

ATTACHMENT C
 COMMUNITY SERVICES BLOCK GRANT
 C-2b Work Plan and Program Progress Report (PPR)

Contractor 0

FFY 2025

Type (Work Plan, Amendment, PPR):
 Please select one:

Budget Period 10/1/24 to 9/30/25

Contract # 0

Agency needs identified in the needs assessment or strategic plan as summarized on C1-b Demonstrated Needs will form the basis for community partners.

AGENCY PARTNERS (Agency-wide Unduplicated Count)

Interventions	Benchmarks	Capacity Codes	Method(s) of Measurement/Verification Briefly describe the tool or process to be used to verify progress on the outcome. THIS MUST BE COMPLETED*.	Annual Target	PPR #1 Achieved	PPR #2 Achieved	PPR #3 Achieved	PPR #4 Achieved	YTD Total	YTD %
CSBG Eligible Entities work with other public and private organizations to expand service opportunities for individuals or families or to achieve community improvement outcomes. Note: Outcomes for these partnerships will be program specific and incorporated within each program of the Attachment C-2c Work Plan and Program Progress Report (PPR).	Number of organizations, both public and private, that Community Action actively works with to expand resources and opportunities in order to achieve family and community outcomes.	B.5.a							0	#DIV/0!
	Non-Profit	B.5.b							0	#DIV/0!
	Faith Based	B.5.c							0	#DIV/0!
	Local Government	B.5.d							0	#DIV/0!
	State Government	B.5.e							0	#DIV/0!
	Federal Government	B.5.f							0	#DIV/0!
	For-Profit Business or Corporation	B.5.g							0	#DIV/0!
	Consortiums/Collaboration	B.5.h							0	#DIV/0!
	School District	B.5.i							0	#DIV/0!
	Institutions of post-secondary education/training	B.5.j							0	#DIV/0!
	Financial/Banking Institutions	B.5.k							0	#DIV/0!
	Health Service Institutions	B.5.l							0	#DIV/0!
Statewide Associations or collaborations								0	#DIV/0!	
Number of Organizations (Total):				0	0	0	0	0	0	#DIV/0!

ATTACHMENT C
 COMMUNITY SERVICES BLOCK GRANT
C-2c Work Plan and Program Progress Report (PPR)

Contractor 0 _____

FFY 2025

Type (Work Plan, Amendment, PPR):
 Please select one:

Budget Period 10/1/24 to 9/30/25

Contract # 0

Description of need (Family, Community, Agency)
 Briefly identify the need that documents the reason for the programs/services/milestones and outcomes listed below. Corresponds to the needs/strategic objectives identified in Attachment C-1b Demonstrated Needs and Attachment C-1c Strategic Plan.

Program that addresses the need described above: _____ **Location (List Name of County):** _____

Interventions Very briefly describe the services, activities, and advocacy that will address the need and achieve the outcome. (Use service and strategy terminology from CSBG Annual Report Module 3 & Module 4).	Benchmarks or Milestones and Outcomes List the projected baseline number starting with the number seeking assistance followed by the number of customers to be enrolled. Then identify the expected benchmarks or milestones and outcomes to be achieved for the service or activity (Funnel). When possible, describe the service or outcome using language from the Individual and Family National Performance Indicators (FNPIs)/ Individual and Family Services (SRV) or from the Strategies and Community National Performance Indicators (CNPIs) (STRs).	NPI(s) or Service/ Capacity Codes	Method(s) of Measurement/Verification Identify the tool or process to be used to verify progress on the outcome or milestone.	Annual Target	PPR #1 Achieved	PPR #2 Achieved	PPR #3 Achieved	PPR #4 Achieved	YTD Total	YTD %
									0	#DIV/0!
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ATTACHMENT C
 COMMUNITY SERVICES BLOCK GRANT
 C-2d Work Plan and Program Progress Report (PPR) Narrative

Contractor 0

FFY 2025

Type (Work Plan, Amendment, PPR):
Work Plan

Budget Period 10/1/24 to 9/30/25

Contract # 0

Use this Narrative form to explain variances in PPR Outcomes that are under 80% or over 120% for the quarter.

Program(s):	NPI(s) or Service/Capacity codes affected:

1. Describe progress and/or challenges during reporting period in implementing the program(s):

Quarter 1:	
Quarter 2:	
Quarter 3:	
Quarter 4:	

2. Describe corrective measures undertaken to address challenges experienced during this period. (Please indicate by whom and when.)

Quarter 1:	
Quarter 2:	
Quarter 3:	
Quarter 4:	

Program(s):	NPI(s) or Service/Capacity codes affected:

1. Describe progress and/or challenges during reporting period in implementing the program(s):

Quarter 1:	
Quarter 2:	
Quarter 3:	
Quarter 4:	

2. Describe corrective measures undertaken to address challenges experienced during this period. (Please indicate by whom and when.)

Quarter 1:	
Quarter 2:	
Quarter 3:	
Quarter 4:	

(Copy this page as many times as needed.)