

# SUBMITTING THE ANNUAL PROGRESS REPORT

A GUIDE FOR PARTNERGRANTS

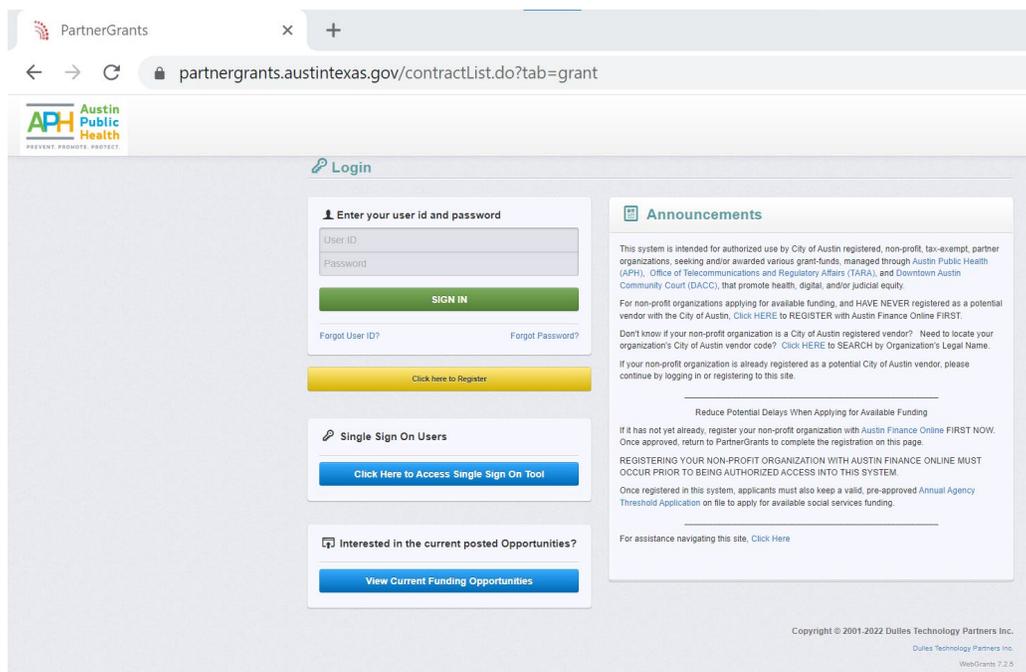
## PURPOSE AND DUE DATE

The purpose of the Annual Progress Report is to provide detailed information about the fiscal, organization and programmatic performance of the previous program period that just ended.

**The Annual Progress Report (APR) must be submitted within 45 days after the end of the program period. Any final Claim must be submitted before submitting the Annual Progress Report, which means final Claims for expenses incurred and paid during the previous program period must be submitted within 40 days follow the end of the previous program period.**

## CREATING THE REPORT:

Log-in to the PartnerGrants system at <https://partnergrants.austintexas.gov> , using the User ID and Password.



At the Main Menu select the Grants tab, then select the record ID for the Grant whose program period is ending.

ID	Status	Year	Title	Organization	Program Area
SS14934	Underway	2021	VaxTogether - CDC Vaccine Outreach	TogetherAustin	SS-Social Services
SS14943	Underway	2021	AAVHF - CDC Vaccine Outreach	African American Youth Harvest Foundation	SS-Social Services
SS15005	Underway	2021	CSD - CDC Vaccine Outreach	Communication Service for the Deaf, Inc.	SS-Social Services
SS20058	Underway	2022	Test Grantee CDC	Test Grantee Organization	SS-Social Services

From the Grant Components screen, select the Status Reports link.

Component
General Information
<b>Status Reports</b>
Claims
Correspondence
Program Work Statement
Prior Monitoring
Program Budget and Narrative
Program Subgrantees
Name/Payee Address Change Request
Contract Related Document Upload
Contract Amendments
Transitional System Attachments
Funding Opportunity

On the Status Reports screen, at the right of the screen, select the Add Status Report button to create a new report.

ID	Type	Status	Title	Reporting Period	Due Date	Submitted Date	Arrived
SS20058 - 001	Closeout Report		TestGrantee Closeout Report	12/01/2021 - 12/01/2022			

In the General Information section, in the dropdown box for Sub Type, select Annual Progress Report.

