

Proposed AFI Performance Progress Report Forms

60-Day Review and Comment Period

May 19, 2015 through July 18, 2015



Summary of the AFI PPR Proposal

- The AFI PPR consists of two forms:
 - AFI PPR Long Form: submitted once per year
 - AFI PPR short Form: submitted 3 times per year and consisting of 10 data elements
- The AFI PPR would replace the current annual data report and the semi-annual SF-PPR.

Proposed AFI PPR Schedule



AFI PPR Type	Reporting Period End Date	Deadline
Long form	September 30	November 30
Short form	December 31	January 30
Short form	March 31	April 30
Short form	June 30	July 30

The Proposed AFI PPR Long Form

A – Cover Page

B – Contact Information and Project Scope

C – Project Elements

D – Account Activity

E – Training, Services, and Assistance Offered

F – Participant Demographics at the Time of Enrollment

G – Participant Demographics at the Time of Asset Purchase

H – Project and Participant Funds



Section A – Cover Page

1. Federal Agency and Organization Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number
			3b. EIN
4. Recipient Organization (Name and complete address including zip code)			5. Recipient Identifying Number or Account Number
6. Project/Grant Period Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	7. Reporting Period End Date (Month, Day, Year)	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
			9. Report Frequency <input type="checkbox"/> Annual <input type="checkbox"/> semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> other
10. Performance Narrative			
11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
11a. Typed or Printed Name and Title of Authorized Certifying Official		11c. Telephone (area code, number and extension)	
		11d. Email Address	
11b. Signature of Authorized Certifying Official		11e. Date Report Submitted (Month, Day, Year)	
		12. Agency use only	

B – Contact Information and Project Scope

AFI PPR Section B Contact Information and Project Scope		
Grantee Information		
Item	Data Element	
AFI-B001	Grantee Name	
AFI-B002	AFI Project Name	
AFI-B003	Organization Fax Number	Number: __ (____) ____ - ____ Ext. _____
AFI-B004	Organization Website	
Grantee Contacts		
Authorized Official		
AFI-B005	First Name	
AFI-B006	Last Name	
AFI-B007	Title	
AFI-B008	Direct Phone Number	Number: __ (____) ____ - ____ Ext. _____
AFI-B009	E-Mail Address	
Principal Investigator		
AFI-B010	First Name	
AFI-B011	Last Name	
AFI-B012	Title	
AFI-B013	Direct Phone Number	Number: __ (____) ____ - ____ Ext. _____
AFI-B014	E-Mail Address	

C – Project Elements

AFI PPR Section C Project Elements		
Allowed Asset Purchase Category - Business Capitalization		
Item	Data Element	
AFI-C001	Business Capitalization Allowed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AFI-C002	Match Rate	
AFI-C003	Maximum Savings Matched	
AFI-C004	Is there a Maximum Savings Period?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AFI-C005	Maximum Savings Period in months	
AFI-C006	Total Number of Asset Purchases Expected – Business Capitalization	
AFI-C007	Is there a Minimum Opening Deposit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AFI-C008	Minimum Opening Deposit	
AFI-C009	Is there a deposit frequency requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AFI-C010	Required Deposit Frequency	
AFI-C011	Is there a Minimum Regular Deposit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AFI-C012	Minimum Regular Deposit	
AFI-C013	Lump Sum Allowed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AFI-C014	If Applicable, Limitations on Lump Sums	
AFI-C015	Is there a Maximum Number Missed Deposits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AFI-C016	Maximum Number Missed Deposits	

D – Account Activity

AFI PPR Section D Account Activity	
Item	Data Element –AFI Grant Funds
AFI-D001	Amount of federal AFI award
AFI-D002	Federal AFI award drawn down to date
Item	Data Element -Account Openings
AFI-D003	Total number individuals who applied for an AFI IDA
AFI-D004	Total number applicants found eligible
AFI-D005	Total number AFI IDAs opened from the date of award through the last day of this reporting period
AFI-D006	Total number AFI IDAs currently open
AFI-D007	Total amount AFI IDA savings deposits from date of award through the last day of this reporting period
AFI-D008	Total balance amount in AFI IDAs open on last day of this reporting period
AFI-D009	Total number AFI IDA holders who reached maximum federal match level
AFI-D010	Optional: Number of people on the waiting list to open an AFI IDA because all available slots are full
Item	Data Element -Account Closings
AFI-D011	Total number AFI IDAs closed from date of award through the last day of this



