DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE:	2. ASSISTANCE TYPE:	3. AWARD NO.:	3a. AMEND. NO.:
Office of Child Care	Discretionary Grant	90TP0061-01-00	0

4. FAIN: 90TP0061

5. TYPE OF AWARD:	6. TYPE OF ACTION:	7. AWARD AUTHORITY:
Other	New	42 USC 9858

8. BUDGET PERIOD:	9. PROJECT PERIOD:	10. CFDA NO.:
12/31/2019 THRU 12/30/2020	12/31/2019 THRU 12/30/2022	93.434 - ESSA Preschool Development Grants Birth through Five

11. RECIPIENT ORGANIZATION:

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY
20 W State St
Trenton, NJ 08608-1206
Grantee Authorizing Official: Catherine Schafer , Grants Integrity and Accountability Director

12. PROJECT / PROGRAM TITLE:

New Jersey Preschool Development Grant

13. COUNTY:	14. CONGR. DIST:	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:	
Mercer	12	Lenore Scott	Administrator

16. APPROVED BUDGET:

Personnel	$	0.00
Fringe Benefits	$	0.00
Travel	$	1,150.00
Equipment	$	0.00
Supplies	$	0.00
Contractual	$	5,123,020.00
Facilities/Construction	$	0.00
Other	$	9,408,205.00
Direct Costs	$	14,532,375.00
Indirect Costs	$	0.00
In Kind Contributions	$	0.00
Total Approved Budget	$	14,532,375.00

17. AWARD COMPUTATION:

A. NON-FEDERAL SHARE	$	3,353,625.00	23.08%
B. FEDERAL SHARE	$	11,178,750.00	76.92%

18. FEDERAL SHARE COMPUTATION:

A. TOTAL FEDERAL SHARE	$	11,178,750.00
B. UNOBLIGATED BALANCE FEDERAL SHARE	$	0.00
C. FED. SHARE AWARDED THIS BUDGET PERIOD	$	0.00

19. AMOUNT AWARDED THIS ACTION:	$	11,178,750.00
20. FEDERAL $ AWARDED THIS PROJECT PERIOD:	$	11,178,750.00

21. AUTHORIZED TREATMENT OF PROGRAM INCOME:

Additional Costs

22. APPLICANT EIN:	23. PAYEE EIN:	24. OBJECT CLASS:
216000928	1216000928N3	41.51

25. FINANCIAL INFORMATION: DUNS 784995503

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
	90TP006101	75-1920-1536	0-G990146	$11,178,750.00		

26. REMARKS: (Continued on separate sheets)

This award approves funding for your application/project at a lower amount than requested. Therefore, the Administration for Children & Families (ACF) will contact the grantee within 30 days from date of this grant award to obtain the revised budgetary documents to support the reduced funding amount and to complete the review process. Please note that the non-Federal share requirement of 30 percent was recalculated based on the reduced Federal amount -- see box 17 above.

27. SIGNATURE - ACF GRANTS OFFICER — **ISSUE DATE:** 12/27/2019

Ms. Stefanie Gordon
26 Federal Plaza
Room 4114
New York, NY 10278
Phone: (212) 264-2890 x136

28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY

Ms. Toya Hodnett 12/27/2019

29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) — **DATE:**

Ms. Moushumi Beltangady - Senior Policy Analyst for Early Childhood Development 12/27/2019

DGCM-3-785 (Rev. 86)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
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12/31/2019 THRU 12/30/2020	12/31/2019 THRU 12/30/2022	93.434 - ESSA Preschool Development Grants Birth through Five

11. RECIPIENT ORGANIZATION:

EXECUTIVE OFFICE OF THE STATE OF NEW JERSEY

STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

   This includes requirements in Parts I and II (available at http://www.hhs.gov/grants/grants/policies-regulations/index.html of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS.

   This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements.This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to http://www.acf.hhs.gov/discretionary-post-award-requirements

   Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

   The Administration for Children for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov Failure to make required disclosures can result in any of the remedies described in 45 CFR75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

   This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR 75. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

CONTACTS

1. For questions concerning the programmatic aspects of the grant, please contact Richard Gonzales at richard.gonzales@acf.hhs.gov or 202-401-5138. For questions concerning the financial aspects of the grant, please contact Sheri Harmon at sheri.harmon@acf.hhs.gov or 206-615-2558.

AWARD ATTACHMENTS

Executive Office of the State of New Jersey 90TP0061-01-00

1. Payment
2. Renewal Instructions
3. Data Collection
4. FFR
5. FFR Requirements

Payment Instructions

This award will be paid through the Payment Management System (PMS), https://pms.psc.gov.

The Program Support Center (PSC) is a non-appropriated agency hosted by the U.S. Department of Health and Human Services (HHS). PSC developed the Payment Management System (PMS) as a secure, online grants payment platform which provides awarding agency and grant recipient customers with efficient grant and grant-like payments, cash management, and personal grant accounting support services.

PMS leverages efficient business processes, state-of-the-art information technology, E-Government initiatives, and business expertise to build a critical link in the operation of federal financial assistance programs. The system receives payment requests, transmits the payment to either the Federal Reserve Bank or the U.S. Treasury for deposit into the grantee's bank account, and records the payment transactions and corresponding disbursements to the appropriate account(s).
The Payment Management System (PMS) is a tool to help grant recipients draw down funds and file the Federal Financial Report (FFR).

For states, payments are governed by Treasury-State CMIA agreements and default procedures codified at 31 CFR part 205 and TFM 4A-2000 Overall Disbursing Rules for All Federal Agencies.

For non-Federal entities other than states, payments methods must minimize the time elapsing between the transfer of funds from the United States Treasury or the pass-through entity and the disbursement by the non-Federal entity whether the payment is made by electronic funds transfer, or issuance or redemption of checks, warrants, or payment by other means.

In accordance with Department of Treasury regulations, federal cash MUST BE DRAWN SOLELY TO ACCOMMODATE YOUR IMMEDIATE NEEDS ON AN "AS NEEDED" BASIS ONLY, and must not be held in excess of three (3) working days. The Department of Treasury issued regulations governing the flow of federal cash to recipient organizations. These regulations are intended to ensure that federal cash is disbursed from U.S. Treasury coffers only when the recipient needs cash for payment purposes. The regulations minimize the negative impact of federal cash withdrawals on the public debt and related financing costs to the Federal Government. At no time, therefore, should cash be requested to cover unliquidated encumbrances, obligations, or accrued expenditures until actual program disbursements are anticipated. {Reference Circular 1075 & 1084}

Grant Recipients can find the PMS User Guide and Training on the PMS website, https://pms.psc.gov/training/pms-user-guide.html.

ACF

Office of Child Care: Administration for Children and Families

OMB Control No: 0970-0490
Expiration Date: 1/31/2020

Preschool Development Grant Birth through Five Renewal Grant Performance Progress Report

About this Performance Progress Report

The purpose of the Performance Progress Report (PPR) is to help the Administration for Children and Families (ACF) in consultation with the Department of Education (ED) assess the progress of Preschool Development Grant Birth through Five (PDG B-5) Renewal Grantees. This PPR is tailored to the specific goals and objectives of the PDG B-5 Renewal Grants and will allow ACF to collect useful information from grantees in a uniform and systematic manner. This PPR will be collected annually and supplement the standard ACF required PPR.

Time Burden

This data collection is expected to require an average of 3 hours per response.

