Quarterly Programmatic Reporting Requirements for Project Reinvest Financial Capability

- 1. Organization Name
- 2. Reporting Period
- 3. Number of Tier 1A and Tier 1B Counseling/Coaching units completed through end of reporting period

# of Tier 1A	# of Tier 1B Counseling/Coaching
Counseling/Coaching Units	Units

4. Total Number of Units of Counseling/Coaching units provided (by Mode of counseling)¹

	# Tier 1A Counseling/Coaching Units Delivered	# Tier 1B Counseling/Coaching Units Delivered
Face-to-face		
Telephone		
Internet		
Video Conference		
Other		
TOTAL*		

*These totals should match totals from question #3

[CONDITIONAL QUESTION: IF "OTHER," SPECIFY THE MODE(S) CONSTITUTING "OTHER."]

5. Counselor/coach count- by language spoken

Language	Number of counselors/coaches who delivered services in this language
English	
Spanish	
Other	
Other	
Other	

¹ Grantees will receive guidance on definitions for these modes. "Telephone" will refer to sessions in which the counselor/coach is speaking to clients live over the phone (i.e., text messaging or virtual counseling/coaching conducted via a smartphone app, for example, would *not* be considered "telephone" counseling/coaching). Grantees reporting counseling/coaching via "other" modes will be required to specify the mode in their report.



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TOTAL

[CONDITIONAL QUESTION: IF DATA APPEARS IN "OTHER" ROW, SPECIFY WHICH OTHER LANGUAGE(S)]

[CONDITIONAL QUESTION: IF NO DATA APPEARS IN ANY OTHER ROW BESIDES "ENGLISH", ANSWER BELOW QUESTION]

5A. If your organization has no counselors/coaches delivering services in any language other than English, please briefly describe systems or strategies in place to meet the needs of limited English proficiency clients that may seek assistance.

6. Number of Staff who have received training/professional development during the reporting period

Numeric value	
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7. Goals established in clients' Action Plans

	Goals in Tier 1A Updated Action Plans	Goals in Tier 1B Updated Action Plans [ONLY IF client adds new goals when action plan is updated in Tier 1B; do not double-count goals already reflected on the Tier 1A plan and listed in the previous column]
SAVINGS ²		
CREDIT & DEBT ³		
HOUSING⁴		



² Grantees will receive guidance on definitions for these goals. For example, savings goals can include establishing or increasing savings to cover emergency expenses, future asset purchase (e.g., down payment on a home, security/first month's rent on an apartment, down payment or full payment on a car, higher education for self or children, etc.).

³ For example, credit and debt goals can include establishing credit history, improving their credit file/credit score through means such as, but not limited to, establishing new active trade lines, paying down existing credit lines or accounts in collection, correcting erroneous or negative information on their credit report.

⁴ For example, housing goals can include a client whose goal is to move to a safer or higher-quality rental, to move from living with family to living on their own, averting foreclosure or eviction.

GENERAL FINANCIAL MANAGEMENT/FINANCIAL ACCESS ⁵	
RETIREMENT⁶	
OTHER NOT LISTED	
ABOVE	
TOTAL*	

*Total number of goals may equal more than total number of clients receiving counseling/coaching, since an individual client may establish multiple goals on the action plan, especially in the case of goals that overlap (e.g. Homeownership and Savings-Asset Purchase)

- 8. Brief narrative description of counseling/coaching activities undertaken during the reporting period:
- 9. Brief description of outreach strategies conducted to engage clients in counseling/coaching services:
- 10. Successes in financial capability counseling/coaching during the report period and factors or strategies contributing to those successes (indicate 2-3 successes)

Brief description of successful element	Factors/strategies contributing to that success

11. Challenges encountered in financial capability counseling/coaching during the report period and strategies used to address those challenges. (Please list 2-3 challenges, and in column 2 of the table below, indicate whether you have already implemented the strategies you describe or whether your organization is implementing the strategy going forward.)

Brief description of key challenge encountered	Strategies used/developed by the organization to address that challenge	If challenge is unresolved, barriers to addressing the challenge or changes that could help address that challenge in the future

⁵ For example, sticking to developing budget/spending plan, accessing credit or savings for the first time, accessing better financial products than what they currently use such as auto-loan or home loan refinance, switching to a bank account with lower fees, attaining additional credit card(s) with lower APR.



⁶ For example, goals related to planning, saving, or preparing for retirement.

12. Please describe in detail how Program-Related Support funds were utilized during the reporting period. If applicable, include information on the use of Program-Related Support funds by Sub-grantees, Branches, and Affiliates as well as the use of any Program-Related Support funds retained by the Grantee. For NWOs delivering services via Contracted Counseling Entities (CCEs), please include information on those organizations' uses of Program-Related Support funds.