E – Training, Services, & Assistance Offered

AFI PPR Section E Training, Services, and Assistance Offered		
AFI PPR-E –Training, Services And Assistance Offered AFI IDA Holders		
Item	Structured Planning Exercises For First Home Purchase	Response
AFI-E001	Does this project offer structured planning exercises for first home purchase?	Is this type of structured planning offered? <input type="checkbox"/> Y <input type="checkbox"/> N
AFI-E002	Hours of structured planning for first home purchase required by project	
AFI-E003	How was structured planning exercises for first home purchase provided?	
AFI-E004	Total number of unique AFI IDA holders served with this service offering	
Item	Structured Planning Exercises For Business Capitalization	Response
AFI-E005	Does this project offer structured planning exercises for business capitalization?	Is this type of structured planning offered? <input type="checkbox"/> Y <input type="checkbox"/> N
AFI-E006	Hours of structured planning for business capitalization required by project	
AFI-E007	How was structured planning exercises for business capitalization provided?	
AFI-E008	Total number of unique AFI IDA holders served with this service offering	
Item	Structured Planning Exercises For Post-Secondary Education or Training	Response
AFI-E009	Does this project offer structured planning exercises for post-secondary education or training?	Is this type of structured planning offered? <input type="checkbox"/> Y <input type="checkbox"/> N
AFI-E010	Hours of structured planning for post-secondary education or training required	

F – Participant Demographics at the Time of Enrollment

AFI PPR Section F Participant Demographics at the Time of Enrollment			
Item	Data Element	A-All IDA Holders	B-IDA Holders Who Made Asset Purchase
AFI-F001 a, b	IDA Holder Gender – Unduplicated number of AFI IDA Holders self-reported in each demographic category.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to ID	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to ID
AFI-F002 a, b	IDA Holder Race – Unduplicated number of AFI IDA Holders self-reported in each demographic category.	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Alaska native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <input type="checkbox"/> Declined to ID	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Alaska native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <input type="checkbox"/> Declined to ID
AFI-F003 a, b	IDA Holder Ethnicity – Unduplicated number of AFI IDA Holders self-reported in each demographic category.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined to ID	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined to ID
AFI-F004 a, b	IDA Holder Age – Unduplicated number of AFI IDA Holders self-reported in each demographic	<input type="checkbox"/> 19 years and under <input type="checkbox"/> 20-29 years	<input type="checkbox"/> 19 years and under <input type="checkbox"/> 20-29 years



G – Participant Demographics at the Time of Asset Purchase

AFI PPR Section G Participant Demographics at the Time of Asset Purchase		
Item	Data Element	
AFI-G001	Educational Attainment – Unduplicated number of AFI IDA asset purchasers self-reported in each demographic category at time of asset purchase.	<input type="checkbox"/> Completed grades K-5 <input type="checkbox"/> Completed grades 6-8 <input type="checkbox"/> Completed grades 9-11 <input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational School Diploma/Degree <input type="checkbox"/> Some College <input type="checkbox"/> AA Degree/Graduated two-year college <input type="checkbox"/> BA/BS Degree/Graduated four-year college <input type="checkbox"/> Some Graduate School/Attended Graduate School <input type="checkbox"/> MA/MS, etc Graduate Degree <input type="checkbox"/> Declined to ID
AFI-G002	Home Ownership – Unduplicated number of AFI IDA asset purchasers self-reported in each demographic category at time of asset purchase.	<input type="checkbox"/> Owns a Home <input type="checkbox"/> Does Not Own a Home <input type="checkbox"/> Declined to ID
AFI-G003	Business Ownership – Unduplicated number of AFI IDA asset purchasers self-reported in each demographic category at time of asset purchase.	<input type="checkbox"/> Owns a Business <input type="checkbox"/> Does Not Own a Business <input type="checkbox"/> Declined to ID