Instructions

The Performance Progress Report is collected on an annual basis and is to be submitted by 1/31.

For more information about program reporting requirements, refer to Funding Opportunity Announcement (FOA) HHS-2019-ACF-OCC-TP-1567.

Compliance

Responses will be kept private to the extent permitted by law.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Preschool Development Grant Birth through Five (PDG B-5) Renewal Grantees are engaged in a wide array of grant activities, have varied programs in their mixed delivery systems (MDS), and have differing data capacities and capabilities. In addition, each grantee is working toward achieving unique goals and objectives. There may be questions in this progress report that are not directly applicable to each grantee or that each grantee may not have the requisite information/data to currently answer. If you do not respond to a question, describe why it has been left blank and describe any planned activities that will enable completion of a response to the question in future performance progress reports.

Section A:

A.1
Complete the table to provide the following information regarding the programs in your state's PDG B-5 MDS.

i. PDG B-5 MDS Program Name: Provide the names of all programs that are included in your state's PDG B-5 MDS.
ii. Lead Agency/Department: Provide the name of the primary state agency or department that administers and oversees each program in the state's PDG B-5 MDS.
iii. Lead Office/ Division/ Bureau: Identify the office, sub-office, division, bureau, etc. for each program in the state's PDG B-5 MDS.

A.2
Describe recent or ongoing efforts to streamline the administrative governance of programs in your state's PDG B-5 MDS. Describe progress since last reporting period and planned activities for the next reporting period.

A.3
Does your state have any working groups comprised of PDG B-5 MDS program representatives that meet specifically about the PDG B-5 initiative?

If "Yes", fill out the information in Table A.3.1. If "No", proceed to Question A.4.

A.3.1
If answered "Yes" to Question A.3, complete the table to provide the following information:

i. Participating PDG B-5 MDS Programs: Indicate the number of representatives that participate in the working group from each PDG B-5 MDS program.
i. Meeting Frequency: Indicate how often (i.e., weekly, bi-weekly, monthly, quarterly, yearly) this working group meets or provide an alternative category by indicating 'Other'.
ii. Working Group Goals and Objectives: Describe the goals and objectives of this working group.

A.4
Does your state have other active councils or working groups that support efforts to coordinate programs within its PDG B-5 MDS (e.g., children's cabinets, early learning advisory groups)?

If "Yes", fill out the information in Table A.4.1. If "No", proceed to Question A.5.

A.4.1
If answered "Yes" to Question A.4, complete the table to provide the following details for each active council or entity:

ii. Council/Entity Name: Provide the name of the active council or entity.
iii. Council/Entity Description: Describe the goal council/entity and whether coordination amongst PDG B-5 MDS programs is an explicit focus.

iv. Council/Entity Goals and Objectives: Describe the goals and objectives of this council/entity.
v. Participating PDG B-5 MDS Programs: Identify all PDG B-5 MDS programs and the # of representatives from each on the council or entity.

A.5
Does your state have external partners that support state efforts to coordinate programs within your state's PDG B-5 MDS?
If "Yes", fill out the information in Table A.5.1. If "No", proceed to Question A.6

A.5.1
If answered "Yes" to Question A.5, complete the table to provide a detailed description of each external partnership:

i. External Partner Name: Provide the name of the external partner.
ii. External Partner Category: Select the category (i.e., local government, tribal authority, foundation, non-profit organization, business) that best describes the external partner or provide an alternative category name by indicating 'Other'.
iii. Coordination with PDG B-5 MDS Programs: Identify all PDG B-5 MDS programs associated with this partnership.
iv. Is there a formal partnership agreement/MOU: Answer yes or no.
v. Partnership Goals and Objectives: Describe the goals and objectives of this partnership.

A.6
Describe recent or ongoing efforts to better coordinate programs in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

A.7
Describe how your state's Head Start Collaboration Office is engaged in PDG B-5 activities and otherwise supports state efforts to coordinate programs in your PDG B-5 MDS.

A.8
Complete the table to describe the following terms as defined by your state for the PDG B-5 initiative:

- Quality Early Childhood Care and Education
- Availability
- Vulnerable or Underserved
- Children in Rural Areas
- Low-Income Children/Families

i. Does the state have a PDG B-5 definition for this term: Fill in yes or no to indicate whether the state has an established definition for each term that is specific to PDG B-5.
ii. Definition or Coding: Describe how the state defines each term listed.
iii. Which of your state's PDG B-5 MDS programs use this definition: Identify all of your state's PDG B-5 MDS programs that utilize the definition.

A.9
Describe recent or ongoing efforts to standardize definitions across programs in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

Section B:

B.1. Complete the tables below.

B.1.1. Type of Services Provided: Identify the type of services provided by each program in your state's PDG B-5 MDS.

B.1.2 Funding and Expenditures:

i. Funding Fiscal Year: Insert the most recent Fiscal Year used as reference for the funding data that will be provided in this table.
ii. Expenditure Fiscal Year: Indicate the most recent Fiscal Year used as reference for the expenditure data that will be provided in this table.
iii. PDG B-5 MDS Program Name: All PDG B-5 MDS programs identified in question A.1 are listed automatically in the table.
iv. Types of Funding Sources: Indicate whether the program is funded by federal, state, county/local, and/or private funds (indicate all that apply).
v. Federal Funding Sources: If "Federal" was selected as a funding source in the previous column, indicate which federal funding sources apply to the PDG B-5 MDS program entered in the corresponding row. Federal funding sources may include:
    - CACFP: Child and Adult Care Food Program
    - CCDF/CCDBG: Child Care Development Fund/Child Care Development Block Grant
    - CHIP: Child Health Insurance Program
    - Head Start/Early Head Start
    - IDEA Part B Sec. 619: In reference to IDEA Part B, Section 619, also known as Preschool Grants for Children with Disabilities
    - IDEA Part C: Also known as Early Intervention for Infants and Toddlers with Disabilities
    - Medicaid
    - MIECHV: Maternal, Infant, and Early Childhood Home Visiting program
    - PDG B-5: Preschool Development Grant Birth through Five Initial or Renewal Grant
    - SNAP: Supplemental Nutritional Assistance Program
    - TANF: Temporary Assistance for Needy Families
    - Title I: Title I Grants to Local Education Agencies
    - Title IV-E: Foster Care Title IV-E
    - WIA: Workforce Innovation Act
    - WIC: Special Supplemental Nutrition Program for Women, Infants, and Children
    - Other: Funding streams other than those mentioned above. Provide the name of the federal funding stream.

If "Federal" was not selected, move to the next column.

i. Federal Funding: Provide the total amount of federal funding for each program. (Format: $1,425,572)
ii. State Funding: Provide the total amount of state funding for each program. (Format: $1,425,572)
iii. Other Funding: Provide the total amount of funding for each program that does not come from state or federal sources. (Format: $1,425,572)
iv. Total Funding: Sum of Federal Funding, State Funding, and Other Funding columns.
v. Total Expenditures: Provide the total expenditure for each program across all funding sources. (Format: $1,425,572)
vi. Service Delivery Expenditures: Provide the total expenditure for each program associated with service delivery. For the purposes of this form, service delivery is defined as non-overhead expenditures. (Format: $1,425,572)
vii. Overhead Expenditures: The difference between Total Expenditures and Service Delivery Expenditures.

As of Date: Enter an "as of date" for the data entered in Table B.1.1 above. (Format: October 15, 2019)

B.1.3

Data entered in this table pertain to the number of children served by each program in your state's PDG B-5 MDS.

