and linguistic characteristics of the families served.	06/30/2025		Describe to what extent your program's home visiting workforce reflects the population served (in terms of race, ethnicity, primary language, and other characteristics). Describe hiring plans (whenever vacancies occur) to ensure staff reflect the population served:	ADD DEL
3. B. Fill any staff vacancies without delay.	06/30/2025		Describe your process for ensuring timely posting and filling of vacant positions:	ADD DEL



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<p>5. C. Assure that all home visitors and supervisors join the Gateways to Opportunity Registry. Assure that home visitors receive the salaries shown in the table below, at minimum. The indicated minimum salaries for supervisors are strongly recommended. If it is not feasible to implement the minimum salary requirement for home visitors in SFY24, applicants can propose to incrementally raise salaries in order to reach the minimum salary by the start of SFY25.</p> <p>Position Minimum Salary for 1.0 FTE (Chicago, Cook, and Collar Counties) Minimum Salary for 1.0 FTE (rest of the state) Home Visitor \$46,800 \$37,485 Home Visiting Supervisor \$59,598 \$48,058</p>	07/01/2024		<p>Have your home visitor and Supervisors registered in Gateways?</p> <p>_____ Yes _____ No _____ In Progress</p> <p>If no or in progress, please explain your plans to do so:</p> <p>Do your home visitors meet the salary minimums?</p> <p>_____ Yes _____ No _____ In Progress</p> <p>If no or in progress, explain your plan to incrementally raise salaries in order to meet by the start of SFY25 on July 1st, 2024:</p>	ADD DEL
<p>Professional development:</p> <p>4.A. Assure that home visitors receive program-specific training and ancillary training according to the standards specified by the home visiting model.</p>	06/30/2025		<p>Do your home visitors receive specified model trainings?</p> <p>_____ Yes _____ No _____ In Progress</p> <p>If no or in progress, please explain:</p>	ADD DEL



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4. B. Assure that all staff participate in trainings required by IDHS. <i>This no longer needs to be submitted via training log in quarter 4. However, internal documentation must still be kept via Gateways to ensure information is available if an audit occurs. See deliverable 4C.</i>	06/30/2025		Will you assure staff participate in all IDHS required trainings through Start Early (SE)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no, please explain:	ADD DEL
4. C. Maintain documentation of the training received by each direct service staff and supervisor.	06/30/2025		Do you maintain documentation of training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain your plan to maintain documentation:	ADD DEL
Reflective supervision and reflective practice: 5.A. Follow the home visiting model's required supervisor/home visitor ratio to ensure adequate supervision.	06/30/2025		Model requirements for supervisor/home visitor ratio: ____ / ____ Your program's supervisor/home visitor ratio: ____ / ____	ADD DEL
			Your home visiting model's requirements for individual reflective supervision hours:	ADD DEL



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5. B. Provide home visitors with the individual reflective supervision hours required by the model.	06/30/2025		Does your program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please describe your plan to provide home visitors with required reflective supervision:	
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5. C. Maintain documentation of supervision, team meetings, field observations, training, and other staff development led by the supervisor.	06/30/2025		Does your program maintain documentation of supervision, team meetings, field observations, training, and other staff development led by the supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please describe your plan to maintain documentation:	ADD DEL
5.D. Utilize Infant/Early Childhood Mental Health Consultation (IECMHC) as described in the Illinois model for IECMHC on the Governor's Office of Early Childhood Development (GOECD) IECMHC webpage: https://www2.illinois.gov/sites/OECD/Pages/Illinois-Infant-Early-Childhood-Mental-Health-Consultation.aspx . To find a consultant, use the Illinois registry of IECMH Consultants: https://registry.ilgateways.com/find-consultants .	06/30/2025		Are you utilizing IECMHC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Is your IECMHC registered on the Illinois registry of IECMH Consultants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please describe your plan to utilize IECMHC: Please provide IECMHC's name and contact email: Name: Email:	ADD DEL



