



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.



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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.



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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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 is 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>



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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.



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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					
9. Agreement Period:			10. Report Period End Date:		
Start Date (Month/Day/Year): 07/01/2025		End Date (Month/Day/Year): 06/30/2025		(Month/Day/Year):	
11. Final Report?		12. Report Frequency:		13. Prepared Date:	
<input type="checkbox"/> Yes		<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly			
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Semi-annually <input type="checkbox"/> Other (specify):			
Responses to Sections 14 - 22 may be provided in a separate format. All grantees must complete Section 23.					
<input type="checkbox"/> Alternative file or database used.					
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



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>HOME VISITING SERVICES</p> <p>1. Home Visiting Models</p> <p>A. Implement one of the following evidence-based home visiting models with fidelity:</p> <p>i. Early Head Start Home-Based (EHS).</p> <p>ii. Healthy Families America (HFA). Note: Successful applicants must request the HFA child welfare protocol from the HFA National Office within 6 months of the contract start date.</p> <p>iii. Nurse-Family Partnership (NFP).</p> <p>iv. Parents as Teachers (PAT).</p> <p>B. Programs must be in good standing with their national model.</p> <p>C. Prior approval from the Department must be secured prior to any anticipated change to the program model.</p>	06/30/2026	Ongoing	<p>A. Home visiting model implemented: _____</p> <p>Certification date ____ / ____ / ____</p> <p>If applicable, provide the upcoming date of the of accreditation, credentialing, or quality endorsement by the model: _____</p> <p>If HFA, date HFA child welfare protocol requested and/ or date HFA Child Welfare Protocol received (Please state "N/A" if implementing another model): _____</p> <p>B. If not certified, please explain</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>2. Program Policies and Procedures</p> <p>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.</p> <p>B. Review and incorporate all policies and procedures found on the igrow Illinois Administrative Resources webpage. Including those related to assessments and screening, and dual enrollment.</p> <p>C. Maintain written policies and procedures for connecting referred families to other available services when your program has no openings.</p> <p>D. Assure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).</p> <p>E. For educational institutions, assure compliance with the Family Educational Rights and Privacy Act (FERPA).</p>	06/30/2026	Ongoing	<p>Provide a copy of your current home visiting policies and procedure manual, by October 15, 2025 (Q1). Due with PPR.</p> <p>HV policy and procedure manual includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Model Policies <input type="checkbox"/> Supervision Policy <input type="checkbox"/> Virtual visit policy <input type="checkbox"/> HIPAA Policy <input type="checkbox"/> FERPA Policy (educational institutions only) <input type="checkbox"/> Confidentiality Policy <input type="checkbox"/> Informed Data Consent <input type="checkbox"/> IDHS-DEC HV policies and procedures related to breastfeeding, safe sleep, child welfare, substance use issues, community and linguistic responsiveness, and dual enrollment. <input type="checkbox"/> Doula Protocols/Manual, if funded by IDHS <p>Update annually.</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>3. Hiring and Compensation</p> <p>A. Recruit, hire, and retain home visitors who collectively reflect the communities they serve, and effectively build rapport and communicate with families, following the guidance in their program model.</p> <p>B. Fill any staff vacancies without delay.</p> <p>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. Assure that home visiting supervisors receive the salaries shown below, at minimum, if the supervisor is at least 50% on this grant.</p> <p>SFY26 to reach the minimum salary. Position Minimum Salary for 1.0 FTE for Cook, DuPage, Kane, Lake, McHenry, Will Counties. Minimum Salary for 1.0 FTE (rest of the State) Home Visitor \$47,268 (41,204) Home Visiting Supervisor \$59,598 (\$52,864).</p>	06/30/2026	Ongoing	<p>(A). & (B). If your program has a vacancy longer than 30 days, please explain hiring efforts and whether minimum salary is offered, for each position type. (Include Name, Position, and Date of vacancy)</p> <p>(C). Name of each "Direct Service" Staff and Gateways Number: (Home visitors, Supervisors, Group Facilitators, outreach, etc.)</p> <p>Number of Vacant Positions/ Total Number of Approved Positions</p> <p>SFY26 Q1/ FFY25 July 1, 2025-October 30, 2025 ____/ ____ = ____ %</p> <p>SFY26 Q2/ FFY26 Q1-October 1, 2025- December 31, 2025 ____/ ____ = ____ %</p> <p>SFY26 Q3/ FFY26 Q2 -January 1, 2026-March 31, 2026 ____/ ____ = ____ %</p> <p>SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026 ____/ ____ = ____ %</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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4. Professional Development A. Assure that home visitors receive program-specific training and ancillary training according to the standards specified by the home visiting model. B. Assure that all staff participate in trainings required by IDHS. C. Maintain documentation of the training received by each direct service staff and supervisor.	06/30/2026	Ongoing	If you have staff that are not trained in the home visiting model and are not registered for training, please explain.	
5. Reflective Supervision and Reflective Practice A. Follow the home visiting model's required supervisor/home visitor ratio to ensure adequate supervision. B. Provide home visitors with the individual reflective supervision hours required by the model. C. Maintain documentation of supervision, team meetings, field observations, training, and other staff development led by the supervisor.	06/30/2026	Ongoing	Does each of your direct service staff receive individual, reflective supervision, regardless of position? <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency ____ Weekly, Biweekly, Monthly, Quarterly (W, BW, M, Q) If there is a variation, explain.	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>6. Infant/Early Childhood Mental Health Consultation (IECMHC)</p> <p>A. Utilize Infant/Early Childhood Mental Health Consultation (IECMHC) as described in the IECMHC Illinois Model. https://idec.illinois.gov/content/dam/soi/en/web/idec/documents/early-childhood-mental-health-consultation/illinois-model-for-iecmhc-2022.pdf .</p> <p>B. Receive Consultation provided to the supervisor and home visitors, and coordinated intake staff and doulas, if any.</p> <p>i. MIECHV-funded programs: Receive up to 96 hours of consultation per year.</p> <p>ii. State-funded programs: Receive a minimum of 72 hours of consultation per year. (This is the minimum number of hours; grantees may budget for more than 72 hours of consultation per year.)</p> <p>C. The minimum rate is \$150 per hour. Consultants must be listed in the Illinois registry of IECMH Consultants: https://registry.ilgateways.com/find-consultants.</p> <p>D. Describe ongoing activities with Infant/Early Childhood Mental Health Consultants.</p>	06/30/2026	Ongoing	<p>Infant/Early Childhood Mental Health Consultant Gateways Registry Number Name of Consultant: Title: Gateways Number:</p> <p>Provide IECMH Consultant contract by October 15, 2025</p> <p>List consultation activities received from IECMH Consultant this quarter? DO NOT provide details (training/type, case consultation, monthly reflective group, reflective supervision, etc.).</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>7. Program Capacity</p> <p>A. Service capacity is the number of families enrolled at a point in time if the program were operating with trained and experienced 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 service 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 <p>B. Programs that have been active for a year or longer will maintain at least 85% of their maximum service capacity.</p> <p>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>	06/30/2026	Ongoing	<p>Program Capacity = Total funded HV FTEs multiplied by Model Slots (regardless of vacancies)</p> <p>List Program Caseload Capacity: ____ / ____ / ____% (DSR)</p> <p>Explain successes and/or challenges</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>8. Priority Populations</p> <p>A. Prioritize the MIECHV priority populations for enrollment.</p> <p>i. At least 80% of enrolled families must meet at least one of the 8 MIECHV priority population criteria.</p> <p>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.</p> <p>iii. OR have a mental health concern.</p> <p>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.</p>	06/30/2026	Ongoing	<p>List the sources of referrals received this quarter that "resulted in enrollment" in home visiting services and explain any referrals received outside of the MIECHV priority populations (if above 20%). i.e. parent, CI, health provider, child welfare, etc.</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>9. Service Plans, Assessments, and Screenings</p> <p>A. Develop and update a service plan or goal plan for each participant within the timeframe required by the model.</p> <p>B. For each participant, complete any model-required assessments within the timeframe required by the model.</p> <p>C. For child participants, conduct developmental screenings using a screening tool approved by the Department and refer to services as indicated.</p> <p>D. For adult participants, conduct assessments and refer to services as indicated on the igrow Illinois Benchmark Resources webpage.</p> <p>E. For adult participants, provide education on topics including but not limited to breastfeeding, safe sleep, well child visits, and postpartum care, and refer to services as needed.</p>	06/30/2026	Ongoing	Utilize your Data Summary Report (DSR) data to address 1-2 strengths and ongoing challenges.	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>10. Community-Centered Program Services</p> <p>A. Provide model-specific home visiting services that are responsive to the community to be served.</p> <p>B. Provide program materials (e.g., brochures, curricula, handouts, etc.) that are appropriate for the community to be served, taking into account literacy levels, etc.</p>	06/30/2026	Ongoing	List ways the program has provided services to address unique community needs and include outcome	
<p>11. Screening, Enrollment, and Coordinated Intake</p> <p>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.)</p> <p>B. Engage in community public awareness and outreach activities to support program enrollment.</p> <p>C. Avoid dual enrollment in more than one intensive home visiting program.</p> <p>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).</p> <p>E. Respond to all referral sources with the status of referrals and timeline for enrollment within two (2)</p>	06/30/2026	Ongoing	Describe programs involvement in community recruitment and enrollment. List at least one trend and/or concern.	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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F. Respond to all follow-up inquiries from referral sources within two (2) business days of receiving the inquiry. G. Track trends related to the population served, and adjust program plans to assure that families from priority populations are prioritized for services.	06/30/2026	Ongoing	Deliverable 11 continued	ADD DEL