**General Information - Status Report - Edit** Save Form

In the form below, complete all required fields. Enter the period of coverage for the information detailed on this report. Select the starting day and the ending day. All statuses and activity reported on this report should have occurred during this period of time.

**Status\*:**

**Sub Type\*:**

**Title:**

**Report From:**

- Quarterly Performance
- Mid-Year Spending Plan
- Annual Progress Report
- Closeout Report
- Monthly Performance for CDBG

Enter the Title as 'AgreementName Fiscal Year[22] Annual Progress Report'.

The Fiscal Year will be whichever of the City's fiscal year funding was used for the grant program period that is ending. "The Report From" will be the starting and ending date of the program period for this Grant ID. Select 'Save Form' at the right of the screen.

**General Information - Status Report - Edit** Save Form

In the form below, complete all required fields. Enter the period of coverage for the information detailed on this report. Select the starting day and the ending day. All statuses and activity reported on this report should have occurred during this period of time.

**Status\*:** Editing

**Sub Type\*:** Annual Progress Report

**Title:**

**Report From:**

Start Date End Date

The next screen will already be in 'Editing' mode. Select Contract Progress Report.

Status Report Status: **Editing**

Grant Title:

Program Area:

Funding Opportunity:

Reporting Period:

Status Report Type: Annual Progress Report

Submitted By: -

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Status Report Preview   Alert History   Map   Versions

### Status Report Details

**Status Report cannot be Submitted Currently**

- Grant is in Wrong Status
- Status Report components are not complete

Component	Complete?
General Information	✓
Contract Progress Report	

## COMPLETING THE REPORT

The next screen will already be in 'Editing' mode.

The Report consists of 5 sections:

- Program Financial Summary
- Program Summary
- Tax Status Certification
- Capital Inventory
- Progress Files

### PROGRAM FINANCIAL SUMMARY:

The Status Report will be in 'Editing' mode.

If you are returning to this section, scroll down to the Program Financial Summary section, select 'Edit Form', and complete the fields, then select 'Save Form'.

 Program Financial Summary

If this is your initial entry, scroll down to the Program Financial Summary section to complete the fields, and then select 'Save Form'.

**Program Financial Summary**
Save Form

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**Period Project Amount:**   
Original city period budget plus any amendments

**Period Project Expenditures:**   
Allowable City-Funded Only

**Period Payments Received Plus Outstanding Invoices:**   
Sum of all payment requests submitted or to be submitted

**Period Unexpended Balance:** \$0.00  
Release to City. Explain any non-zero amounts below.

**Period Over-Payment:** \$0.00  
Explain any non-zero amounts below and attach a check payable to the City of Austin

**Period Matching Funds Contributed:**   
Non-city, if applicable

If Unexpended Balance Released Back To City or Over-Payment, Amount to Be Refunded to City is NOT zero, please explain.

**Non-Zero Amounts:**

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Save Form

**Period Project Amount (required)** – the total amount of funding from Austin Public Health that was allocated for the budget for the program period that was just completed.

**Period Project Expenditures (required)** – All City funds that were spent in the program period. May not exceed the Total Program Period Amount.

**Period Payments Received Plus Outstanding Invoices** – All City funds that were claimed and reimbursed as well as the amount of any outstanding invoices that have yet to be paid.

**Period Unexpended Balance** – This is an automatic calculation equal to the City funds that were not spent and will be released back to the City.

**Period Over-Payment** – This is an automatic calculation equal to the amount to be refunded to the City. In this case, remit a check payable to the City of Austin with this report. Contact your City Contract Manager for instructions.

**Period Matching Funds Contributed (if applicable)** – For programs that have requirements for matching funds, the total amount of matching funds contributed must be entered here.

**Non-Zero Amounts (conditionally required):** Provide a list of any **Period Unexpended Balance** or any **Period Over-Payment** and an explanation for the over- or under payment that will require reimbursement to the City. Once the section has been completed, select ‘Save Form’ at the right of the screen.

Scroll down to the Program Summary section.