H – Project and Participant Funds

AFI PPR Section H Project and Participant Funds				
Financial Institutions Holding AFI Participant IDAs				
AFI-H001 This section requests information about AFI IDAs open at each institution and combined current balances of AFI IDA Holder AFI IDA accounts as of the final day of this reporting period. Include only amounts deposited by participants				
A- Institution Name	B- Institution Address	C- Number AFI IDAs Open 9/30	D- Amount On Deposit 9/30	E- Account Type:
				<input type="checkbox"/> Interest Bearing <input type="checkbox"/> Non-Interest Bearing
<i>Add lines as necessary.</i>				<input type="checkbox"/> Interest Bearing <input type="checkbox"/> Non-Interest Bearing
AFI-H002 Total number institutions		AFI-H003 Total number of open AFI IDAs	AFI-H004 Total amount of savings on deposit	
AFI Project Funds				
Information about AFI Project Reserve Fund(s) maintained by grantee / project partner(s) should not include information on participant AFI IDAs				
AFI-H005	Total amount of required non-federal funds for this project received by the grantee			
AFI-H006	Total amount of federal AFI funds expended for			

The Proposed AFI PPR Short Form

AFI PPR Short Form Account Activity Information		
Item	-IDA Account Activity	
AFI-D005	Total number AFI IDAs opened from the date of award through the last day of this reporting period	
AFI-D006	Total number AFI IDAs currently open	
AFI-D007	Total amount AFI IDA savings deposits from date of award through the last day of this reporting period	
AFI-D008	Total balance amount in AFI IDAs open on last day of this reporting period	
AFI-D011	Total number AFI IDAs closed from date of award through the last day of this reporting period	
AFI-D016	Total number AFI IDA holders making withdrawals for asset purchase	
AFI-D018	Total amount of AFI IDA savings withdrawn from an AFI IDA for an asset purchase	
AFI-D019	Total amount of federal AFI grant funds disbursed as matching funds for an asset purchase	
AFI-D020	Total amount of non-federal cash disbursed as matching funds for an asset purchase	
AFI-D041	Total AFI IDA savings withdrawn with no match	

Public Comment and the PRA Process



Estimated Burden



Instrument	Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Total Burden Hours
AFI PPR long form	300	1	4	1,200
AFI PPR short form	300	3	0.5	450
Estimated Total Annual Burden Hours				1,650



We Want Your Input!

- Review the proposed AFI PPR forms: idaresources.acf.hhs.gov/AFIPPR
- Send comments to infocollection@acf.hhs.gov.
- Use the subject line “Assets for Independence Performance Progress Report.”
- Please clearly reference your comments by section, question, or page number, as appropriate.

Navigating Within the Draft AFI PPR



AFI PPR-B – Contact Information and Project Scope
[Link to PPR Long Form Instructions – Section B](#)

Link to instructions

AFI PPR Section B Contact Information and Project Scope		
Grantee Information		
Item	Data Element	
AFI-B001	Grantee Name	
AFI-B002	AFI Project Name	
AFI-B003	Organization Fax Number	Number: ____ (____) ____ - ____ Ext. _____
AFI-B004	Organization Website	
Grantee Contacts		
Authorized Official		
AFI-B005	First Name	



Suggested Topics for Comments (1 of 2)

- Is the information requested necessary for proper AFI program performance?
- Is the burden estimate accurate?
- How is the quality, utility, and clarity of the information to be collected?
- How can the data collection burden be minimized for AFI grantees?

Suggested Topics for Comments (2 of 2)

- How is the content and organization of the proposed AFI PPR?
- Are the data elements on the forms clear?
- Are the instructions clear?
- What's working in the proposed AFI PPR?
- Suggestions on using OLDC?

Thank you!

If you have questions about this process, contact the AFI Resource Center Help Desk at info@idaresources.org or 1-866-778-6037.

NOTE: Do not send comments to the Help Desk.