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>12. Community Systems Development and Cross-Program Referrals, where Collaborative Networks Exist</p> <p>A. Participate actively as a member of at least one local community collaboration to support the goals and principles defined in the latest Joint Statement on Community Systems, Coordinated Intake, and IRIS.</p> <p>i. Share with the collaboration available, relevant, aggregated program data that contribute to community needs assessment, setting a common agenda, or other local initiatives.</p> <p>ii. Promote shared messaging and materials from the collaboration among families and staff.</p> <p>B. Assist participating families in connecting with Early Intervention (EI), through the local Child and Family Connections (CFC) office Illinois Department of Human Services (IDHS) Office Locator using the standard referral form and procedures.</p> <p>C. Assist participating families in connecting with medical providers and with ancillary services such as mental health services, the Women, Infants, and Children (WIC) program, substance exposure and recovery services, and intimate partner violence services.</p>	06/30/2026	Ongoing	<p>(A). Describe your participation in any local community systems collaborative that aids families access to needed services this quarter.</p> <p>(B). & (C). Highlight success or challenges with participating families.</p>	ADD DEL



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>13. Data and Data Systems</p> <p>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> <p>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> <p>C. Collect and report the MIECHV benchmark data, as shown on the igrow Illinois Benchmark Resources webpage, including Form 1, and Form 2, and staffing updates, with support and technical assistance from the Department.</p> <p>D. Participate in regular data calls coordinated by the Department, to assure data quality and completeness.</p>	06/30/2026	Ongoing	<p>(A). & (B). Does your program have participants sign database consent provided by IDHS. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(C). & (D). Describe support received with data collection and list any needs to enhance data integrity (IDHS, CPRD, etc.).</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>14. Quality Assurance and Program Improvement</p> <p>A. Implement a plan for quality assurance, as specified by the home visiting model.</p> <p>B. Participate in Continuous Quality Improvement (CQI) efforts offered by IDHS.</p>	06/30/2026	Ongoing	<p>Briefly describe CQI activities this quarter (model, funder, agency, etc.).</p> <p>If your program is receiving technical assistance or guidance to build staff capacity, please explain nature of support.</p>	
<p>15. Family Voice</p> <p>A. Regularly incorporate input from home visiting families to improve program quality, as specified by the home visiting model.</p> <p>B. Invite families to participate in local collaborations and advisory bodies.</p>	06/30/2026	Ongoing	<p>Describe activities or opportunities to include family voice in program services.</p>	
<p>16. Partnership with IDHS</p> <p>A. Participate in required regular programmatic and fiscal monitoring reviews.</p> <p>B. Participate in required regularly scheduled provider calls and other required meetings as scheduled by IDHS.</p> <p>C. Participate in the Department's efforts to improve the health and well-being of families enrolled in program services.</p>	06/30/2026	Ongoing	<p>If applicable, describe support received by IDHS this quarter you have found valuable, or identify other needed support.</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>DOULA SERVICES (Only for home visiting programs with IDHS approval to include doulas) The main objective of the doula enhancement for home visiting is to support positive maternal and infant health outcomes.</p> <p>Ideally, doula services should commence at the beginning of the third trimester of pregnancy. The doula and long-term home visitor should work together to introduce services to expectant families. The doula and home visitor must coordinate home visits in the perinatal period to avoid duplication of services while ensuring that the long-term home visitor begins a relationship with the family early enough to ensure a smooth transition from doula/home visitor services to just home visiting services. The transition to home visiting usually takes place when the infant is 2-3 months old.</p>	06/30/2026	Ongoing	Include Doula Policy and Procedure Manual by 6/30/26	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>1. Core program services</p> <p>A. Promote active engagement of new program families in long-term home visiting services through initial prenatal and intrapartum program experiences;</p> <p>B. Provide seamless transitions from doula to home visiting-only services;</p> <p>C. Promote a parental sense of confidence, competence, and comfort in the mother's physical, emotional, and social transition into parenthood;</p> <p>D. Promote positive health practices for developing baby and new parent;</p> <p>E. Promote a growing sense of emotional availability, attunement, and engagement with the developing and new infant;</p> <p>F. Prepare for labor and delivery and provide intrapartum doula support in an effort to bring about positive birth outcomes for infant and parent;</p> <p>G. Support newborn care and feeding; and</p> <p>H. Organize and facilitate prenatal groups.</p>	06/30/2026	Ongoing	Include Doula Policy and Procedure Manual by 6/30/26	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>2. Hiring and Compensation</p> <p>A. Recruit, hire, and retain doulas who reflect the community served and effectively build rapport and communicate with families.</p> <p>B. Fill any staff vacancies without delay.</p> <p>C. The program must maintain two (2) full time equivalent (FTE) home visitors for every one (1) FTE doula. The goal is to have all doula participants transition into the long-term home visiting program. Because doula services are time-limited, doulas serve more families over the course of a year than a home visitor. Generally, a ratio of at least two (or more) home visitors for every doula will ensure that there will be enough home visitors to serve all participants who are finishing doula services.</p> <p>D. Doulas should be available on-call 24/7. They must have flexible schedules because it is crucial that they be present during labor and delivery, and births often happen outside of normal working hours. This expectation should be made clear to candidates for doula positions, and programs should keep this requirement in mind in deciding how they will grade and compensate doula positions.</p> <p>E. Doulas should co-facilitate a series of prenatal groups. Prenatal groups offer an efficient way for parents-to-be to learn about prenatal care and the birthing process while connecting with a peer group and continuing to build a relationship with their doula.</p> <p>F. Programs must ensure that there is backup capacity so that</p>				



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

<p>participants will receive doula support when their primary doula is on vacation, ill, unable to attend a birth, or when there are vacancies in the program. This will generally mean having at least two (2) doulas as part of a program's staffing pattern, but backup can also be achieved by having a supervisor trained as a doula or by having a part-time position in addition to a full-time doula.</p> <p>G. Doulas work in collaboration with home visitors to ensure a smooth transition between doula and home visiting services</p> <p>H. Assure that doulas receive the salaries shown in the table below, at minimum. Assure that doula supervisors receive the salaries shown below, at minimum, if the supervisor is at least 50% FTE on this grant.</p>				
<p>3. Professional Development</p> <p>A. The program will be offered technical assistance from the Start Early Professional Learning Network.</p> <p>B. New doulas must receive pre-service and in-service training from the Start Early Professional Learning Network.</p> <p>C. Doulas must maintain their doula certification (for example, from DONA International).</p>	<p style="text-align: center;">06/30/2026</p>	<p style="text-align: center;">Ongoing</p>	<p style="text-align: center;">Include Doula Policy and Procedure manual by 6/30/26</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>4. Clinical Consultation</p> <p>A. Programs must contract with a clinical consultant. A clinical consultant is part of the doula model so that doulas have the support they might need to serve participants who have medically complicated pregnancies. These consultants are generally registered nurses, midwives, or other professionals who have training in the medical aspects of pregnancy and childbirth.</p> <p>B. Ideally, clinical consultation will take place in person, but consultation may be conducted virtually as needed.</p> <p>C. Clinical consultants are generally contracted for about 10 hours per month.</p> <p>D. The hourly rate for clinical consultants starts at \$150 per hour for virtual consultation (some consultants will add travel expenses for in-person consultation)</p>	06/30/2026	Ongoing	Include Doula Policy and Procedure Manual by 6/30/26	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>5. Program Capacity</p> <p>A. The caseload for a 1.0 FTE doula is nine (9) participants at a single point in time. Some of these persons are pregnant; some are postpartum. Doulas attend approximately two births every month. Doula caseload sizes are smaller than those for other home visitors because of the extended time spent with the birthing parent during labor and delivery.</p> <p>B. The doula intervention is time-limited (generally lasting for about five months) so a caseload of nine (9) or ten (10) families at any one point in time would result in a doula serving approximately 23 families over the course of a year.</p>	06/30/2026	Ongoing	Include Doula Policy and Procedure Manual by 6/30/26	
<p>6. Community-Centered Program services</p> <p>A. Provide doula services that are responsive to the community served.</p> <p>B. Provide program materials (e.g., brochures, curricula, handouts, etc.) that are appropriate for the community to be served, taking into account literacy levels, etc.</p>	06/30/2026	Ongoing	Include Doula Policy and Procedure Manual by 6/30/26	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>7. Community Systems Development and Cross-Referrals</p> <p>A. The ability of doulas to be present during the labor and delivery process is key to the success of this service. Programs must have written or verbal agreements with local birthing hospitals and birthing centers that ensure that the hospital/center will allow doulas to attend the births of their participants.</p> <p>B. The program should also have memoranda of understanding (MOUs) or other mechanisms in place with prenatal clinics, WIC programs, etc. to ensure that pregnant persons in the program's population will be referred by the 26th week of pregnancy.</p>	06/30/2026	Ongoing	Include Doula Policy and Procedure Manual by 6/30/26	
<p>8. Quality Assurance and Program Improvement</p> <p>A. Track birth outcomes and utilize data to inform and improve practice.</p>	06/30/2026	Ongoing	Include Doula Policy and Procedure Manual by 6/30/26	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>COORDINATED INTAKE SERVICES</p> <p>1. Policies and Procedures</p> <p>Develop or update Coordinated Intake policies and procedures manual within the first 6 months of the grant year. The manual should include the following:</p> <ul style="list-style-type: none">a. Develop or update Coordinated Intake policies and procedures manual within the first 6 months of the grant year. The manual should include the following:<ul style="list-style-type: none">i. a Collaborative mission statement;ii. a clear communication plan outlining how CI makes referral decisions (which must refer to eligibility requirements of partner programs and protocol for when multiple programs are able to serve a family);iii. detailed flow charts that illustrate how referrals are processed through CI for each of the following referral sources: direct CI recruit; referral to CI from a community partner; referral to CI from a home visiting program;iv. process for connecting families to other available services when local home visiting programs have no openings;v. process for following up with waiting list participants at least monthly to monitor availability of services and eligibility of participantsvi. process for avoiding dual enrollment in more than one intensive home visiting program.vii. process for monitoring changes in local home visiting programs' eligibility criteria and				