If data is not available, indicate "UN" for unavailable. If data do not apply, indicate "NA" for not applicable.

i. PDG B-5 MDS Program Name: All PDG B-5 MDS programs identified in question A.1 are listed automatically in the table.
ii. Total Children Served, across all ages: Provide the total number of children, across all ages, served by each PDG B-5 MDS program.
iii. Total B-5 Children Served: Provide the total number of children ages B-5 served by each program.
iv. Vulnerable or Underserved B-5 Children Served: Provide the total number of children ages B-5 who fall under the state's PDG B-5 definition of vulnerable or underserved and are served by the program.
v. Low Income B-5 Children Served: Provide the total number of children ages B-5 who fall under the state's PDG B-5 definition of low income and are served by the program.
vi. Rural B-5 Children Served: Provide the total number of children ages B-5 who fall under the state's PDG B-5 definition of children in rural areas that are served by the program.
vii. Ages 0 -1: Provide the total number of children served by the program under the age of 1.
viii. Age 1: Age 1 consists of children that have turned 1 and are under the age of 2.
ix. Age 2: Age 2 consists of children that have turned 2 and are under the age of 3.
x. Age 3: Age 3 consists of children that have turned 3 and are under the age of 4.
xi. Age 4: Age 4 consists of children that have turned 4 and are under the age of 5.
xii. Age 5: Age 5 consists of children that have turned 5 but are under the age of 6.
xiii. As of Date: Enter an "as of date" for the data entered in Table B.1.2 above. (Format: October 15, 2019)

B.1.3.1

If data is not available, indicate "UN" for unavailable. If data do not apply, indicate "NA" for not applicable.

If the state is able to provide distinct (unduplicated) counts of children served across the PDG B-5 MDS, enter those counts for each column.

B.1.4

If data is not available, indicate "UN" for unavailable. If data do not apply, indicate "NA" for not applicable.

Data entered in this table pertain to the number of families served by each program in your state's PDG B-5 MDS.

i. PDG B-5 MDS Program Name: Identify all the programs in your state's PDG B-5 MDS.
ii. Total Families Served, include families with children of all ages: Provide the total number of families served by each program.
iii. Total B-5 Families Served: Provide the total number of families with children ages B-5 served by each program.
iv. Vulnerable or Underserved B-5 Families Served: Provide the total number of families with children ages B-5 who fall under the state's PDG B-5 definition of vulnerable or underserved and are served by the program.
v. Low Income B-5 Families Served: Provide the total number of families with children ages B-5 who fall under the state's PDG B-5 definition of low income and are served by the program.
vi. Rural B-5 Families Served: Provide the total number of families with children ages B-5 who fall under the state's PDG B-5 definition of children in rural areas that are served by the program.
vii. As of Date: Enter an "as of date" for the data entered in Table B.1.3 above. (Format: October 15, 2019)

B.1.4.1

If data is not available, indicate "UN" for unavailable. If data do not apply, indicate "NA" for not applicable.

If the state is able to provide distinct (unduplicated) counts of families served across the PDG B-5 MDS, enter those counts for each column. If not, proceed to Question B.1.5.

B.1.5
If you were unable to provide any of the data in the questions above (B.1.1-B.1.3) due to data capacity limitations, describe barriers to providing data and plans to improve data capacity in order to report this information in future reporting periods.

B.2
Describe recent or ongoing efforts to serve more children and families in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

B.3
Describe recent or ongoing efforts (including policies or incentives) to align funding, regulatory standards, or other regulatory requirements across your state's PDG B-5 MDS programs. Describe progress since the last reporting period and planned activities for the next reporting period.

B.4
Describe recent or ongoing efforts across PDG B-5 MDS programs to engage unlisted, unregistered, unlicensed, or informal care providers. Describe progress since the last reporting period and planned activities for the next reporting period.

B.5
Do you have external partners that support state efforts to reach unlisted, unregistered, unlicensed, or informal care providers. If "Yes", fill out the information in Table B.5.1. If "No", proceed to Question B.6.

B.5.1
If selected "Yes" in Question B.5, provide the following information:

i. External Partner Name: Provide the name of the external partner.
ii. External Partner Category: Select the category of external partner (i.e., non-profit, business, tribal authority, local government, or provide indicate 'Other').
iii. Coordination with PDG B-5 MDS Programs: Identify all PDG B-5 MDS programs associated with this partnership.
iv. Partnership Goals and Objectives: Describe the goals and objectives of each partnership.

B.6
If data is not available, indicate "UN" for unavailable. If data do not apply, indicate "NA" for not applicable.

For Table B.6, provide the below information on registered ECE providers and slots to the extent possible.

i. PDG B-5 MDS Program Name: Identify all the programs that offer ECE services in your state's PDG B-5 MDS.
ii. Who is included in your definition of "Registered Providers"?: Define registered provider, as it is defined by your state.
iii. Total Number of Providers: Provide the total number of registered ECE providers associated with each PDG B-5 MDS program that offers ECE services.
iv. Total Number of Center-Based Providers: Provide the total number of ECE center-based providers for each PDG B-5 MDS program that offers ECE services.
v. Total Number of Home-Based Providers: Provide the total number of ECE home-based providers for each PDG B-5 MDS program.
vi. Total Number of Slots: Provide the total number of provider slots for each PDG B-5 MDS program that offers ECE services.
vii. Total Number of Center-Based Slots: Provide the total number of center-based provider slots for each PDG B-5 MDS program that offers ECE services.

viii. Total Number of Home-Based Slots: Provide the total number of home-based provider slots for each PDG B-5 MDS program that offers ECE services.
ix. As of Date: Enter an "as of date" for the data entered in Table B.4 above. (Format: October 15, 2019)

B.6.1
If data is not available, indicate "UN" for unavailable. If data do not apply, indicate "NA" for not applicable.
If the state is able to provide distinct counts of providers and slots across the PDG B-5 MDS programs that offer ECE services, provide the information below. If not, proceed to Question B.6.2.

B.6.2
If you were unable to provide any of the data in the questions above (B.6 or B.6.2) due to data capacity limitations, describe barriers to providing data and plans to improve data capacity in order to report this information in future reporting periods.

Section C:

C.1
Are any vulnerable and/or underserved populations prioritized for enrollment in your state's PDG B-5 MDS programs? If "Yes", fill out the information in Table C.1.1. If "No", proceed to Question C.2

C.1.1

If "Yes" to C.1, fill out the information in Table C.1.1.

i. PDG B-5 MDS Program Name: Identify the program in your state's PDG B-5 MDS.
ii. Prioritized Population(s): Name or describe the prioritized population(s) for the program listed in the corresponding row.
iii. Prioritization Description: Describe how the listed populations are prioritized.

C.2
Describe recent or ongoing efforts to serve more vulnerable and/or underserved children and families in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

Section D:

D.1
If data is not available, indicate "UN" for unavailable. If data do not apply, indicate "NA" for not applicable.

For Table D.1, detail which of your state's PDG B-5 MDS programs that offer ECE services are included in the state's QRIS and licensing system. Provide the following information:

i. PDG B-5 MDS Program Name: Identify the programs in your state's PDG B-5 MDS that offer ECE services.
ii. Included in state QRIS System: Indicate whether the PDG B-5 MDS program listed in the corresponding row is included in the State QRIS System.
iii. Included in state licensing system: Indicate whether the PDG B-5 MDS program listed in the corresponding row participates in the state licensing system.