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<p>Program capacity:</p> <p>6.A. Minimum contractual capacity is the lowest number of families that could potentially be enrolled at a point in time, if the program were operating with a full complement of hired and trained home visitors funded by this program. This number does not change if the program is not fully staffed (for example, if there is a vacancy). The minimum contractual capacity number per 1.0 FTE home visitor is as follows.</p> <ul style="list-style-type: none"> i. Early Head Start: 10 families ii. Healthy Families America: 12 families iii. Nurse-Family Partnership: 25 families iv. Parents as Teachers: 15 families 	06/30/2025		<p>Model: _____</p> <p>FY25 HV FTE: _____</p> <p>FY25 Minimum Contractual capacity: _____</p>	ADD DEL
<p>6. B. Programs that have been active for a year or longer will maintain at least 85% of their minimum contractual capacity.</p>	06/30/2025		<p>Has your program been active under this funding stream (IDHS) for a year or longer:</p> <p>_____ Yes _____ No</p>	ADD DEL
<p>6. C. Programs must have a plan in place for maintaining continuity of services to home visiting families if their home visitor is on extended leave or leaves the agency.</p>	06/30/2025		<p>Do you have a plan in place for maintaining continuity of services to home visiting families if their home visitor is on extended leave or leaves the agency?</p> <p>_____ Yes _____ No _____ In Progress</p> <p>If no or in progress, please explain:</p>	ADD DEL



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Priority populations: 7.A. Prioritize the MIECHV priority populations for enrollment. i. At least 80% of enrolled families must meet at least one of the 8 IDHS DEC HV/MIECHV priority population criteria. ii. Therefore, no more than 20% of enrolled families may meet none of the 8 MIECHV priority population criteria. These remaining families must represent at least one Early Learning Council priority population OR have a mental health concern.	06/30/2025		Does your program prioritize MIECHV priority populations for enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
7. B. If there are open slots in the program, the program must accept all referrals of model-eligible families with child welfare involvement and model-eligible families experiencing homelessness, regardless of family income.	06/30/2025		Model eligible child welfare involved families will be enrolled when there are open slots? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
Service plans, assessments, and screenings: 8.A. Develop and update a service plan or goal plan for each participant within the timeframe required by the model.	06/30/2025		Service plans/goal plans are developed for each participant per model requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL



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8.B. For each participant, complete any model-required assessments within the timeframe required by the model.	06/30/2025		Model required assessments are completed per model requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
8. C. For child participants, conduct developmental screenings using a screening tool approved by the Department and refer to services as indicated.	06/30/2025		For child participants, the Ages and Stages Questionnaire (ASQ) is conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
8. D. For adult participants, conduct intimate partner violence screening, mental health screening, and substance use screening using tools approved by the Department, and refer to services as indicated.	06/30/2025		For adult participants, does your program: Conduct Intimate Partner Violence (IPV) screening using the Futures without Violence tool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Conduct mental health screening and substance use screening using the 4 P's Plus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain: IDHS has not renewed the 4 P's Plus screening license so programs can no longer use it as of July 1st, 2024. IDHS is working with Start Early to identify an alternative mental health and substance use screener. Upon confirmation of the new tool, IDHS will notify programs and update the PPR Template to reflect this change. Please contact IDHS HV Management for training and support on utilizing these tools.	ADD DEL



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<p>8. E. For adult participants, provide education on topics including breastfeeding, safe sleep, well child visits, and postpartum care, and refer to services as needed.</p>	<p>06/30/2025</p>		<p>Does your program provide education on topics including:</p> <p>Breastfeeding: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>Safe sleep: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>Well child visits: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>Postpartum care: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>Refer to services as needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>If no or in progress, please explain:</p> <p>Please contact IDHS HV Management for training and support.</p>	<p>ADD</p> <p>DEL</p>



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Culturally responsive program services: 9.A. Provide model-specific home visiting services that are culturally and linguistically responsive to the populations served. For guidance, see the Guiding Principles for Cultural and Linguistic Responsiveness from the Erikson Institute.	06/30/2025		Does your program provide culturally and linguistically responsive home visiting services to families? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
9. B. Provide culturally and linguistically responsive program materials (e.g., brochures, curricula, handouts, etc.) for the major groups within the population to be served.	06/30/2025		Does your program provide culturally and linguistically responsive program materials? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL



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Screening, enrollment, and coordinated intake: 10.A. Participate in the local All Our Kids (AOK) Network, Integrated Referral and Intake System (IRIS), or other coordinated intake and referral initiative, where such a system exists. (If there is no such initiative in your program’s geographic area, this requirement does not apply to your program.)	06/30/2025		Does your community have AOK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If yes, does your program participate in AOK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Does your program participate in IRIS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain?	ADD DEL
10. B. Engage in community public awareness and outreach activities to support program enrollment.	06/30/2025		Does your program engage in community public awareness and outreach activities to support program enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
10. C. Avoid dual enrollment in more than one intensive home visiting program.	06/30/2025		Does your program avoid dual enrollment in more than one HV program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL



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10. D. Avoid waitlisting families when there are open home visiting slots offered by another local program (for example, by establishing referral partnerships with the other program).	06/30/2025		Does your program avoid wait lists when there are open slots elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
10. E. Respond to all referral sources with the status of referrals and timeline for enrollment within two (2) business days of receiving the referral.	06/30/2025		Does your program plan to respond to all referral sources within 2 business days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
10. F. Respond to all follow-up inquiries from referral sources within two (2) business days of receiving the inquiry.	06/30/2025		Does your program plan to respond to follow up inquiries within 2 business days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
10. G. Track trends related to the population served, and adjust program plans to assure that families from priority populations are prioritized for services.	06/30/2025		Does your program track trends related to population served and adjust program plans to assure families from priority populations are prioritized for services. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL



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14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
Community systems development and cross-program referrals: 11.A. Dedicate a portion of a designated staff member's time to participate regularly as a member of at least one local community collaboration to support the goals and principles defined in the 2021 Joint Statement on Community Systems, Coordinated Intake, and IRIS.	06/30/2025		Does your agency/program dedicate a portion of a designated staff member's time to participate regularly as a member of at least one local community collaboration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Not Applicable (i.e., my community does not have a collaboration) If no or in progress, please explain:	ADD DEL
11. B. Share with the collaboration available, relevant, aggregated program data that contribute to community needs assessment, setting a common agenda, or other local initiatives.	06/30/2025		Does your program share with the collaboration available, relevant, aggregated program data that contribute to community needs assessment, setting a common agenda, or other local initiatives. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Not Applicable (i.e., my community does not have a collaboration) If no or in progress, please explain:	ADD DEL
11. C. Promote shared messaging and materials from the collaboration among families and staff.	06/30/2025		Does your program promote shared messaging and materials from the collaboration among families and staff. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Not Applicable (i.e., my community does not have a collaboration) If no or in progress, please explain:	ADD DEL



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11. D. Participate in at least one local collaboration initiative, such as developmental screening tracking using the ASQ-Enterprise, or the use of the Integrated Referral and Intake System (IRIS).	06/30/2025		Does your program participate in at least one local collaboration initiative, such as developmental screening tracking using the ASQ-Enterprise, or the use of the Integrated Referral and Intake System (IRIS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Not Applicable (i.e., my community does not have a collaboration) If no or in progress, please explain:	ADD DEL
11. E. Assist participating families in connecting with Early Intervention (EI), using the protocols and forms developed by the Illinois Chapter, American Academy of Pediatrics.	06/30/2025		Does your program assist families to connect with Early Intervention as appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
11. F. Assist participating families in connecting with medical providers and with ancillary services such as mental health services, the Women, Infant, and Children (WIC) program, and intimate partner violence services, with support from the Department.	06/30/2025		Does your program assist families in connecting with medical providers and with ancillary services such as mental health services, the Women, Infant, and Children (WIC) program, and intimate partner violence services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL



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14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add – Delete
<p>Data and data systems:</p> <p>12.A. With written consent from participants, use the information management system designated by the Department to record information on program participants, and the activities of program staff.</p>	06/30/2025		<p>Does your program have participants sign data base consent provided by IDHS?</p> <p>_____ Yes _____ No _____ In Progress</p> <p>Do you use Visit Tracker to record information on program participants, and the activities of program staff?</p> <p>_____ Yes _____ No _____ In Progress</p> <p>If no or in progress, please explain:</p>	ADD DEL
<p>12. B. Maintain an individual case record for each family enrolled in the home visiting program. Record required demographic data, including but not limited to participant age, race, ethnicity, primary language, and income. Information for each month must be entered in the data system by the fifth (5th) day of the following month.</p>	06/30/2025		<p>Does your program maintain an individual case record for each family enrolled in the home visiting program?</p> <p>_____ Yes _____ No _____ In Progress</p> <p>If no or in progress, please explain:</p>	ADD DEL
<p>12. C. Collect and report the IDHS DEC HV/MIECHV benchmark data, with support and technical assistance from the Department.</p>	06/30/2025		<p>Does your program collect and report the MIECHV benchmark data, with support and technical assistance from the Department?</p> <p>_____ Yes _____ No _____ In Progress</p> <p>If no or in progress, please explain:</p>	ADD DEL



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14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
12. D. Participate in regular data calls coordinated by the Department, to assure data quality and completeness.	06/30/2025		Does your program participate in regular data calls coordinated by the Department with CPRD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
Quality assurance and program improvement: 13.A. Implement a plan for quality assurance, as specified by the home visiting model.	06/30/2025		Does your program Implement a plan for quality assurance, as specified by the home visiting model? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
13. B. Participate in Continuous Quality Improvement (CQI) efforts offered by IDHS.	06/30/2025		Does your program participate in CQI Efforts offered by IDHS (CPRD): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL
Family voice: 14.A. Regularly incorporate input from home visiting families to improve program quality, as specified by the home visiting model.	06/30/2025		Does your program regularly incorporate input from home visiting families to improve program quality? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	ADD DEL



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14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add – Delete
14. B. Invite families to participate in local collaborations and advisory bodies.	06/30/2025		Does your program invite families to participate in local collaborations and advisory bodies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	<input type="button" value="ADD"/> <input type="button" value="DEL"/>
Partnership with IDHS 15.A. Participate in required regular programmatic and fiscal monitoring reviews. Programmatic monitoring will include use of the HOVRS (Home Visit Rating Scale).	06/30/2025		Will your program participate in required regular programmatic and fiscal monitoring reviews as requested/scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	<input type="button" value="ADD"/> <input type="button" value="DEL"/>
15. B. Participate in required monthly provider calls and other required meetings as scheduled by IDHS.	06/30/2025		Does your program participate in required monthly provider calls and other required meetings as scheduled by IDHS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	<input type="button" value="ADD"/> <input type="button" value="DEL"/>
15. C. Participate in the Department's efforts to improve the health and well-being of families enrolled in program services.	06/30/2025		Will your program participate in the Department's efforts to improve the health and well-being of families enrolled in program services as scheduled/requested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress If no or in progress, please explain:	<input type="button" value="ADD"/> <input type="button" value="DEL"/>



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18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)	Add - Delete
<p>1. Report the number of home visiting supervisors and home visitors, and the percentage of these staff with registry numbers in the Gateways to Opportunity Registry. Reported quarterly.</p>	<p>100%. ***Information is found in Program and reported into Visit tracker quarterly.</p>	<p>For this Performance Standard please follow the reporting periods for the State Fiscal Year 25 - even for MIECHV funded programs.</p> <p>SFY25 Q1 Reporting Period is July 1, 2024-September 30, 2024 SFY25 Q2 Reporting Period is October 1, 2024- December 31, 2024 SFY25 Q3 Reporting Period is January 1, 2025-March 31, 2025 SFY25 Q4 Reporting Period is April 1, 2025-June 30, 2025</p> <p>Data should be collected by the program and reported for each quarter in the Visit Tracker Staffing report.</p> <p>If 100% of your staff has not registered in Gateways, explain any challenges and your plan to meet the standard.</p>	R	<div style="text-align: center;">ADD DEL</div>
<p>2. Report the number of unduplicated families served year-to-date. Entered into the IDHS selected database, including race, ethnicity, and primary language. Reported quarterly from the data summary report (September, December, March, June).</p>	<p>Report the number quarterly.</p>	<p>Please see attached DSR, under Enrollment and Services – row 3 or under Data on Form 1.</p>	R	<div style="text-align: center;">ADD DEL</div>
<p>3. Current caseload as a % of Minimum contractual caseload capacity.</p> <p>(Minimum contractual caseload capacity is the minimum number of households that could be enrolled at a point in time, if the program is operating with a full complement of hired and trained home visitors.)</p> <p>Reported quarterly from the data summary report.</p>	<p>Programs that have been active for one year or longer must achieve at least 85% of minimum caseload capacity. Entered into the IDHS selected database.</p>	<p>Program has been active under this funding stream one year or longer.</p> <p>_____ Yes _____ No</p> <p>Please see attached DSR, under Date Prepared. Reported as Total Families / Max Capacity = %</p> <p>If your program has been in operation for one year or longer and caseload capacity is not at 85%, Please explain your plan and challenges you have faced meeting this standard:</p>	R	<div style="text-align: center;">ADD DEL</div>