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

incorporating changes into referral procedures

viii. expectation for all parties to respond to all referral sources (including follow-up inquiries) with the status of referrals and timeline for enrollment within 2 business days of receiving the referral or inquiry.

ix. brief summary of the data system used to track the above

x. a defined process for how aggregate referral data is shared with all collaborative partners in order to promote transparency;

xi. a back-up system used to complete and send referrals out in a timely way when the CI is absent.

xii. Contact list for key partners and community service providers (e.g., food pantries, diaper banks, housing/shelters, etc.).

b. Review and incorporate all relevant policies and procedures found on the <https://igrowillinois.org/administrative-resources/> including those related to dual enrollment.

c. Provide policies and procedures manual to all Collaborative members and review policies and procedures with the Collaborative on (at least) an annual basis.

d. Assure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A sample training presentation is available from the Illinois Department of Healthcare and Family Services.

e. For educational institutions, assure compliance with the Family



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

Educational Rights and Privacy Act (FERPA).				
<p>2. Hiring and Compensation</p> <p>A. Recruit, hire, and retain coordinated intake workers who reflect the communities they serve and effectively communicate with families.</p> <p>B. Fill any staff vacancies without delay.</p> <p>C. Assure that all coordinated intake workers and supervisors join the Gateways to Opportunity Registry.</p> <p>D. Assure that coordinated intake workers receive the salaries shown in the table below, at minimum. Assure that coordinated intake supervisors receive the salaries shown below, at minimum, if the supervisor is at least 50% FTE on this grant. SFY26 to reach the minimum salary. Position Minimum Salary for 1.0 FTE for Cook, DuPage, Kane, Lake, McHenry, Will Counties. Minimum Salary for 1.0 FTE (rest of the State) CI Worker \$ \$47,268 (\$41,580) CI Supervisor \$60,000 (\$55,000).</p>	06/30/2026	Ongoing	<p>2.a. Describe to what extent your program's CI 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:</p> <p>2.b. Describe your process for ensuring timely posting and filling of vacant positions:</p> <p>2.c. See PPR Performance Measure #2</p> <p>2.d. Does your CI worker meet the minimum salary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>If no or in progress, explain your plan to incrementally raise salaries to meet by SFY26:</p> <p>Does your CI Supervisor meet the minimum salary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>If no or in progress, explain your plan to incrementally raise salaries to meet by SFY26:</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>3. Professional Development and Technical Assistance</p> <p>A. Assure that coordinated intake workers participate in trainings required by IDHS (including HIPAA).</p> <p>B. Encourage coordinated intake workers to participate in trainings offered by Start Early PLN.</p> <p>C. Maintain documentation of the training received by each coordinated intake staff and supervisor.</p> <p>D. Assure that coordinated intake workers participate in quarterly Learning Communities required by IDHS.</p> <p>i. CI programs may be asked to work together as part of a Community of Practice focused on a particular topic or activity annually; this will be integrated into the Learning Community meetings and otherwise</p> <p>E. Each agency CI team will meet monthly with staff from IDHS Home Visiting's data partner to review and analyze program data and other information to identify needs for any technical assistance and support.</p> <p>i. In collaboration with IDHS Home Visiting's data partner, develop and implement an annual technical assistance plan</p>			<p>3.a. Have staff completed IDHS required trainings?</p> <p>_____ Yes _____ No</p>	
<p>4. Reflective Supervision</p> <p>A. Provide at least one hour of</p>				