D.2
Indicate whether the state has an early childhood workforce registry. If "Yes", fill out the information in Table D.2.1. If "No", proceed to Question D.3.

D.2.1
If "Yes" to D.2., identify which of your state's PDG B-5 MDS programs participate in the state early childhood workforce registry.

D.3
Does your state have early learning standards? If "Yes", proceed to question D.3.1. and D.3.2 If "No", proceed to Question D.4

D.3.1
If "Yes" to D.3., for what ages?

D.3.2
If "Yes" to D.3., indicate which of your state's PDG B-5 MDS programs use the early learning standards and describe how they use them (e.g., quality improvement initiatives, curricula selection, professional development and training, or other: describe).

D.4
Does your state have a competency framework that articulates the competencies (i.e., knowledge, skills, or other attributes) essential to the practice of teaching and caregiving for children B-5. If "Yes", fill out the information in Table D.4.1. If "No", proceed to Question D.5.

D.4.1
If "Yes" to D.4., indicate which of your state's PDG B-5 MDS programs use the competency framework and how they use the competency framework (i.e., professional development and training, credentialing, quality improvement initiatives, or other: describe).

D.5

Describe recent or ongoing efforts to improve the quality of your state's PDG B-5 MDS programs. Describe progress since the last reporting period and planned activities for the next reporting period

Section E:

E.1
Identify the programs in your state's PDG B-5 MDS that have providers featured or listed in your state child care consumer education website.

E.2
Does your state have a family engagement framework detailing how families are engaged across PDG B-5 MDS programs?

E.2.1
If "Yes" to E.1., fill out Table E.2.1 to indicate which programs in your state's PDG B-5 MDS use the family engagement framework. If "No", proceed to Question E.3.

E.3
Does your state have a Kindergarten Readiness Assessment (KRA)? If "Yes", fill out the information in Table E.3.1. If "No", proceed to Question E.4.

E.3.1

If "Yes" to E.3., describe whether and how the KRA aligns with your state's early learning standards.

E.4

Describe recent or ongoing efforts to support collaboration between your state's PDG B-5 MDS programs and elementary schools. Describe progress since the last reporting period and planned activities for the next reporting period.

Section F:

F.1
Does your state have centralized or consolidated application processes established across programs in your PDG B-5 MDS? If "Yes", fill out the information in Table F.1.1. If "No", proceed to Question F.1.2.

F.1.1
If "Yes" to F.1, fill out the information in Table F.1.1.

i. PDG B-5 MDS Program Name: Identify the PDG B-5 MDS programs included in a centralized or consolidated application process.
ii. Description of the application process: Provide a brief description of the centralized or consolidated application process.

F.1.2
If "No" to F.1., is there a plan/roadmap to create centralized or consolidated application processes across your state's PDG B-5 MDS programs?

F.1.3
Describe progress since the last reporting period and planned activities for the next reporting period. Include any plans the state has to enhance, expand, or improve previously consolidated application processes across your state's PDG B-5 MDS programs.

F.2
Do any programs in your state's PDG B-5 MDS share common eligibility requirements? If "Yes", proceed to Question F.2.1. If "No", proceed to Question F.3.

F.2.1
If "Yes" to F.2, describe common eligibility requirements and identify the programs they apply to. Describe progress since the last reporting period and planned activities for the next reporting period.

F.3

1. Describe recent or ongoing efforts to improve resource efficiency in your state's PDG B-5 MDS programs. Describe efficiencies resulting from (1) resource sharing, (2) coordination of services, and (3) reduction in duplication of services. In addition, describe other approaches to improve resource efficiency. Describe progress since the last reporting period and planned activities for the next reporting period.

Section G:

G.1
Describe governance of administrative data for each PDG B-5 MDS program. Include a description of the groups involved and their roles and responsibilities.

G.2

Describe recent or ongoing efforts to streamline data governance. Describe progress since the last reporting period and planned activities for the next reporting period.

Section H:

H.1
Does your state have an integrated data system? If "Yes", proceed to Question H.1.1. If "No", proceed to Question

For the purposes of this form, an integrated data system can be defined as a system which collects, integrates, maintains, stores, and reports information from programs across multiple agencies within a state that serve children and families.

H.1.1
If "Yes" to H.1., what agency governs the integrated data system?

H.1.2
If "Yes" to H.1., provide a detailed description of your state's integrated data system.

H.1.2
If "Yes" to H.1., identify which PDG B-5 MDS programs are included in the integrated data system.

H.1.4
Describe recent or ongoing efforts to develop or enhance your integrated data system. Describe progress since the last reporting period and planned activities for the next reporting period.

H.1.5 IF NO, are there plans to build an integrated data system as part of the PDG B-5 grant? If so, describe plans and estimated timeline.
H.2
Describe recent or ongoing efforts to enhance or improve data coordination and sharing across programs in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

H.3
Do any programs in your state's PDG B-5 MDS have the data capacity to track children, families, and/or service providers longitudinally (i.e., over time)? If "Yes", proceed to Question H.3.1. If "No", proceed to Question H.3.2.

H.3.1
If "Yes" to H.3., describe the capability and how these data are used to inform PDG B-5 grant activities.

H.3.2
Describe recent or ongoing efforts to enhance or improve longitudinal data system capabilities. Describe progress since the last reporting period and planned activities for the next reporting period.

H.4
Does your state have the ability to track and produce distinct (unduplicated) counts of children, families, and/or ECE providers across PDG B-5 MDS programs? If "Yes", fill out the information in Table H.4.1. If "No", proceed to Question H.4.2.
H.4.1

If "Yes" to H.4, fill out the information in Table H.4.1 regarding data capabilities.

i. Capability Level: Indicate whether your state has the capability to produce distinct (unduplicated) counts of children, families, and/or providers (indicate all that apply).
ii. Description of capability: Provide a description of the methodology used to produce a distinct (unduplicated) count of children, families, and/or ECE providers across the PDG B-5 MDS.
iii. Data System Name and/or Description: Provide the name or a description of the data system that provides the capability.
iv. Description of how this information may be used to inform PDG B-5 grant activities: Detail how the state currently or plans to use this data to inform PDG B-5 grant activities.

H.4.2
If "No" to H.4, describe plans to develop the capability to track and produce distinct (unduplicated counts) of children, families, and/or providers across your state's PDG B-5 MDS.

H.5

How does your state currently use the administrative data of programs in your state's PDG B-5 MDS? In table H.5, indicate the uses of administrative data from PDG B-5 MDS programs.

i. Data Uses: Indicate the PDG B-5 MDS program that use administrative data for the following purposes:
    - Research
    - Continuous quality improvement
    - Reporting
    - Decision making
    - Other (describe)

Section I:

I.1
PDG B-5 Grant Activity Status

Many PDG B-5 Renewal Grantees may be pursuing activities, goals, or objectives not mentioned in the above questions.

i. Grant Activity, Goal, or Objective: Identify other activities, goals, and/or objectives.
ii. Status: For each, indicate whether the activity, goal, or objective has not yet begun, is in-progress, or is complete.
iii. Completion Date: Provide the date that your state completed or anticipates completing the listed activity/achieving the listed goal or objective (Format: October 15, 2019).
iv. Activity Progress Details: Describe progress toward achieving goals and objectives. If applicable, attach any supporting documentation.

I.2
Describe recent or ongoing efforts to enhance and/or implement your state's Program Performance Evaluation plan. Describe progress since the last reporting period and planned activities for the next reporting period.

I.3

Provide a description of how your Program Performance Evaluation has informed your PDG B-5 grant activities to date.

Preschool Development Grant Birth through Five Performance Progress Report

ACF

Preschool Development Grant Birth through Five (PDG B-5) grantees are engaged in a wide array of grant activities, have varied programs in their mixed delivery systems (MDS), and have differing data capacities and capabilities. In addition, each grantee is working toward achieving their own goals and objectives.
There may be questions in this progress report that are not directly applicable to each grantee or that each grantee may not have the requisite information/data to currently answer.
If you do not respond to a question, describe why it has been left blank and describe any planned activities that will enable completion of a response to the question in future performance progress reports.
Before proceeding, please review the accompanying instruction guide.

Section A

A.1 Complete the table to provide the following information regarding the programs in your state's PDG B-5 MDS.

PDG B-5 MDS Program Name *(Type Response)*	Lead Agency/ Department *(Type Response 500 Character Limit)*	Lead Office/ Division/ Bureau *(Type Response, 500 Character Limit)*
Total Number of Programs:	*Total Number of Agencies/ Departments:*	*Total Number of Offices/ Divisions/ Bureaus:*
0	*0*	*0*

A.2 Describe recent or ongoing efforts to streamline the administrative governance of programs in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

A.3 Does the state have any working groups, comprised of PDG B-5 MDS program representatives, that meet specifically about the PDG B-5 initiative?

Yes

A.3.1 IF YES, please describe the nature of these working groups.

Participating PDG B-5 MDS Programs *(Type Response)*	Meeting Frequency *(Select one)*	Meeting Frequency (if other) *(Type Response, 500 Character Limit)*	Working Group Goals and Objectives *(Type Response, 500 Character Limit)*

A.4 Does the state have other active councils or working groups that support efforts to coordinate programs within the PDG B-5 MDS (e.g. children's cabinets, early learning advisory groups)?

A.4.1 IF YES, please provide the following details for each active council or entity.

Council/Entity Name *(Type Response)*	Council/Entity Description *(Type Response, 500 Character Limit)*	Council/Entity Goals and Objectives *(Type Response, 500 Character Limit)*	Participating PDG B-5 MDS Programs and # of Representatives from Each *(Type Response)*

A.5 Does your state have external partners that support state efforts to coordinate programs within your state's PDG B-5 MDS?

A.5.1 IF YES, provide a detailed description of each external partnership.

External Partner Name *(Type Response)*	External Partner Category *(select one)*	External Partner Category (if other) *(Type Response, 500 Character Limit)*	Coordination with PDG B-5 MDS Programs *(Type Response)*	Is there a formal partnership agreement/ MOU? *(Select Yes or No)*	Partnership Goals and Objectives *(Type Response, 500 Character Limit)*

A.6 Describe recent or ongoing efforts to better coordinate programs in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

A.7 Describe how your state's Head Start Collaboration Office is engaged in PDG B-5 activities and otherwise supports state efforts to coordinate programs in your PDG B-5 MDS.

(500 character limit)

A.8 Complete the table to describe the following terms as defined by your state for the PDG B-5 initiative:

Term	Does the state have a PDG B-5 definition for this term? *(Select Yes or No)*	Definition or Coding *(Type Response, 500 Character Limit)*	Which of your state's PDG B-5 MDS programs use this definition? *(Type Response)*

Quality Early Childhood Care and Education			
Availability			
Vulnerable or Underserved			
Children in Rural Areas			
Low-Income Children/Families			

A.9 Describe recent or ongoing efforts to standardize definitions across programs in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

Section B

B.1 Complete the tables below.

B.1.1 Type of Services Provided: Identify the type of services provided by each program in your state's PDG B-5 MDS. All PDG B-5 MDS programs identified in question A.1 are listed below.

PDG B-5 MDS Program Name	Child Care Financial Assistance *(Type "1" if Applicable)*	Child Welfare *(Type "1" if Applicable)*	Early Care and Education *(Type "1" if Applicable)*	Family Outreach/support *(Type "1" if Applicable)*	Financial Assistance (Non-Child Care) *(Type "1" if Applicable)*	Health Insurance *(Type "1" if Applicable)*	Health Services *(Type "1" if Applicable)*	Home Visiting *(Type "1" if Applicable)*	Literacy *(Type "1" if Applicable)*	Nutrition *(Type "1" if Applicable)*	Other *(Type "1" if Applicable)*	If Selected "Other" Please describe
Totals	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*NA*

As of Date:

B.1.2 Funding and Expenditures

Funding Fiscal Year:

Expenditure Fiscal Year:

PDG B-5 MDS Program Name	Federal Funds *(Type "1" if Applicable)*	Private Funds *(Type "1" if Applicable)*	State Funds *(Type "1" if Applicable)*	County/Local Funds *(Type "1" if Applicable)*	Federal Funding Source *(Select Response)*	If Selected "Other," Please describe	Federal Funding Total Amount *(Type $ Amount)*	State Funding Total Amount *(Type $ Amount)*	Other Funding Sources Total Amount *(Type $ Amount)*	Total Funding	Total Expenditures *(Type $ Amount)*	Service Delivery Expenditures *(Type $ Amount)*	Overhead Expenditures *(Automatically Calculated)*
										$ -			$ -
										$ -			$ -
										$ -			$ -
										$ -			$ -
										$ -			$ -
										$ -			$ -
										$ -			$ -
										$ -			$ -
										$ -			$ -

										$ -			$ -
										$ -			$ -
										$ -			$ -

Please note that any counts of families served entered in this chart are not unduplicated counts. Enter the appropriate number response or respond with "NA" or "UN" as applicable.

PDG B-5 MDS Program Name	Total Families Served, include families with children of all ages	Total B-5 Families Served *(Type # Served)*	Vulnerable or Underserved B-5 Families Served *(Type # Served)*	Low Income B-5 Families Served *(Type # Served)*	Rural B-5 Families Served *(Type # Served)*

(500 character limit)

B.4 Describe recent or ongoing efforts across PDG B-5 MDS programs to engage unlisted, unregistered, unlicensed, or informal care providers. Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

B.5 Do you have external partners that support state efforts to reach unlisted, unregistered, unlicensed, or informal ECE providers?

B.5.1 IF YES, provide a detailed description of each external partnership.

External Partner Name *(Type Response)*	External Partner Category *(Select One)*	External Partner Category (If other) *(Type Response, 500 Character Limit)*	Coordination with PDG B-5 MDS Programs *(Type Response)*	Partnership Goals and Objectives *(Type Response, 500 Character Limit)*

B.6 Provide the number of registered providers and slots for each PDG B-5 MDS program that offers ECE services in your state.

Please note that any counts entered in this chart do not need to be unduplicated counts. Enter the appropriate number response or respond with "NA" or "UN" as applicable.

PDG B-5 MDS Program Name	Who is included in your definition of "Registered Providers"? *(Type Response, 500 Character*	Total Number of Providers *(Type #)*	Total Number of Center-Based Providers *(Type #)*	Total Number of Home-Based Providers *(Type #)*	Total Number of Slots *(Type #)*	Total Number of Center-Based Slots *(Type #)*	Total Number of Home-Based Slots *(Type #)*

As of Date:

B.6.1 If the state is able to provide distinct counts of providers and slots across the PDG B-5 MDS programs that offer ECE services, provide the information below; otherwise enter 'UN' for unavailable.

Total Number of Providers (Type #)	Total Number of Center-Based Providers (Type #)	Total Number of Home-Based Providers (Type #)	Total Number of Slots (Type #)	Total Number of Center-Based Slots (Type #)	Total Number of Home-Based Slots (Type #)

As of Date:

B.6.2 If you were unable to provide any of the data in the questions above (B.6 or B.6.2) due to data capacity limitations, describe barriers to providing data and plans to improve data capacity in order to report this information in future reporting periods.

(500 character limit)

Section C

C.1 Are any vulnerable and/or underserved populations prioritized for enrollment in your state's PDG B-5 MDS programs?

C.1.1 IF YES, list the programs and the populations prioritized.

Enter PDG B-5 MDS Program Name(s) (Type Response)	Prioritized Population(s) (Type Response, 500 Character Limit)	Prioritization Description (Type Response, 500 Character Limit)

C.2 Describe recent or ongoing efforts to serve more vulnerable and/or underserved children and families in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

Section D

D.1 Detail which of your state's PDG B-5 MDS programs that offer ECE services are included in the state's QRIS and licensing system.

PDG B-5 MDS Program Name (Select Response)	Included in state QRIS System? (Select Yes or No)	Included in state licensing system? (Select Yes or No)

D.2 Does your state have an early childhood workforce registry?

D.2.1 IF YES, indicate which of your state's PDG B-5 MDS Programs participate in the state early childhood workforce registry.

PDG B-5 MDS Program Name(s)
(Type Response)

D.3 Does your state have early learning standards?

D.3.1 IF YES, for what ages?

D.3.2 IF YES, indicate which of your state's PDG B-5 MDS Programs use these standards and and describe how they use them (e.g., quality improvement initiatives, curricula selection, professional development and training)

D.4 Does your state have a competency framework that articulates the competencies (i.e., knowledge, skills, or other attributes) essential to the practice of teaching and caregiving for children B-5?

D.4.1 IF YES, which programs in your state PDG B-5 MDS use this framework?

PDG B-5 MDS Program Name(s)
(Type Response)

D.5 Describe recent or ongoing efforts to improve the quality of PDG B-5 MDS programs?
Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

Section E

E.1 Identify the programs in your state's PDG B-5 MDS that are featured or listed in your state child care consumer education website.

PDG B-5 MDS Program Name(s)
(Type Response)

E.2 Does your state have a family engagement framework detailing the way families are engaged across PDG B-5 MDS programs?

E.2.1 IF YES, which of the state's PDG B-5 MDS programs use the framework?

PDG B-5 MDS Program Name(s)
(Type Response)

E.3 Does your state have a Kindergarten Readiness Assessment (KRA)?

E.3.1 IF YES, describe whether and how the KRA aligns with your state's early learning standards.

(500 character limit)

E.4 Describe recent or ongoing efforts to support collaboration between your state's PDG B-5 MDS programs and elementary schools?
Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

Section F

F.1 Does the state have centralized or consolidated application processes established across programs in your state's PDG B-5 MDS?

F.1.1 IF YES, identify the PDG B-5 MDS programs with programs included in a centralized or consolidated application processes and provide a brief description of the centralized or consolidated application process.

PDG B-5 MDS Program Name(s) (Type Response)	Description of the application process (Type Response, 500 character limit)

F.1.2 IF NO, is there a plan/roadmap toward creating centralized or consolidated application processes across your state's PDG B-5 MDS programs?

F.1.3 Describe progress since the last reporting period and planned activities for the next reporting period.
Include any plans the state has to enhance, expand, or improve previously consolidated application processes across your state's PDG B-5 MDS programs.

(500 character limit)

F.2 Do any programs in your state's PDG B-5 MDS share common eligibility requirements?

F.2.1 IF YES, describe common eligibility requirements and identify the programs they apply to. Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

F.3 Describe recent or ongoing efforts to improve resource efficiency in PDG B-5 MDS programs?
Describe efficiencies resulting from (1) resource sharing, (2) coordination of services, and (3) reduction in duplication of services. In addition, describe other approaches to improve resource efficiency.
Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

Section G

G.1 Describe governance of administrative data for each PDG B-5 MDS program. Include a description of the groups involved and their roles and responsibilities.

(500 character limit)

G.2 Describe recent or ongoing efforts to streamline data governance? Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

Section H

H.1 Does your state have an integrated data system?

H.1.1 IF YES, what agency governs the integrated data system?

(500 character limit)

H.1.2 IF YES, provide a description of your state's integrated data system.

(500 character limit)

H.1.3 IF YES, identify which programs in your state's PDG B-5 MDS are included in the integrated data system.

PDG B-5 MDS Program Name(s) *(Type Response)*

H.1.4 IF YES, describe recent or ongoing efforts to develop or enhance your integrated data system. Describe progress since the last reporting period and planned activities for the next reporting period

(500 character limit)

H.1.5 IF NO, are there plans to build an integrated data system as part of the PDG B-5 grant? If so, describe plans and estimated timeline.

(500 character limit)

H.2 Describe recent or ongoing efforts to enhance or improve data coordination and sharing between programs in your state's PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

H.3 Do any programs in your state's PDG B-5 MDS that have the data capacity to track children, families, and/or service providers longitudinally (i.e., over time)?

H.3.1 IF YES, describe capability and how these data are used to inform PDG B-5 grant activities.

(500 character limit)

H.3.2 Describe recent or ongoing efforts to enhance or improve longitudinal data system capabilities. Describe progress since the last reporting period and planned activities for the next reporting period.

(500 character limit)

H.4 Does your state have the ability to distinctly track and produce distinct counts (e.g. unduplicated counts) for children, families, and/or ECE providers?

H.4.1 IF YES, detail capability below

Capability Level *(Select one)*	Detailed description of capability Examples: UID type, Data matching elements such as DOB, etc. *(Type Response, 500 Character Limit)*	Applicable PDG B-5 Programs *(Type Response)*	Data System Name and/or Description *(Type Response, 500 Character Limit)*	Detailed description of how you use this information to inform PDG B-5 grant activities *(Type Response, 500 Character Limit)*

H.4.2 IF NO, describe plans to develop the capability to distinctly track and produce distinct counts (i.e., unduplicated counts) of children, families, and/or ECE providers across PDG B-5 MDS programs.

(500 character limit)

H.5 How does your state currently use the administrative data of programs in your state's PDG B-5 MDS?

Data Uses	PDG B-5 MDS Program Name(s) *(Type Response)*
Research	
Continuous quality improvement	
Decision making	
Other (Describe)	

If Selected "Other," Please describe:

(500 character limit)

Section I

I.1 PDG B-5 GRANT ACTIVITY STATUS

Grant Activity, Goal or Objective *(Type Name or Description)*	Status *(Type Response, 750 Character Limit)*	Completion Date *(Type Response)*	Activity Progress Details *(Type Response, 750 Character Limit)*

I.2 Describe recent or ongoing efforts to enhance and/or implement your State's Program Performance Evaluation plan. Describe progress since the last reporting period and planned activities for the next reporting period.

(750 character limit)

I.3 Provide a description of how your Program Performance Evaluation (PPE) has informed your PDG B-5 grant activities to date.

(750 character limit)

Original Question #	New Question #	Original Function
A.1	A.1	Macros enabled an "Insert Row" button to easily add rows for grantees to list program names. Macros also enabled program names to auto populate into other tables and dropdown lists.
A.1.1	A.1.1	Macros enabled "Auto-populate Program Names" button, which initiated a command to auto populate other tables and dropdowns.
A.3.1	A.3.1	Macros enabled multiple dropdown selections to be listed in one cell under the "Participating PDG B-5 MDS Programs" column.
A.3.1	A.3.1	Macros enabled a pop-up box which allowed grantees to describe if they selected "Other" in "Meeting Frequency" column
A.3.1	A.3.1	Macros enabled an "Insert Row" button to easily add rows for grantees to list program names.
A.4.1	A.4.1	Macros enabled multiple dropdown selections to be listed in one cell under "Participating PDG B-5 MDS Programs" column.
A.4.1	A.4.1	Macros enabled an "Insert Row" button to easily add rows.
A.5.1	A.5.1	Macros enabled a pop-up box which allowed grantees to describe if they selected "Other" in External Partner Category" column
A.5.1	A.5.1	Macros enabled multiple dropdown selections to be listed in one cell under "Participating PDG B-5 MDS Programs" column.
A.5.1	A.5.1	Macros enabled an "Insert Row" button to easily add rows.

A.8	A.8	Macros enabled multiple dropdown selections to be listed in one cell under "Which of your state's PDG B-5 MDS programs use this definition" column.
A.8	A.8	Macros enabled an "Insert Row" button to easily add rows.
B.1.1	B.1.1	Macros enabled auto-population of "Program Name" rows
B.1.1	B.1.1	Macros enabled multiple selections under "Types of Services Provided", "Types of Federal Funding Sources", and "Federal Funding Sources" columns
B.1.1	B.1.1	Macros enabled a pop-up box which allowed grantees to describe if they selected "Other" in "Types of Services Provided" column
B.1.1	B.1.1	Macros enabled multiple service selections per program
B.1.1	B.1.2	Macros enabled multiple selections under "Types of Services Provided", "Types of Federal Funding Sources", and "Federal Funding Sources" columns
B.1.1	B.1.2	Macros enabled a pop-up box which allowed grantees to describe if they selected "Other" in "Federal Funding Source" column
B.1.2	B.1.3	Macros enabled auto-population of "Program Name" rows
B.1.3	B.1.4	Macros enabled auto-population of "Program Name" rows
B.5.1	B.5.1	Macros enabled multiple dropdown selections to be listed in one cell under "Coordination with PDG B-5 MDS Programs" column.
B.5.1	B.5.1	Macros enabled a pop-up box which allowed grantees to describe if they selected "Other" in "External Partner Category" column

B.5.1	B.5.1	Macros enabled an "Insert Row" button to easily add rows.
C.1.1	C.1.1	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
C.1.1	C.1.1	Macros enabled an "Insert Row" button to easily add rows.
D.1	D.1	Macros enabled a dropdown list to appear under "PDG B-5 MDS Program Name" column, based on programs listed in A.1
D.2.1	D.2.1	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
D.3.2	D.3.2	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
D.4.1	D.4.1	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
E.1	E.1	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
E.2.1	E.2.1	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
F.1.1	F.1.1	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
F.1.1	F.1.1	Macros enabled an "Insert Row" button to easily add rows.

H.1.3	H.1.3	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
H.4.1	H.4.1	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
H.4.1	H.4.1	Macros enabled an "Insert Row" button to easily add rows.
H.5	H.5	Macros enabled multiple selections from dropdown under "Data Uses" column.
H.5	H.5	Macros enabled a pop-up box allowed grantees to describe if they selected "Other" in Data Uses" column
H.5	H.5	Macros enabled multiple dropdown selections to be listed in one cell under "PDG B-5 MDS Program Name" column.
H.5	H.5	Macros enabled an "Insert Row" button to easily add rows.

Change Made	Rationale for Change
"Insert Row" button removed. Table contains 50 rows, with a formula that will auto populate other tables and dropdown boxes elsewhere.	Maintains similar functionality without use of macros. Grantees will be instructed to delete unused rows.
Button removed, as formula within A.1 enables auto population.	A.1 maintains similar functionality without use of macros.
"Participating PDG B-5 MDS Programs" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Other" response column added to table. Conditional formatting added to highlight the cell if grantees select "Other" under the "Meeting Frequency" column	Grantees unable to describe "Other" within table without use of macros. Response box added below table so grantees can provide applicable details.
"Insert Row" button removed. 10 rows added as a baseline.	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.
"Participating PDG B-5 MDS Programs" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Insert Row" button removed. 10 rows added as a baseline.	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.
"Other" response column added to the table. Conditional formatting added to highlight the cell if grantees select "Other" under the "External Partner Category" column.	Grantees unable to describe "Other" within table without use of macros. Response box added below table so grantees can provide applicable details.
"Participating PDG B-5 MDS Programs" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Insert Row" button removed. 10 rows added as a baseline.	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.

"Which of your state's PDG B-5 MDS programs use this definition" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Insert Row" button removed.	No need for insert row button anymore
Formula added to auto populate rows with programs listed in A.1. 50 cells added as a baseline.	Maintains similar functionality without use of macros. Grantees will be instructed to delete unused rows.
Original table has been split into 2, with services now in its own table (B.1.1). Allows grantees to indicate multiple services per program.	Maintains similar functionality without use of macros. Grantees will be instructed to delete unused rows.
"If selected "other", please describe below" column added within table. Conditional formatting added to un-shade column if grantees select "Other" option	Grantees unable to describe "Other" within table without use of macros. Column added to end of table so grantees can provide applicable details.
Added row at the bottom of the table with AutoSum function to count the number of each service indicated in each column.	Maintains similar functionality without use of macros. Allows ACF to view how many programs per service were selected across the MDS.
Original table has been split into 2, with funding details now its own table (B.1.2). Allows grantees to indicate multiple funding details per program.	Maintains similar functionality without use of macros. Grantees will be instructed to delete unused rows.
"If selected "other", please describe below" column added within table. Conditional formatting added to un-shade column if grantees select "Other" option	Grantees unable to describe "Other" within table without use of macros. Column added so grantees can provide applicable details.
Formula added to allow for auto population of rows. 50 cells added as a baseline. Grantees will be instructed to delete any rows that are not used	Maintains similar functionality without use of macros. Grantees will be instructed to delete unused rows.
Formula added to allow for auto population of rows. 50 cells added as a baseline, grantees will be instructed to delete any rows that are not used	Maintains similar functionality without use of macros. Grantees will be instructed to delete unused rows.
"Coordination with PDG B-5 MDS Programs" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Other" response column added to the table. Conditional formatting added to highlight the cell if grantees select "Other" under the "External Partner Category" column	Grantees unable to describe "Other" within table without use of macros. Response box added below table so grantees can provide applicable details.

"Insert Row" button removed. 10 rows added as a baseline.	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Insert Row" button removed. 10 rows added as a baseline.	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.
Data validation applied for a dropdown list to appear in "PDG B-5 MDS Program Name" column, based on programs listed in A.1. 10 rows added as a baseline	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Insert Row" button removed. 10 rows added as a baseline.	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.

"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Insert Row" button removed. 10 rows added as a baseline.	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.
Options that were originally in a dropdown list are now pre-populated in the first column of the table.	Multiple selections from a dropdown list in one cell is not possible without macros. Pre-filled rows will allow grantees to indicate which programs apply to each Data Use.
"Other" response box added below table. Conditional formatting added to highlight box if grantees select "Other" under the Data Uses" column	Grantees unable to describe "Other" within table without use of macros. Response box added below table so grantees can provide applicable details.
"PDG B-5 MDS Program Name" column switched to a "Type Response" cell.	Multiple selections from a dropdown list in one cell is not possible without macros. Typed response allows grantee to list applicable programs separated by a comma.
"Insert Row" button removed.	Maintains similar functionality without use of macros. Grantees may add additional rows if needed.

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	Federal Financial Report (SF-425)
Form Version Number	2.0
OMB Number	4040-0014
OMB Expiration Date	02/28/2022

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.	Federal Agency and Organizational Element to Which Report is Submitted	Required	Enter Federal Agency and Organizational Element for which the report is submitted. This field is required.
2.	Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Required	Enter Federal Grant or Other Identifying Number Assigned by Federal Agency. (To report multiple grants, use FFR Attachment) This field is required.
3-1.	Recipient Organization Name	Required	Enter the legal name of the applicant that will undertake the assistance activity. This
3-2.	Street1	Required	Enter the first line of the Street Address. This field is required.
3-3.	Street2	Optional	Enter the second line of the Street Address.
3-4.	City	Required	Enter the City. This field is required.
3-5.	County	Optional	Enter the County.
3-6.	State	Required if USA selected for Country.	Select the state, US possession or military code from the provided list. This field is required if USA is selected for Country.
3-7.	Province	Optional	Enter the Province.

Field Number	Field Name	Required or Optional	Information
3-8.	Country	Required	Select the Country from the provided list. This field is required.
3-9.	Zip/Postal Code	Required if USA selected for Country.	Enter the Postal Code (e.g., ZIP code). This field is required if USA is selected as Country.
4a.	DUNS Number	Required	Enter the DUNS or DUNS+4 number of the applicant organization. This field is required
4b.	EIN	Required	Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. This field is required.
5.	Recipient Account Number or Identifying Number	Optional	Enter Recipient Account Number or Identifying Number.
6.	Report Type	Optional	Select one.
7.	Basis of Accounting	Optional	Select one.
8-1.	Project/Grant Period From	Required	Enter the Project/Grant Period From Date as mm/dd/yyyy. This field is required.
8-2.	Project/Grant Period To	Required	Enter the Project/Grant Period To Date as mm/dd/yyyy. This field is required.
9.	Report Period End	Required	Enter the Reporting Period End Date as mm/dd/yyyy. This field is required.
10.	Transactions	Optional	Use lines a-c for single or multiple grant reporting. Use lines d-o for single grant reporting.
10a.	Cash Receipts	Optional	Enter the amount of the federal cash receipts.
10b.	Cash Disbursements	Optional	Enter the amount of the federal cash disbursements.
10c.	Cash on Hand (line a minus b)	Optional	Federal cash on hand. This is a calculated field
10d.	Total Federal funds authorized	Optional	Enter the total federal funds that are authorized.
10e.	Federal share of expenditures	Optional	Enter the federal share of the expenditures.
10f.	Federal share of unliquidated obligations	Optional	Enter the Federal share of the unliquidated obligations.

Field Number	Field Name	Required or Optional	Information
10g.	Total Federal share (sum of lines e and f)	Optional	Total Federal share (sum of lines e and f). This is a calculated field.
10h.	Unobligated balance of Federal Funds (line d minus g)	Optional	Unobligated balance of Federal Funds (line d minus g). This is a calculated field.
10i.	Total recipient share required	Optional	Enter total recipient shared that is required.
10j.	Recipient share of expenditures	Optional	Enter the recipient's share of expenditures
10k.	Remaining recipient share to be provided (i minus j)	Optional	Remaining recipient share to be provided (line i minus j). This is a calculated field.
10l.	Total Federal program income earned	Optional	Enter the total federal program income earned.
10m.	Program Income expended in accordance with the deduction alternative	Optional	Enter Program Income expended in accordance with the deduction alternative. If Line N has a value greater than zero, then Line M must be zero.
10n.	Program Income expended in accordance with the addition alternative	Optional	Enter Program Income expended in accordance with the addition alternative. If Line M has a value greater than zero, then Line N must be zero.
10o.	Unexpended program income (line l minus line m or line n)	Optional	Enter Unexpended program income (line l minus line m or line n).
11.	Indirect Expense	Optional	Enter the information for indirect expense.
11a.	Type	Optional	Enter the type of indirect expense.

Field Number	Field Name	Required or Optional	Information
11b.	Rate	Optional	Enter the rate for the given indirect expense.
11c-1.	Period From	Optional	Enter the start date of the indirect expense.
11c-2.	Period To	Optional	Enter the end date of the indirect expense.
11d.	Base	Optional	Enter base amount for the type of indirect expense.
11e.	Amount Charged	Optional	Enter amount charged for the type of indirect expense.
11f.	Federal Share	Optional	Enter the Federal Share for the type of indirect expense.
11g-1.	Totals (Base)	Optional	Calculated. Sum of Base.
11g-2.	Totals (Amount Charged)	Optional	Calculated. Sum of Amount Charged.
11g-3.	Totals (Federal Share)	Optional	Calculated. Sum of Federal Share.
12.	Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:	Optional	Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.
13a.	Name and Title of Authorized Certifying Official	Required	Report is to be signed by the Authorized Certifying Official.
13a-1.	Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
13a-2.	First Name	Required	Enter the First Name. This field is required.
13a-3.	Middle Name	Optional	Enter the Middle Name.
13a-4.	Last Name	Required	Enter the Last Name. This field is required.
13a-5.	Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
13a-6.	Title	Required	Enter the position title. This field is required.

Field Number	Field Name	Required or Optional	Information
13b.	Signature of Authorized Certifying Official		Report is to be signed by the Authorized Certifying Official.
13c.	Telephone	Required	Enter the daytime Telephone Number. This field is required.
13d.	Email Address	Required	Enter a valid Email Address. This field is required.
13e.	Date Report Submitted	Required	Enter the date this report was submitted as mm/dd/yyyy. This field is required.

Federal Financial Reporting Requirements

For Preschool Development Grants, two financial reports must be submitted in the Payment Management System (PMS) within 30 days after the end of each quarter.

The **SF-425 Federal Financial Report (FFR)** consists of both the Federal Cash Transaction Report (FCTR – Disbursements, lines 10a - 10c) and the Financial Status Report (FSR – Expenditures, lines 10d - 10o).

1. The **FFR-FCTR** (Disbursements) must be prepared and certified as follows:

- **Disbursements January 1 – March 31: certify by April 30**
- **Disbursements April 1 – June 30: certify by July 30**
- **Disbursements July 1 – September 30: certify by October 30**
- **Disbursements October 1 – December 31: certify by January 30**

If the FCTR is not certified before or on the due date, funds will be frozen until the report has been submitted.

FCTR Guidance: https://pms.psc.gov/pms-user-guide/federal-cash-transaction-report.html

2. The **FFR-FSR** (Expenditures) must be prepared and certified as follows:

- **Expenditures December 30 – March 31: certify by April 30**
- **Expenditures April 1 – June 30: certify by July 30**
- **Expenditures July 1 – September 30: certify by October 30**
- **Expenditures October 1 – December 29: certify by January 30**

The FFR-FSR will be available to prepare after the end of the reporting period and must be certified by the due date.

FFR Grantee User Guide: https://pms.psc.gov/pms-user-guide/federal-financial-report.html