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<p>4. 4. Percentage of participants meeting no MIECHV priority population criteria, reported quarterly from the data summary report:</p> <ul style="list-style-type: none"> • Low income household (below 100% FPL) • Household contains an enrollee who is pregnant and under age 21 • Household has a history of child abuse or neglect or had had interactions with child welfare • Household has a history of substance abuse or needs substance abuse treatment • Someone in the household uses tobacco products in the home • Someone in the household has attained low student achievement or has a child with low student achievement • Household has a child with developmental delays or disabilities • Household includes individuals who are serving or formerly served in the United States armed forces 	<p>No more than 20% of participants meet no MIECHV priority population criteria. Entered into the IDHS selected database.</p>	<p>If more than 20% of data is missing, explain challenges and plan to meet standard:</p> <p>Please see attached DSR, under Form 1- Table 14 MIECHV Priority Population Characteristics</p>	R	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">ADD</td></tr> <tr><td style="text-align: center;">DEL</td></tr> </table>	ADD	DEL
ADD						
DEL						
<p>5. Membership in local collaborations (as documented by an MOU, letter, or other document from a collaboration that confirms the program’s membership and describes expectations for member participation). Reported annually (June).</p>	<p>Membership document from least one collaboration, provided annually (June).</p> <p>***Found in Program Records.</p>	<p>_____ Number of Membership Document(s) attached - submitted SFY25 Q4/ FFY25 Q3 only</p> <p>If you cannot provide membership documentation for at least one collaboration by SFY25 Q4/ FFY25 Q3, please explain challenges and plan:</p>	R	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">ADD</td></tr> <tr><td style="text-align: center;">DEL</td></tr> </table>	ADD	DEL
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18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)	Add - Delete
6. Percentage of program participants with missing demographic data in data system. Reported quarterly from the data summary report.	No more than 10% missing data for any data indicator. Entered into the IDHS selected database.	Please see attached DSR, under Form 1- Table 14, last column labeled “% Missing” – count the number of rows missing more than 11%. If reporting row(s) missing 11% or more, please explain challenges and plan:	R	ADD DEL
7. Percentage of program participants with missing benchmark data in the data system. Reported quarterly from the data summary report.	No more than 10% missing data for any benchmark outcome data indicator. Entered into the IDHS selected database.	Please see attached DSR, under Form 2 (definitions) - last column labeled “% Missing” – count the number of rows missing more than 11%. If reporting row(s) missing 11% or more, please explain challenges and plan:	R	ADD DEL
8. Percentage of children receiving their last well-child visit based on the American Academy of Pediatrics schedule. Reported annually from the data summary report (June).	80%. Entered into the IDHS selected database.	Please see attached DSR, under Form 2 (definitions), row 4. SFY25 Q4/FFY25 Q3 only, if less than 79% or less children did not meet standard, please explain challenges and plan:	R	ADD DEL
9. Percent of mothers enrolled prenatally or within 30 days after delivery who received a postpartum care visit within 8 weeks (56 days) of delivery. Reported annually from the data summary report (June).	75%. Entered into the IDHS selected database.	Please see attached DSR, under Form 2 definitions), row 5. SFY25 Q4/FFY25 Q3 only, if less than 74% or less children did not meet standard, please explain challenges and plan:	R	ADD DEL
10. Percentage of children with at least one timely Ages and Stages Questionnaire 3 (ASQ-3) screening during the reporting period (for children aged 9 months, 18 months, 24 months, 30 months). Reported annually from the data summary report (June).	80%. Entered into the IDHS selected database.	Please see attached DSR, under Form 2 (definitions), row 12. SFY25 Q4/FFY25 Q3 only, if less than 79% or less children did not meet standard, please explain challenges and plan:	R	ADD DEL
				ADD