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

<p>reflective supervision at least twice per month to each CI worker (supervision hours may be pro-rated for CIs who work less than 1.0 FTE).</p> <p>B. The supervision must be provided by someone who has a demonstrated knowledge of home visiting as well as the role of the CI worker and has received training on reflective supervision.</p> <p>C. Maintain documentation of supervision, team meetings, field observations, training, and other staff development led by the supervisor.</p>	06/30/2026	Ongoing	<p>Does your Coordinated Intake Worker receive reflective supervision for one hour at least twice a month?</p> <p>Yes No</p> <p>If no, please explain,</p> <p>Documentation will be requested during monitoring visits</p>
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STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>5. Priority Populations</p> <p>A. Prioritize the MIECHV priority populations for enrollment, along with the ELC priority populations and families with mental health concerns.</p> <p>B. Ensure all model-eligible families with child welfare involvement and model-eligible families experiencing homelessness, regardless of family income, are referred if slots are available</p> <p>C. Track trends related to the target population and adjust program plans to assure that families from priority populations are targeted for services.*</p>	06/30/2026	Ongoing	<p>See Coordinated Intake Policy and Procedure Manual and Monthly CPRD Enrollment reports.</p> <p>If applicable, provide a brief description of your efforts.</p>	
<p>6. Family Recruitment</p> <p>A. Participate in community public awareness and outreach activities to support program enrollment.</p> <p>B. Employ a variety of strategies to recruit families into home visiting and develop partnerships with community agencies and other entities that could serve as sources for referrals into CI.</p>	06/30/2026	Ongoing	<p>See PPR Performance #4 & #5</p> <p>If applicable, detail quarterly activities:</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>7. Program Capacity</p> <p>A. Track home visiting capacity at the program and community level.</p> <p>B. Send enough referrals to adequately meet community demand and ensure HV programs will maintain at least 85% of their maximum service capacity.</p> <p>C. CI workers will gather a complete, brief screen from potential participants within two business days of receiving information on the family (if applicable, depending on the local CI process).</p> <p>D. If all home visitors are at capacity, CI will refer eligible families to appropriate community resources and place participant on a waiting list for home visiting services.</p> <p>E. Provide immediate referrals to community resources for 100% of clients presenting with emergency needs.</p> <p>F. Refer any families who are ineligible for home visiting to other community and parenting services as indicated.</p>	06/30/2026	Ongoing	<p>See Coordinated Intake Policy and Procedure Manual and Monthly CPRD Enrollment reports.</p> <p>If applicable, provide a brief description of your efforts and/or list successes and challenges with of our referral process.</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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8. Community-Centered Services A. Provide coordinated intake services that are responsive to the community served. B. Provide program materials (e.g., brochures, self-referral forms, flyers, etc.) that are appropriate for the community served, taking into account literacy levels, etc.	06/30/2026	Ongoing	See Coordinated Intake Policy and Procedure Manual.	
9. Community Systems Development and Cross-Program Referrals A. Take an active role in local community systems development efforts by participating 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. i. Share with the collaboration available, relevant, aggregated program data that contribute to community needs assessment, setting a common agenda, or other local initiatives. ii. Promote shared messaging and materials from the collaboration among families and staff. iii. 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). iv. Develop relationships and formalize agreements with other				



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>appropriate community service providers to, at minimum, define a referral and follow-up system, establish a plan for reducing duplication of services, and coordinate family service or goal plans (as applicable). These include:</p> <ol style="list-style-type: none"> 1. Victims Services (intimate partner violence) 2. Early Intervention 3. Medical Providers 4. School Districts 5. WIC 6. Family Planning providers 7. Better Birth Outcomes program 8. Accountable Care Entities, Managed Care Organizations 9. Family Community Resource Center <p>b. If there is a pre-existing Early Childhood collaborative, such as an AOK network or IRIS community, this network should be supported by IDHS Home Visiting CI staff.</p> <p>c. Assist participating families in connecting with Early Intervention (EI), using the standard referral form and procedures.</p> <p>d. Assist participating families in connecting with medical providers and with ancillary services such as mental health services, the Women, Infant, and Children (WIC) program, substance exposure and recovery services, and intimate partner violence services.</p>				
10. Data and Data Systems				



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

<p>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> <p>B. Maintain an individual case record for each family assisted by CI. Information for each month must be entered in the data system by the 5th day of the following month.</p> <p>C. Participate in regular data calls coordinated by the Department, to assure data quality and completeness.</p> <p>D. 100% of families referred to home visiting programs will be entered into Visit Tracker or other IDHS-approved referral processing system within two business days of processing the referral.</p>	06/30/2026	Ongoing	See Coordinated Intake Policy and Procedure Manual	
<p>11. Family Voice</p> <p>A. Regularly incorporate input from families served to improve program quality.</p> <p>B. Invite families to participate in local collaborations and advisory bodies.</p>	06/30/2026	Ongoing	See PPR Performance Measure 9	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>12. Partnership with IDHS</p> <p>A. Participate in required regular programmatic and fiscal reviews.</p> <p>B. Participate in required regularly scheduled provider calls and other required meetings as scheduled by IDHS.</p> <p>C. Participate in the Department's efforts to improve the health and well-being of families enrolled in program services.</p> <p>D. If MIECHV funding supported the development and/or publication of Peer Reviewed Publications; Web-Based Products; Pamphlets, Brochures, and Fact Sheets; Conferences Presentations and Posters; Newsletters, complete the IDHS Home Visiting Publication Tracking Spreadsheet and email it with your PPR. The spreadsheet is posted with administrative resources at igrowillinois.org.</p> <p>E. Share key accomplishments, challenges, and strategies to overcome challenges on Periodic Performance Report</p>	06/30/2026	Ongoing	<p>See Coordinated Intake Policy & Procedure Manual</p> <p>See PPR Performance Measure #10</p> <p>See PPR Performance Measure #11</p>	