Use	\$ Amount
Passed-through to Sub-grantees/Branches/Affiliates/CCEs	
Staff salaries and benefits	
Consultant expenses	
Establishing a triage system that makes more effective and efficient use of	
counseling/coaching time	
Outreach	
Marketing	
Group orientation and education sessions to help use counseling/coaching time	
more effectively	
Infrastructure development and communication	
Improving applicant capacity and infrastructure for tracking and reporting data	
Costs related to hiring, orienting and training new counseling/coaching staff	
Purchasing or leasing equipment and supplies and software for	
counselors/coaches	
Collecting data and preparing quarterly reports and disbursement requests	
Quality control of the counseling/coaching	
Staff education [Example: Training]	
Travel	
Other	
TOTAL	

[Conditional Text Box if "Dollar amount used on Other" is greater than \$1] If "Dollar amount used on Other" is greater than \$1, please provide a brief description of what is included in this category.

13. If your organization has outstanding compliance issues please provide an explanation to what they are and describe current or future actions taken to correct these issues.

Text box		

14. Please share at least one client success story:

Field	Value
Client's Name	
Phone Number	



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E-mail Address	
Street	
Street 2	
City	
State	
Zip Code	
Gender	
Race	
Ethnicity	
(Hispanic/Latino or	
non-Hispanic/Latino)	
Age	
How client learned	
about your services	
Highest	
counseling/coaching	
level completed (i.e.,	
Tier 1A or Tier 1B)	
Goal(s) established in	
client's action plan	
Counseling/coaching	
outcome(s)	
Client story (personal	
impact)	

[GRANTEES THAT WERE AWARDED MATCHED SAVINGS FUNDING MUST COMPLETE THE FOLLOWING QUESTIONS]

15. Matched Savings outputs/outcomes

Output	Current Quarter
Number of new participants	CONDITIONAL
enrolled in the Matched Savings	FORMAT
program	If zero – force to
	answer #16
Number of participants who	
exited the Matched Savings	
program prior to completion ⁷	
Number of participants who	
successfully completed the	
Matched Savings program	
during the reporting period	

⁷ For example, this category may include participants who withdrew voluntarily due to a lack of interest or a change in financial or life circumstance (such as moving out of the area or family obligations preventing participation); or participants who were dismissed from the program for not meeting conditions of participation set by the grantee.



Amount of Matched Savings funds paid to participants who successfully completed the	
Matched Savings program during the reporting period	

Output	Cumulative - Through Reporting Quarter
Number of new participants enrolled in the Matched Savings program	
Number of participants who exited the Matched Savings program prior to completion ⁸	
Number of participants who successfully completed the Matched Savings program	

16. If your organization has not enrolled any new participants in the Matched Savings program during the reporting period, please explain why.

17. If your organization has not obligated any Matched Savings funds during the reporting period, please explain why.

18. Please complete the chart below, providing details on the dollar amount of funds paid to Matched Savings participants through the end of the current reporting period.

Funds Committed/Paid to Matched Savings Participants	Cumulative - Through Reporting Quarter
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⁸ For example, this category may include participants who withdrew voluntarily due to a lack of interest or a change in financial or life circumstance (such as moving out of the area or family obligations preventing participation); or participants who were dismissed from the program for not meeting conditions of participation set by the grantee.



Cumulative dollar amount of matching deposits paid to Matched Savings participants [all funding sources] ⁹	
Cumulative dollar amount of matching deposits paid to Matched Savings participants [FROM PROJECT REINVEST: FINANCIAL CAPABILITY FUNDS ONLY]	
Cumulative dollar amount of matching deposits committed to date for all enrolled participants from Project Reinvest: Financial Capability funding. ¹⁰	

19. Brief narrative description of Matched Savings program structure **IF** elements of the program design have changed since they were last described in the grantee's application for Project Reinvest funds or in a prior programmatic report:

20. Successes in Matched Savings during the report period and factors or strategies contributing to those successes (indicate 2-3 successes)

Brief description of successful element	Factors/strategies contributing to that success

21. Challenges encountered in Matched Savings during the reporting period and strategies used to address those challenges. (Please list 2-3 challenges, and in column 2 of the table below, indicate whether you have already implemented the strategies you describe or whether your organization is implementing the strategy going forward.)

Brief description of key challenge encountered	Strategies used/developed by the organization to address that challenge	If challenge is unresolved, barriers to addressing the challenge or changes
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⁹ If your matched savings program blends or "braids" funding from different sources, please use this line and the line below to distinguish the dollar amount of matching deposits made by your program overall (all funding sources) and the dollar amount of matching deposits made from Project Reinvest: Financial Capability funds overall.



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¹⁰ This is the total amount of matched savings committed but not paid to enrollees currently in the program as of the end of the quarter. This amount is the maximum that the enrollees can receive as a match if all program rules are followed.

	that could help address that challenge in the future

22. Please share *at least one* Matched Savings client success story: [ONLY IN REPORTS #2, 4, AND 6]

Field	Value
Client's Name	
Phone Number	
E-mail Address	
Street	
Street 2	
City	
State	
Zip Code	
Gender	
Race	
Ethnicity	
(Hispanic/Latino or	
non-Hispanic/Latino)	
Age	
How client learned	
about your services	
Matched Savings	
outcomes (including,	
if applicable, use of	
savings account	
proceeds)	
Client Story (personal	
impact)	