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11. Percent of participants who are screened for depression using the Edinburgh Postnatal Depression Scale (EPDS) within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally). Reported annually from the data summary report (June).	85% of participants screened. Entered into the IDHS selected database.	Please see attached DSR, under Form 2 (definitions), row 3. SFY25 Q5/FFY25 Q3 only, if less than 84% or less of participants were screened, please explain challenges and plan:	R	DEL
12. Percent of primary caregivers screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool (Futures Without Violence for women, Baylor for men). Reported annually from the data summary report (June).	90%. Entered into the IDHS selected database.	Please see attached DSR, under Form 2 (definitions), row 14. SFY25 Q4/FFY25 Q3 only, if less than 89% or less of participants were screened, please explain challenges and plan:	R	ADD DEL
13. Percent of primary caregivers with a positive screen for IPV (21+ for Futures and 11+ for Baylor) who receive referrals to IPV resources. Reported annually from the data summary report (June).	90%. Entered into the IDHS selected database.	Please see attached DSR, under Form 2 (definitions), row 19. SFY25 Q4/FFY25 Q3 only, if less than 89% or less of participants received referral, please explain challenges and plan:	R	ADD DEL
14. Number of home visiting families participating in group activities, such as parent groups, program advisory board meetings, CQI team meetings, or local	Report the number quarterly. ***Information is found in Program Records.	For this Performance Standard: SFY25 Q1/FFY24 Q4 - Reporting Period is October 1, 2023-September 30, 2024 ____ / ____ Number of home visiting families participating in group activities, such as parent groups, program advisory board meetings, CQI team meetings, or local collaboration meetings. SFY25 Q2/FFY25 Q1 - Reporting Period is October 1, 2023-December 31, 2024 ____ / ____ Number of home visiting families participating in group activities, such as parent groups, program advisory board meetings, CQI team meetings, or local collaboration meetings. SFY25 Q3/ FFY25 Q2 - Reporting Period is October 1, 2023-March	R	ADD DEL



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collaboration meetings. Reported quarterly.		31, 2025 _____ / _____ Number of home visiting families participating in group activities, such as parent groups, program advisory board meetings, CQI team meetings, or local collaboration meetings. SFY25 Q4/FFY25 Q3 - Reporting Period is October 1, 2023-June 30, 2025 _____ / _____ Number of home visiting families participating in group activities, such as parent groups, program advisory board meetings, CQI team meetings, or local collaboration meetings.		



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22. Performance Explanation - Award to Date:		Add - Delete
<input type="checkbox"/> All performance accomplishments are on schedule with performance standards. <input type="checkbox"/> Not all performance accomplishments are on schedule with performance standards. Explanation(s) required below: (Separate lines as appropriate.)		
		ADD DEL
23. Performance Accomplishments Correlated to Reported Expenses:		Add - Delete
<input type="checkbox"/> Performance is consistent with grant-to-date expected services and expenditures/earnings. <input type="checkbox"/> Performance is not consistent with grant-to-date expected services and expenditures/earnings. Explanation(s) required below: (Separate lines as appropriate.)		
		ADD DEL

GRANTEE CERTIFICATION (2 CFR 200.415)

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, cash receipts and reported performance are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

24. Name and Title of Authorized Individual from Grantee Organization:	25. Phone Number
	26. Email Address:

STATE AGENCY USE ONLY

27. Name and Title of State Agency PPR Approver:	28. Date Received:	28. Date Approved:
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