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>A. Home Visiting Measures</p> <p>Home Visiting</p> <p>1. Report the number of home visiting supervisors and home visitors, and any other direct service staff, and the percentage of these staff with registry numbers in the Gateways to Opportunity Registry. Reported quarterly.</p>	<p>A. Home Visiting 1. 100%</p>	<p>SFY26 Q1/ FFY25 Q4 Reporting Period: July 1, 2025-September 30, 2025 ____ / ____ = ____ % Number of IDHS funded HV supervisors and HV workers in Gateways/total number of IDHS funded HV supervisors and HV workers.</p> <p>SFY26 Q2/ FFY25 Q1 Reporting Period: October 1, 2025-December 31, 2025 ____ / ____ = ____ % Number of IDHS funded HV supervisors and HV workers in Gateways/total number of IDHS funded HV supervisors and HV workers.</p> <p>SFY26 Q3/ FFY26 Q2 Reporting Period: January 1, 2026-March 31, 2026 ____ / ____ = ____ % Number of IDHS funded HV supervisors and HV workers in Gateways/total number of IDHS funded HV supervisors and HV workers.</p> <p>SFY26 Q4/ FFY26 Q3 Reporting Period: April 1, 2026-June 30, 2026 ____ / ____ = ____ % Number of IDHS funded HV supervisors and HV workers in Gateways/total number of IDHS funded HV supervisors and HV workers.</p> <p>Name of Staff: Title: Gateways Number:</p> <p>Name of Staff: Title: Gateways Number:</p> <p>Update staff list (Name, title, and number) each quarter and add lines as needed.</p>		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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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).	2. Report the number quarterly.	Enter into Visit Tracker Data System		
3. Current caseload as a % of maximum caseload capacity. (Maximum caseload capacity is the highest 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.) Reported quarterly from the data summary report.	3. Programs that have been active for one year or longer must achieve at least 85% of maximum caseload capacity. Entered into the IDHS selected database.	List Program Capacity: _____% (DSR) Explain successes and/or challenges		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>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>4. No more than 20% of participants meet no MIECHV priority population criteria. Entered into the IDHS selected database.</p>	<p style="text-align: center;">/ ___ = ___ %</p> <p>Explain any referrals received outside of the MIECHV priority populations (if above 20%). i.e. parent, CI, health provider, child welfare, etc.</p>		
<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</p>	<p>5. Membership document from at least one collaboration, provided</p>	<p>List the sources of referrals received from collaborative partners this</p>		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

participation). Reported annually (June).	annually (June).	quarter that "resulted in enrollment" in home visiting services		
6. Percentage of program participants with missing demographic data in data system. Reported quarterly from the data summary report.	6. No more than 10% missing data for any data indicator. Entered into the IDHS selected database.	Describe efforts to address missing data		
7. Percentage of program participants with missing benchmark data in the data system. Reported quarterly from the data summary report.	7. No more than 10% missing data for any benchmark outcome data indicator. Entered into the IDHS selected database.	Describe efforts to address missing data		
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).	8. 80%. Entered into the IDHS selected database.	List Percentage ____ Describe successes (met or exceeded benchmark) or challenges (if less than 80% or less of participants were screened,). Please explain challenges and plan:		
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).	9. 75%. Entered into the IDHS selected database.	List Percentage ____ Describe successes (met or exceeded benchmark) or challenges (if less than 75% or less of participants were screened,). Please explain challenges and plan:		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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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).	10. 80%. Entered into the IDHS selected database.	List Percentage ____ Describe successes (met or exceeded benchmark) or challenges (if less than 80% or less of participants were screened,). Please explain challenges and plan:		
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).	11. 85% of participants screened. Entered into the IDHS selected database.	List Percentage ____ Describe successes (met or exceeded benchmark) or challenges (if less than 85% or less of participants were screened,). Please explain challenges and plan:		
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).	12. 90%. Entered into the IDHS selected database.	List Percentage ____ Describe successes (met or exceeded benchmark) or challenges (if less than 89% or less of participants were screened,). Please explain challenges and plan:		
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).	13. 90%. Entered into the IDHS selected database.	List Percentage ____ Describe successes (met or exceeded benchmark) or challenges (if 89% or less of participants were screened,). Please explain challenges and plan:		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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
14. Number of home visiting families participating in group activities, such as parent groups, program advisory board meetings, CQI team meetings, or local collaboration meetings. Reported quarterly.	14. Report the number quarterly.	____ / ____ Number of home visiting families participating in group activities, such as parent groups, program advisory board meetings, CQI team meetings, or local collaboration meetings.		