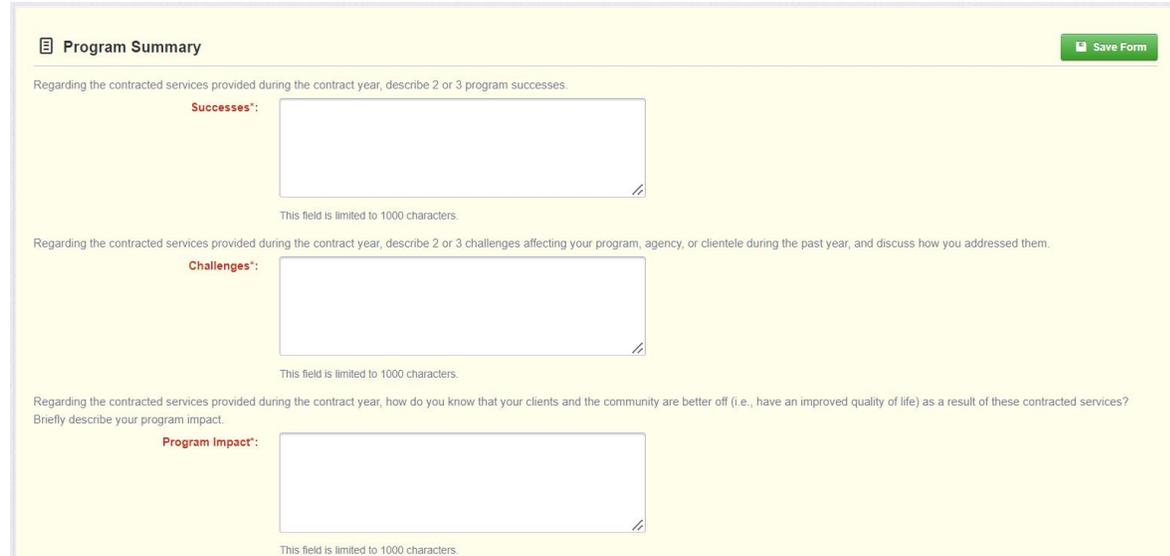
## PROGRAM SUMMARY:

If you are returning to this section, scroll down to the Program Summary section, select 'Edit Form', and complete the fields, then select 'Save Form'.



The screenshot shows the top of the 'Program Summary' section. On the left, there is a tab icon and the text 'Program Summary'. On the right, there are two buttons: an orange button with a checkmark icon and the text 'Mark as Complete', and a green button with a pencil icon and the text 'Edit Form'.

If this is your initial entry, scroll down to the Program Summary section and complete each narrative section to the best of an agency's ability – none of them should be left blank. The instructions for what should be input is listed above. Complete the fields, and then select 'Save Form'.



The screenshot shows the main content area of the 'Program Summary' form. At the top left is a tab icon and the text 'Program Summary'. At the top right is a green button with a save icon and the text 'Save Form'. Below the header, there are three text input fields, each with a label and a 1000-character limit:

- Successes:** Regarding the contracted services provided during the contract year, describe 2 or 3 program successes. This field is limited to 1000 characters.
- Challenges:** Regarding the contracted services provided during the contract year, describe 2 or 3 challenges affecting your program, agency, or clientele during the past year, and discuss how you addressed them. This field is limited to 1000 characters.
- Program Impact:** Regarding the contracted services provided during the contract year, how do you know that your clients and the community are better off (i.e., have an improved quality of life) as a result of these contracted services? Briefly describe your program impact. This field is limited to 1000 characters.

If you have the following information readily available, please quantify, or describe, the unmet needs of clients who requested services from your agency during the contract year. Note: Do not cite community-wide unmet need data derived by other organizations. The unmet need, as experienced by your agency, may be described in any manner for which you have data. Examples include:

The number of clients who requested your services but were served only partially or not at all due to resource limitations.  
The length of time clients are maintained on waiting lists prior to service initiation.

**Unmet Needs:**

This field is limited to 1000 characters.

Identify (and explain, if possible) any significant trends you have noted in your client populations and the communities you serve.

**Trends\*:**

This field is limited to 1000 characters.

Please tell us what is new in your issue area. Include any changes implemented during the contract year and/or any changes that you are contemplating for the future. Examples include: changes to program practices, new strategies, new collaborative efforts, national or regional trend information, promising program practices.

**Issue Area Updates\*:**

This field is limited to 1000 characters.

Suggestions to improve the contracting process.

**Contracting Process Suggestions**

This field is limited to 1000 characters.

Please provide any additional comments here.

**Additional Comments:**

This field is limited to 1000 characters.

The Culturally and Linguistically Appropriate Standards (CLAS) section includes a listing of 15 standards that an agency should engage and make progress. Directly below is the narrative section.