B. Doula Services (Only for home visiting programs with IDHS approval to include doulas) 1. Report the number of unduplicated families served year- to-date. Entered into the IDHS selected database, including race, ethnicity, and primary language. Reported quarterly (September, December, March, June).	B. Doula Services (Only for home visiting programs with IDHS approval to include doulas) 1. Report the number quarterly. Entered into IDHS selected database.	For this Performance Standard: Q1 Reporting Period is July 1, 2025-September 30, 2025 Q2 Reporting Period is October 1, 2025- December 31, 2025 Q3 Reporting Period is January 1, 2026-March 31, 2026 Q4 Reporting Period is April 1, 2026-June 30, 2026 ____ Number of families participating in doula services (opened and closed). Q1 ____ Number of families participating in doula services (opened and closed). Q2 ____ Number of families participating in doula services (opened and closed). Q3 ____ Number of families participating in doula services (opened and closed). Q4		
2. Current caseload as a% of maximum caseload capacity. (Maximum caseload capacity is the highest number of pregnant persons that could be enrolled at a point in time, if the program is operating with a full complement of hired and trained doulas.) Reported quarterly.	2. Programs that have been active for one year or longer must achieve at least 85% of maximum caseload capacity. Entered into IDHS selected database.	For this Performance Standard: Q1 Reporting Period is July 1, 2025-September 30, 2025 Q2 Reporting Period is October 1, 2025- December 31, 2025 Q3 Reporting Period is January 1, 2026-March 31, 2026 Q4 Reporting Period is April 1, 2026-June 30, 2026 ____ / ____ = ____ % (All doula's combined open caseload for July 1st-September 30th / Minimum contract capacity) ____ / ____ = ____ % (All doula's combined open caseload for October 1st-December 31st / Minimum contract capacity)		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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		$\frac{\quad}{\quad} = \quad\% \text{ (All doula's combined open caseload for January 1st-March 31st / Minimum contract capacity)}$ $\frac{\quad}{\quad} = \quad\% \text{ (All doula's combined open caseload for April 1st-June 30st / Minimum contract capacity)}$ $\frac{\quad}{\quad} = \quad\% \text{ (Total average for the quarter/ Minimum contract capacity)}$		
3. Percent of participants enrolled in doula services by the end of the seventh month of pregnancy. Reported quarterly.	3. 80%. Entered into IDHS selected database.	For this Performance Standard: Q1 Reporting Period is July 1, 2025-September 30, 2025 Q2 Reporting Period is October 1, 2025- December 31, 2025 Q3 Reporting Period is January 1, 2026-March 31, 2026 Q4 Reporting Period is April 1, 2026-June 30, 2026 $\frac{\quad}{\quad} = \quad\% \text{ Percentage of families enrolled by 7th month / total families participating in doula services. (Q1)}$ $\frac{\quad}{\quad} = \quad\% \text{ Percentage of families enrolled by 7th month / total families participating in doula services. (Q2)}$ $\frac{\quad}{\quad} = \quad\% \text{ Percentage of families enrolled by 7th month / total families participating in doula services. (Q3)}$ $\frac{\quad}{\quad} = \quad\% \text{ Percentage of families enrolled by 7th month / total families participating in doula services. (Q4)}$		
4. Percent of doula participants assigned to a long-term home visitor. Reported quarterly.	4. 80%. Entered into IDHS selected database.	For this Performance Standard: Q1 Reporting Period is July 1, 2025-September 30, 2025 Q2 Reporting Period is October 1, 2025- December 31, 2025 Q3 Reporting Period is January 1, 2026-March 31, 2026 Q4 Reporting Period is April 1, 2026-June 30, 2026 Please include open and closed within the reporting period. $\frac{\quad}{\quad} = \quad\% \text{ (Doula participants enrolled in long- term home visiting/ Total number of doula participants) Q1}$ $\frac{\quad}{\quad} = \quad\% \text{ (Doula participants enrolled in long- term home visiting/ Total number of doula participants) Q2}$		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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		$\frac{\quad}{\quad} = \quad\% \text{ (Doula participants enrolled in long- term home visiting/ Total number of doula participants) Q3}$ $\frac{\quad}{\quad} = \quad\% \text{ (Doula participants enrolled in long- term home visiting/ Total number of doula participants) Q4}$		
5. Percent of participants that initiate breastfeeding. Reported quarterly.	5. 75%. Entered into IDHS selected database.	For this Performance Standard: Q1 Reporting Period is July 1, 2025-September 30, 2025 Q2 Reporting Period is October 1, 2025- December 31, 2025 Q3 Reporting Period is January 1, 2026-March 31, 2026 Q4 Reporting Period is April 1, 2026-June 30, 2026 $\frac{\quad}{\quad} = \quad\% \text{ (Doula participants who initiated breastfeeding/ Total number of doula participants who have given birth in this timeframe) Q1}$ $\frac{\quad}{\quad} = \quad\% \text{ (Doula participants who initiated breastfeeding/ Total number of doula participants who have given birth in this timeframe) Q2}$ $\frac{\quad}{\quad} = \quad\% \text{ (Doula participants who initiated breastfeeding/ Total number of doula participants who have given birth in this timeframe) Q3}$ $\frac{\quad}{\quad} = \quad\% \text{ (Doula participants who initiated breastfeeding/ Total number of doula participants who have given birth in this timeframe) Q4}$		
6. Please attach a copy of your Doula Specific Policy and Procedure Manual.	Doula Specific P &P	Submit by 1st quarter reporting period, October 30, 2025. Updated annually.		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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C. Coordinated Intake 1. Submit coordinated intake policies and procedures manual (including items i through xii) annually (January). Include date of review.	1. One manual	Policy and Procedure Manual is due by January 15, 2026. Please indicate date of review: Please indicate date provided to Collaborative Members: Please indicate date of submission:		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

<p>2. Report the number of CI supervisors and CI workers, and the percentage of these staff with registry numbers in the Gateways to Opportunity Registry. Reported quarterly.</p>	<p>2. 100%</p>	<p>List Name, Title & Gateway Number</p> <p>Name of Staff: Title: Gateways Number:</p> <p>Name of Staff: Title: Gateways Number:</p> <p>SFY26 Q1/ FFY25 July 1, 2025-October 30, 2025 ____/ __ = _____ %</p> <p>Number of funded CI supervisors and CI workers in Gateways/total number of IDHS funded CI supervisors and CI List Name, Title & Gateway Number</p> <p>Name of Staff: Title: Gateways Number:</p> <p>Name of Staff: Title: Gateways Number:</p> <p>SFY26 Q1/ FFY25 July 1, 2025-October 30, 2025 ____/ __ = _____ %</p> <p>Number of funded CI supervisors and CI workers in Gateways/total number of IDHS funded CI supervisors and CI workers.</p> <p>SFY26 Q2/ FFY26 Q1-October 1, 2025- December 31, 2025 ____/ __ = _____ %</p> <p>Number of IDHS funded CI supervisors and CI workers in Gateways/</p>		
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STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>total number of IDHS funded CI supervisors and CI workers.</p> <p>SFY26 Q3/ FFY26 Q2 -January 1, 2026-March 31, 2026 ____/ __ = ____ %</p> <p>Number of IDHS funded CI supervisors and CI workers in Gateways/ total number of IDHS funded CI supervisors and CI workers.</p> <p>SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026 ____/ __ = ____ %</p> <p>Number of IDHS funded CI supervisors and CI workers in Gateways/ total number of IDHS funded CI supervisors and CI workers.</p>		
<p>3. Report the number of quarterly Learning Community meetings and the % of meetings attended by CI staff. Reported quarterly.</p>	<p>3. At least 75%</p>	<p>SFY26 Q1/ FFY25 Q4 -July 1, 2025 – September 30, 2025 ____/ 1 = ____ %</p> <p>Number of quarterly Learning Community meetings attended by CI Staff/total number of quarterly Learning Community meetings.</p> <p>SFY26 Q2/ FFY26 Q1-October 1, 2025- December 31, 2025 ____/ 1 = ____ %</p> <p>Number of quarterly Learning Community meetings attended by CI Staff/total number of quarterly Learning Community meetings</p> <p>SFY26 Q3/ FFY26 Q2- January 1, 2026-March 31, 2026 ____/ 1 = ____ %</p> <p>Number of quarterly Learning Community meetings attended by CI Staff/total number of quarterly Learning Community meetings</p> <p>SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026 ____/ 1 = ____ %</p> <p>Number of quarterly Learning Community meetings attended by CI Staff/total number of quarterly Learning Community meetings</p>		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>4. Report the number of unduplicated families served year- to-date. Entered into the IDHS selected database. Reported quarterly in the case status summary report.</p>	<p>4. Report the number quarterly</p>	<p>SFY26 Q1/ FFY24 Q4 Reporting Period: July 1, 2025-September 30, 2025 - ___ Number of outgoing referrals (VT or IRIS summary report*) ___ Number of incoming referrals</p> <p>SFY26 Q2/ FFY25 Q1 Reporting Period: October 1, 2025-December 31, 2025 - ___ Number of outgoing referrals (VT or IRIS summary report*) ___ Number of incoming referrals</p> <p>SFY26 Q3/ FFY25 Q2 Reporting Period: January 1, 2026-March 31, 2026 - ___ Number of outgoing referrals (VT or IRIS summary report*) ___ Number of incoming referrals</p> <p>SFY26 Q4/ FFY25 Q3 Reporting Period: April 1, 2026-June 30, 2026 - ___ Number of outgoing referrals (VT or IRIS summary report*) ___ Number of incoming referrals</p> <p>*Send quarterly summary report with PPR.</p>		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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
5. Report the number of outreach and/or public awareness raising events or activities per year (virtual or in person). Reported quarterly.	5. At least two	<p>SFY26 Q1/ FFY25 Q4 - July 1, 2025-September 30, 2025</p> <p>_____ Number of outreach and/or public awareness raising events or activities.</p> <p>List Events/Activities:</p> <p>SFY26 Q2/ FFY26 Q1 -October 1, 2025- December 31, 2025</p> <p>_____ Number of outreach and/or public awareness raising events or activities.</p> <p>List Events/Activities:</p> <p>SFY26 Q3/ FFY26 Q2 January 1, 2026-March 31, 2026</p> <p>_____ Number of outreach and/or public awareness raising events or activities.</p> <p>List Events/Activities:</p> <p>SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026</p> <p>_____ Number of outreach and/or public awareness raising events or activities.</p> <p>List Events/Activities:</p>		
6. Membership in local collaborations (as documented by an MOU, letter, or other document from a collaboration that confirms the program's membership and	6. Membership document from at least one collaboration, provided	<p>_____ Total number of community partners</p> <p>Provide at least one MOU documenting your partnership by July 15,</p>		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