## CLAS

Please provide an update on your organization's progress in implementing and sustaining CLAS.

**On which of the 15 standards is your organization making progress:**

- 1. Quality Care and Services:** Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- 2. Organizational Governance and Leadership:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- 3. Diverse Governance:** Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4. Educate and Train:** Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- 5. Offer Language Assistance:** Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6. Availability of Language Assistance:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 7. Competence of Language Assistance:** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 8. Provide Materials:** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- 9. Establish Appropriate Goals:** Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.
- 10. Conduct Ongoing Assessments:** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
- 11. Impact of CLAS on Health Equity:** Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 12. Assessments of Community Health Assets and Need:** Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- 13. Partner With the Community:** Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- 14. Create Resolution Processes:** Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 15. Communicate the Organization's Progress:** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Click the (CLAS) field to render the dropdown list and select an area. Repeat this action for multiple selections (must select at least 3 areas).

Culturally and Linguistically Appropriate Standards (CLAS)\*:

CLAS

CLAS Successes\*:

- 1. Quality Care and Services
- 2. Organizational Governance and Leadership
- 3. Diverse Governance
- 4. Educate and Train
- 5. Offer Language Assistance
- 6. Availability of Language Assistance
- 7. Competence of Language Assistance
- 8. Provide Materials

The next three fields are for an agency to list the CLAS Successes, Challenges, and Trends – these should be completed to the best of an agency’s ability and should not be left blank. Once complete, click ‘Save Form’.

CLAS

CLAS Successes\*:

This field is limited to 1000 characters.

CLAS Challenges\*:

This field is limited to 1000 characters.

CLAS Trends\*:

This field is limited to 1000 characters.

Save Form

Scroll down to the Tax Status Certification section and complete the field and choice selection.

#### TAX STATUS CERTIFICATION:

Enter the Previous Calendar Year Ending in the appropriate box and then check either Yes or No to certify that an agency is fully current on all tax payments and has complied with all requirements of the law. Once the Tax Status Certification form is complete, select ‘Save Form’ at the right of the screen.

**Closeout Tax Status Certification** Save Form

Previous Calendar Year Ending\*:

Certification: I hereby certify that the agency is current on all tax payments, as of the closeout tax status certification date indicated below, and has complied with all requirements of the law, regarding collection, payment, deposit, and reporting of federal, state, and local taxes. These legal requirements include (but are not limited to) full and timely payment of all payroll taxes such as employee withholding, Social Security, Medicare, etc.

Certified Fully Compliant?\*:

Save Form

Scroll down to the Tax Status Certification section and complete the field and choice selection.

**CAPITAL INVENTORY:**

If this is an initial Status Report, this component will be disabled.

**Capital Inventory - Multi-List**

Item Name	Description	Cost	Purchase Date	Serial Number	Agency Tag Number	City Tag Number
No Data for Table						

If your program has capital inventory purchased with City funds, this component will be enabled. Select the '+ Add Row' button on the right of the menu. Repeat this action for additional entries as needed; otherwise, select 'Mark as Complete'.

**Closeout Capital Inventory - Multi-List** Mark as Complete + Add Row

Item Name	Description	Cost	Purchase Date	Serial Number	Agency Tag Number	City Tag Number
No Data for Table						
Last Edited By: Theophilus Holley Tester - Jun 2, 2022 2:55 PM						
						+ Add Row

Enter the information required for the capital item purchased with City funds. Select Save Form.

**Capital Inventory** Save Row

Item Name\*:

Description:

Cost:  Must exceed \$5000

Purchase Date:  Within last 24 months

Serial Number:

Agency Tag Number:

City Tag Number:

Save Row

Scroll down to the Progress Files section and select the '+ Add Row' button.

### PROGRESS FILES:

Upload any files or supporting documentation as needed along with a description of the document. After the information has been entered, select the 'Save Row' button.

### SUBMITTING THE REPORT:

Scroll through the reports to check your work. Then select 'Mark as Complete'. This will return you to the Status Report Details and the Components section in PartnerGrants.

Select the 'Submit Status Report' button. This action will render a pop-up stating that submitting the report will lock all the sections from further editing. Select OK to lock the report and submit it to the City for review.

Component	Complete?	Last Edited
General Information	✓	Jun 1, 2022 5:32 AM - Theophilus Holley Tester
Contract Closeout	✓	Jun 1, 2022 8:45 AM - Theophilus Holley Tester