describes expectations for member participation). Reported annually (June).	annually (June).	2026.		
7. Number of meetings with collaborative partners (the collaboratives must include home visiting programs but are not limited to home visiting programs). Reported Quarterly	7. At least 6 meetings per year.	SFY26 Q1/ FFY25 Q4 - July 1, 2025-September 30, 2025 _____ Number of meetings with collaborative partners. SFY26 Q2/ FFY26 Q1 -October 1, 2025- December 31, 2025 _____ Number of meetings with collaborative partners. SFY26 Q3/ FFY26 Q2 January 1, 2026-March 31, 2026 _____ Number of meetings with collaborative partners. SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026 _____ Number of meetings with collaborative partners.		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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>8. Submit Case Status Summary Report or equivalent IRIS report to IDHS on the 15th of every month.</p>	<p>8. 12 monthly reports received annually.</p>	<p>SFY26 Q1/ FFY25 Q4 - July 1, 2025-September 30, 2025 _____ Number of Case Status Summary or equivalent IRIS report</p> <p>SFY26 Q2/ FFY26 Q1 -October 1, 2025- December 31, 2025 _____ Number of Case Status Summary Report or equivalent IRIS report</p> <p>SFY26 Q3/ FFY26 Q2- January 1, 2026-March 31, 2026 _____ Number of Case Status Summary Report or equivalent IRIS report</p> <p>SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026 _____ Number of Case Status Summary Report or equivalent IRIS report</p> <p>Submit to IDHS dhs.homevisting@illinois.gov on the 15th of every month.</p>		
<p>9. Number of CI families participating in group activities, such as CQI team meetings or local collaboration meetings. Reported quarterly</p>	<p>9. Report the number quarterly.</p>	<p>SFY26 Q1/ FFY25 Q4 - July 1, 2025-September 30, 2025 _____ Number of CI families participating in group activities.</p> <p>SFY26 Q2/ FFY26 Q1 -October 1, 2025- December 31, 2025 _____ Number of CI families participating in group activities</p> <p>SFY26 Q3/ FFY26 Q2 January 1, 2026-March 31, 2026 _____ Number of CI families participating in group activities</p> <p>SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026 _____ Number of CI families participating in group activities</p>		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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<p>10. Submit IDHS Home Visiting funded development and/or Peer Reviewed Publications; Web-Based Products; Pamphlets, Brochures, and Fact Sheets; Conferences Presentations and Posters; Newsletters Complete the IDHS Home Visiting Publication Tracking Spreadsheet. Reported quarterly.</p>	<p>10. Report and submit documents quarterly.</p>	<p>SFY26 Q1/ FFY25 Q4 - July 1, 2025-September 30, 2025 Number Submitted: Brief Description: - See Attached</p> <p>SFY26 Q2/ FFY26 Q1 -October 1, 2025- December 31, 2025 Number Submitted: Brief Description: - See Attached</p> <p>SFY26 Q3/ FFY26 Q2 January 1, 2026-March 31, 2026 Number Submitted: Brief Description: - See Attached</p> <p>SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026 Number Submitted: Brief Description: - See Attached</p>		
<p>11. Report on key accomplishments, challenges, and strategies to overcome challenges. Reported quarterly.</p>	<p>11. Report narrative quarterly.</p>	<p>Briefly quarterly accomplishments and challenges.</p> <p>SFY26 Q1/ FFY25 Q4 - July 1, 2025-September 30, 2025</p> <p>SFY26 Q2/ FFY26 Q1 -October 1, 2025- December 31, 2025</p> <p>SFY26 Q3/ FFY26 Q2 January 1, 2026-March 31, 2026</p> <p>SFY26 Q4/ FFY26 Q3 -April 1, 2026-June 30, 2026</p>		



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

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 <u>Grantee Organization</u> :	25. Phone Number
	26. Email Address:

STATE AGENCY USE ONLY

27. Name and Title of <u>State Agency</u> PPR Approver:	28. Date Received:	28. Date Approved: