Performance Progress Report Reference Guide

Shelter and Services Program
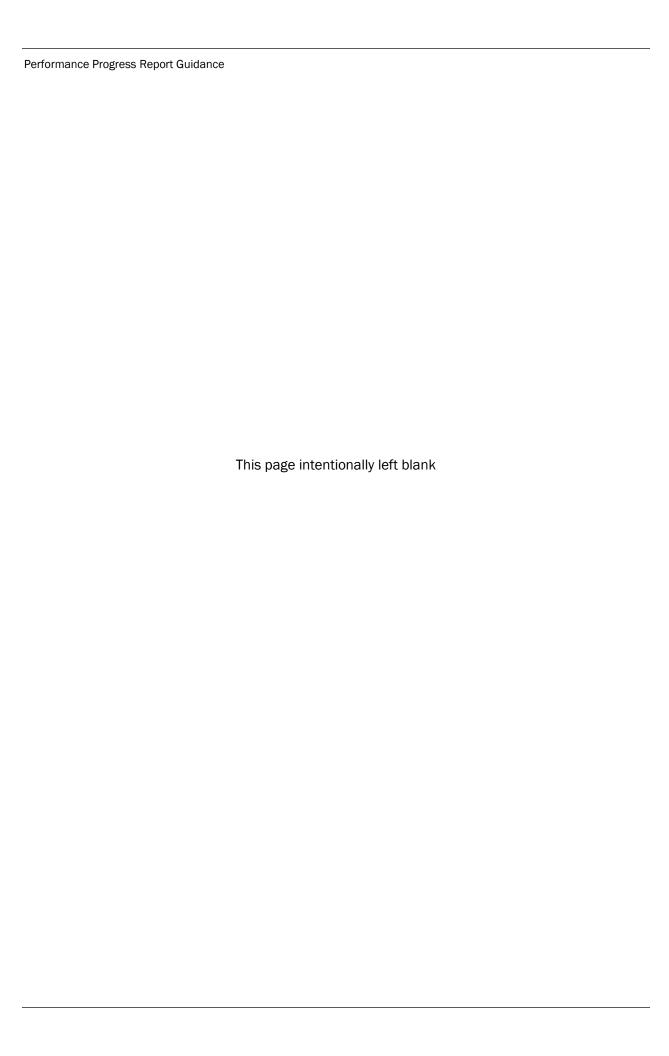

January 2024

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1. Introduction

The Federal Emergency Management Agency (FEMA) uses Performance Progress Reports (PPRs) to collect performance information from recipients of federal funds. The PPR allows FEMA to track grant-funded activity outcomes and review a recipient's progression toward program objectives. Prime recipients of the Shelter and Services Program (SSP) must submit a PPR to FEMA on a quarterly basis.

The following guidance is intended for recipients completing a PPR for SSP. The left column of each table (starting on page 3) contains data elements from the PPR template, and the right column contains line-item instructions for completing each section of the report. The PPR template includes open-ended questions about the impact of SSP funds on the organization's capacity to support the needs of noncitizen migrants and any potential issues that may cause delays in delivering services. It also includes questions about partnerships with local, state, federal and other relevant partners during the reporting period.

1.1.   Timeline

Recipients of SSP are required to submit a PPR on a quarterly basis throughout the period of performance (POP), including partial calendar quarters, as well as in periods where no grant award activity occurs. PPRs are due 30 calendar days after the end of each reporting period. The PPR must be submitted through the progress report link in FEMA GO. The final PPR is due within 120 calendar days after the end of the POP.

Except for the final PPR (due 120 calendar days after the end of the POP for purposes of closeout), the following reporting periods and due dates apply for the PPR:

Reporting Period	Report Due Date
October 1–December 31	January 30
January 1–March 31	April 30
April 1–June 30	July 30
July 1–September 30	October 30

2. Overview

The PPR reference guide contains the following eight sections:

- Cover Sheet;

- Shelter;

- Food;

- Transportation;

- Medical Care;

- Personal Hygiene;

- Labor (Primary); and

- Secondary Services.

Before completing the PPR template, SSP recommends gathering all supporting documents related to SSP-funded activities to assist in accurately representing quantities, costs, and impact. It may be helpful to collect the following documents, if applicable:

- Completed A-Number template(s);

- Subrecipient agreements/project plans;

- Executed contracts;

- Proof of payment, such as paid invoices or receipts; and

- Expense reports.

Data reported in the total federal cost sections should match financial data for the corresponding quarter (as reported in the SF-425). Grant recipients are encouraged to begin completing the PPR template as soon as possible to allow time for gathering information, asking questions, and submitting the final document. **Please note, PPR data should only reflect programmatic activities (e.g., quantities or purchases) supported by SSP funds.** PPR data should exclude all costs or activities not supported by federal dollars (i.e., SSP funding), unless explicitly requested. For example, if an organization served 900 meals to NCMs during the quarter but only used SSP funds to pay for 200 meals, the PPR must report a total of 200 meals served to NCMs.

3. Award Cover Sheet

Item Description	Guidance
Recipient Organization Name	▪ Enter the name of the recipient organization as entered in the grant application.
Federal Award Number	▪ Enter the award number contained in the award document. Award numbers contain 14 alphanumeric characters. ▪ Example: EMW-2023-SP-12345
Federal Award Period of Performance Start Date	▪ The POP start date for all FY 2023 SSP grants is March 1, 2023; SSP awards made after September 2023 will have a different start date. Please reference the Notice of Funding Opportunity (NOFO) corresponding to your award package for the POP start date.
Federal Award Period of Performance End Date	▪ The POP end date for all FY 2023 SSP grants is September 30, 2025; SSP awards made after September 2023 will have a different start date. Please reference the NOFO corresponding to your award package for the POP start date. ▪ If FEMA granted a POP extension via written approval, enter the approved end date.
Reporting Period End Date	▪ Enter the end date of the reporting period. For quarterly reports, the calendar quarter reporting period end dates are March 31, June 30, September 30, and December 31. ▪ For final PPRs, the reporting period end date shall be the conclusion of the project/grant period.

Item Description	Guidance
Award Amount	▪ Enter the amount of the award contained in the award document.
Report Frequency	▪ SSP recipients submit PPRs on a quarterly basis.
Is this the Final Report?	▪ The final PPR is due within 120 calendar days after the end of the POP. Enter "no" if this is not the final performance progress report.
Point of Contact	▪ Enter the first and last name, title, and email address of the designated point of contact responsible for your organization's performance report (i.e., who FEMA can contact for questions about the organization's PPR).
Certifying Official	▪ Enter the first and last name, title, and email address of the certifying official. The certifying official is the Authorized Organization Representative listed in FEMA GO.

4. Shelter

For all fields in the shelter tab, recipients must report performance data for only the corresponding reporting period (one quarter). Performance reports are not cumulative across the full period of performance.

Item Description	Guidance
Overnight Stays for Congregate Facilities[1]	
Overnight congregate facility capacity (i.e., total beds available to all persons per night)	- Enter the maximum capacity of the facility (i.e., the total number of beds available to all persons per night). - Capacity data should reflect all beds available to all persons in the congregate facility, irrespective of SSP funding. - No entry required for Total Federal Cost section.
Overnight congregate facility capacity utilized by noncitizen migrants (NCMs) (i.e., total beds available to NCMs per night)	- Enter the maximum capacity of the facility that is reserved specifically for NCMs (i.e., the total beds available to NCMs on any night). - Capacity data should reflect total NCM utilization, irrespective of SSP funding. - No entry required for Total Federal Cost section.
Total number of NCMs provided congregate lodging	- Enter the number of NCMs provided lodging in congregate facilities. - No entry required for Total Federal Cost section.

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[1] **Note for overnight congregate lodging:** Per diem per NCM sheltered in an overnight congregate facility; applicants can request full per diem on the first and last days (including days in between) of any multiday stay (rate cannot exceed $12.50 per noncitizen migrant per day) OR rental costs of real property used for providing services covered under SSP. Data should reflect services/actual costs incurred during this reporting period.

Item Description	Guidance
Total nights of congregate lodging provided	- Enter the total number of nights of congregate lodging provided. - Calculate the total nights of congregate lodging by multiplying the number of beds x the number of overnight stays. - For example, if SSP funds paid for 50 beds for 7 nights, the total nights of congregate lodging provided is 350 nights (50 beds x 7 nights). - Enter the total federal cost of all nights of congregate lodging provided (including cost of shelter site leases, if paid with SSP funds).
Nights of Hotel/Motel Lodging[2]	
Total number of NCMs provided hotel/motel lodging	- Enter the number of NCMs provided hotel or motel lodging. - No entry required for Total Federal Cost section.
Total nights of hotel/motel lodging provided	- Calculate the total nights of hotel/motel lodging by multiplying the number of rooms x the number of overnight stays. - For example, if SSP funds paid for 10 rooms for 7 nights, the total nights of lodging provided is 70 nights (10 rooms x 7 nights). - Enter the total federal cost of all nights of hotel/motel lodging provided.

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[2] **Note for hotel/motel lodging:** Hotel/motel service per individual or family (hotel/motel service cannot exceed 10% of the total funding requested by the recipient). Hotel/motel room costs used to provide services should be reasonable based on the rate set by the U.S. General Services Administration for the location plus necessary taxes and fees, or to the extent the costs do not exceed charges normally allowed by the applicant in its regular operations. Data should reflect services/actual costs incurred this reporting period.

Item Description	Guidance
Other Allowable Lodging Activities	
Cots and beds	▪ Categorize the impact of cots and beds purchased by identifying whether these purchases replaced old cots and beds or if new cots and beds were purchased to increase the organization's overall lodging capacity. ▪ Enter the total number of cots and beds purchased. ▪ Enter the total federal cost of cots and beds purchased.
Temporary structures (e.g., tents)	▪ Categorize the impact of temporary structures purchased by identifying whether these purchases replaced old temporary structures or if new temporary structures were purchased to increase the organization's overall lodging capacity. ▪ Enter the number of temporary structures purchased. ▪ Enter the total federal cost of temporary structures purchased.
Linens (e.g., sheets, towels, wash cloths)	▪ Categorize the impact of linens purchased by identifying whether these purchases replaced old linens or if new linens were purchased to increase the organization's overall capacity. ▪ Enter the quantity or number of linens purchased. ▪ Enter the total federal cost of linens purchased.

Item Description	Guidance
Month of overnight shelter utilities (e.g., electricity, gas, water)	- No entry required for Impact section. - Enter the number of months that the recipient incurred overnight utility expenses (electricity, gas, water, etc.). Describe the scope of utilities included (e.g., water only, water and electricity, etc.,) in the fourth narrative question below. - Enter the total federal cost of overnight shelter utility expenses.
Month of non-overnight facility utilities (electricity, gas, water) .	- No entry required for Impact section. - Enter the number of months that the recipient incurred non-overnight utility expenses (electricity, gas, water, etc.). Describe the scope of utilities included (e.g., water only, water and electricity, etc.,) in the fourth narrative question below. - Enter the total federal cost of non-overnight facility utility expenses.
Month of maintenance and housekeeping (repair and cleaning supplies, shower maintenance) expenses)	- No entry required for Impact section. - Enter the number of months that the recipient incurred maintenance and housekeeping expenses. This includes repairs, cleaning supplies, shower maintenance, and related tasks. - Enter the total federal cost of maintenance and housekeeping expenses.

Item Description	Guidance
Month of contracted services (security, laundry, trash pickup, cleaning services)	▪ No entry required for Impact section. ▪ Enter the number of months that the recipient incurred contracted services expenses. This includes security, laundry, trash pickup, cleaning services, and related tasks. ▪ Enter the total federal cost of contracted services expenses.
Other*(describe below, see narrative 4)	▪ Use this section to quantify any SSP-funded activities related to shelter not captured by the lines above. Please note that all activities considered 'other' must have prior approval from FEMA. ▪ No entry required for Impact section. ▪ Enter the quantity of "other" allowable lodging items purchased. ▪ Enter the total federal cost of "other" allowable lodging items purchased. ▪ Describe the "other" allowable lodging items in narrative item 4.
Narratives Respond to the four narrative questions below if you entered any quantitative shelter data in the sections above. If you did not enter any quantitative data for shelter activities, move on to the Transportation section.	
1. If applicable, please describe any significant events that caused or will cause delay in delivering the above services.	Describe anticipated delays that may significantly impact achieving the award objectives within the intended timeline. Include the expected length of the delay and plans for addressing the delay.

Item Description	Guidance
2. Please describe any impact your SSP funding has on the capacity** to support shelter-related needs for NCMs in your community. To the greatest extent possible, please include quantitative data. **Capacity is defined as the maximum number of NCMs that receive services from your organization or your subrecipients' organization.	Describe how SSP funds impacted the organization's ability to support NCM shelter needs. Include quantitative data, where available.
3. Please describe your organization's collaboration with local, state, federal, and other relevant partners to implement activities described above during the reporting period.	Describe collaboration efforts with local, state, federal, and other relevant partners. Explain how the organization collaborated with these partners to implement the activities described above.
4. *If applicable, describe the shelter-related activities categorized as "other."	Use the Other section to describe any SSP-funded activities related to shelter not captured above. Please note that all activities considered 'other' must have prior approval from FEMA.

5. Transportation

For all fields in the transportation tab, recipients must report performance data for only the corresponding reporting period (one quarter). Performance reports are not cumulative across the full period of performance.

Item Description	Guidance
Transportation from DHS Release to Shelter and Services Provider Location	
Number of NCMs transported from DHS release to SSP provider location	▪ Enter the number of NCMs transported from DHS release to an SSP provider location. ▪ Enter the total federal cost of transporting NCMs from DHS release to the SSP provider location.
Onward Transportation from Provider Location to NCMs Final Destination or Point of Contact	
Number of NCMs provided onward transportation by bus ticket	▪ Enter the number of NCMs provided onward transportation by bus ticket. ▪ Enter the total federal cost of onward destination bus tickets purchased.
Number of NCMs provided onward transportation by train ticket	▪ Enter the number of NCMs provided onward transportation by train ticket. ▪ Enter the total federal cost of onward destination train tickets purchased.
Number of NCMs provided onward transportation by plane ticket	▪ Enter the number of NCMs provided onward transportation by plane ticket. ▪ Enter the total federal cost of onward destination plane tickets purchased.
Number of NCMs provided onward transportation by other allowable means (including rideshare)	▪ Enter the number of NCMs provided onward transportation by other allowable means (including rideshare). ▪ Enter the total federal cost of transportation by other allowable means.

Item Description	Guidance
Please describe method of transportation by other means (e.g., charter bus, other)	▪ If the organization provided onward transportation to NCMs by other allowable means, describe the method of transportation. This may include rideshare and charter buses.
Total number of NCMs provided transportation to onward destination by all means	▪ Enter the total number of NCMs provided transportation by any means. Calculate the total number of NCMs provided transportation to their onward destinations by bus, train, plane, rideshare, and other allowable means. ▪ Enter the total federal cost of all allowable onward destination transportation expenses.
Service Provider to Service Provider Transportation	
Number of NCMs provided transportation by bus ticket	▪ Enter the number of NCMs provided transportation to another service provider by bus ticket. ▪ Enter the total federal cost of service provider to service provider bus tickets purchased.
Number of NCMs provided transportation by train ticket	▪ Enter the number of NCMs provided transportation to another service provider by train ticket. ▪ Enter the total federal cost of service provider to service provider train tickets purchased.
Number of NCMs provided transportation by plane ticket	▪ Enter the number of NCMs provided transportation to another service provider by plane ticket. ▪ Enter the total federal cost of service provider to service provider plane tickets purchased.

Item Description	Guidance
Number of NCMs provided transportation by other allowable means (including rideshare)	- Enter the number of NCMs provided transportation to another service provider by other allowable means (including rideshare). - Enter the total federal cost of service provider to service provider transportation by other allowable means.
Please describe method of transportation by other means (e.g., charter bus, other)	If the organization provided NCMs with transportation to a service provider by other allowable means, describe the method of transportation. This may include rideshare and charter buses.
Total Number of NCMs provided transportation via all means	- Enter the total number of NCMs provided transportation. Calculate the total number of NCMs provided transportation to another service provider by bus, train, plane, rideshare, and other allowable means. - Enter the total federal cost of all transportation.
Transportation: Other Allowable Activities	
Parking purchases	- Enter the number of parking purchases. - Enter the total federal cost of parking purchases.
Narratives Respond to the three narrative questions below if you entered any quantitative transportation data in the sections above. If you did not enter any quantitative data for transportation activities, move on to the Food section.	
1. If applicable, please describe any significant events that caused or will cause delay in delivering the above services.	Describe anticipated delays that may significantly impact achieving the award objectives within the projected timeline. Include the expected length of the delay and plans for addressing the delay.

Item Description	Guidance
2. Please describe the impact your SSP funding has on the capacity* to support transportation-related needs of NCMs in your community. To the greatest extent possible, please include quantitative data. *Capacity is defined as the maximum number of migrants that receive services from your organization or your subrecipients' organization.	Describe how SSP funds impacted the organization's ability to support NCM transportation needs. Include quantitative data, where available (e.g., how many more bus tickets or train tickets you were able to purchase).
3. Please describe your organization's collaboration with local, state, federal, and other relevant partners to implement activities described above during the reporting period. Please identify any subrecipients implementing SSP-funded transportation activities.	Describe collaboration efforts with local, state, federal, and other relevant partners. Explain how the organization collaborated with these partners to implement the activities described above. For provider-to-provider transportation, describe your process for communicating and documenting coordination with other providers.

6. Food

For all fields in the food tab, recipients must report performance data for only the corresponding reporting period (one quarter). Performance reports are not cumulative across the full period of performance.

Item Description	Guidance
Food (Food Items, Meals)	
Total number of NCMs served	▪ Enter the total number of NCMs who received meals purchased with SSP funding. As a general guideline, SSP defines a meal as one entrée (i.e., main dish) and up to three side items. ▪ Enter the total federal cost of meals served.
Food banks (direct food/meal-supportive purchases to NCMs)	▪ Enter the total number of direct food/meal-supportive items purchased for NCMs. ▪ Enter the total federal cost of food/meal-supportive items purchased.
Food banks (indirect support by giving food/meal items to other agencies that provide the direct services to NCMs)	▪ Enter the total number of indirect food/meal items provided to other agencies. ▪ Enter the total federal cost of food items provided to other agencies or organizations.
Total number of meals served	▪ Enter the total number of SSP-supported meals served to NCMs. ▪ Enter the total federal cost of meals served.
Total contracted meals provided to NCMs	▪ Enter the total number of contracted meals provided to NCMs. ▪ Enter the total federal cost of contracted meals provided to NCMs.
Other Allowable Food Related Activities	

Item Description	Guidance
Storage containers (e.g., containers to store or separate bulk food purchases)	▪ Enter the total number of storage containers purchased. ▪ Enter the total federal cost of storage containers purchased.
Utensils (e.g., plates, forks, knives)	▪ Enter the total number of utensils purchased. ▪ Enter the total federal cost of utensils purchased.
Cookware (e.g., pots, pans)	▪ Enter the total number of cookware items purchased. ▪ Enter the total federal cost of cookware items purchased.
Month of maintenance and housekeeping (e.g., repair and cleaning) expenses	▪ Enter the number of months of maintenance and housekeeping expenses charged to the federal award. ▪ Enter the total federal cost of maintenance and housekeeping expenses.
Month of utilities (non-shelter locations)	▪ This section is only for organizations that do not provide overnight shelter. If the organization does not provide overnight shelter, enter the number of months of utility expenses charged to the federal award. ▪ Enter the total federal cost of utility expenses for non-shelter locations.
Month of contracted services (e.g., security, trash pickup, cleaning services) expenses	▪ Enter the number of months of contracted services expenses charged to the federal award. This includes security, trash pickup, cleaning services, and other contracted expenses. ▪ Enter the total federal cost of contracted services expenses.

Item Description	Guidance
Narratives Respond to the three narrative questions below if you entered any data in the sections above. If you did not enter any quantitative data for food items, move on to the Medical Care section.	
1. If applicable, please describe any significant events that caused or will cause delay in delivering the above services.	Describe anticipated delays that may significantly impact achieving the award objectives within the projected timeline. Include the expected length of the delay and plans for addressing the delay.
2. Please describe the impact your SSP funding has on the capacity* to support food-related needs for NCMs in your community. To the greatest extent possible, please include quantitative data. *Capacity is defined as the maximum number of migrants that receive services from your organization or your subrecipients' organization	Describe how SSP funds impacted the organization's ability to support NCM food needs. Include quantitative data where available (e.g., how many more meals you were able to provide, if applicable).
3. Please describe your organization's collaboration with local, state, federal, and other relevant partners to implement activities described above during the reporting period. Please identify any subrecipients implementing SSP-funded food activities.	Describe collaboration efforts with local, state, federal, and other relevant partners. Explain how the organization collaborated with these partners to implement the activities described above during the reporting period.

7. Medical Care

For all fields in the medical care tab, recipients must report performance data for only the corresponding reporting period (one quarter). Performance reports are not cumulative across the full period of performance. For medical care quantities, recipients may estimate as needed, if actual quantities are not available.

Item Description	Guidance
Acute Medical Care Items	
Basic first aid care and supplies (e.g., band-aids)	▪ Enter the (estimated) quantity of basic first aid care and supply items purchased. ▪ Enter the number of NCMs provided basic first aid care and supply items. ▪ Enter the total federal cost of basic first aid care and supply items.
Prescription medication for managing acute or chronic care	▪ No entry required for Basic Description section. ▪ Enter the (estimated) quantity of prescription medications purchased. Quantities are counted by each prescription filled (i.e., 3 prescriptions filled for amoxicillin; 1 prescription filled for cephalexin = 4). ▪ Enter the total federal cost of prescription medications.

Item Description	Guidance
Limited Durable Medical Equipment (DME) items	- Enter a basic description of the limited DME purchased. - Examples of DME include: bariatric cots, wheelchairs, wheelchair ramps, walkers, commodes, toilet seats, IV-Poles, canes, crutches, handheld shower, shower chair, transfer boards, gait belt, gravity feeding set, assistive listening devices, headset, magnifying glass, communication cards, adaptive eating devices, bedside commode, elevated toilet seat, three-in-one commode, shower mat non-slip, digital infrared thermometer, seated (bariatric) walker, comfort box, small refrigerator for medications. - Enter the quantity of limited DME items purchased. If actuals are not available, please estimate as appropriate. - Enter the total federal cost of limited DME items purchased.
Over-the-counter medications (e.g., aspirin)	- Enter a basic description of the over-the-counter medications (e.g., "fever reducer"). - Enter the (estimated) quantity of over-the-counter medications purchased. - Enter the total federal cost of over-the-counter medications.
Personal Protective Equipment (PPE)	- Enter a basic description of the PPE purchased. - Enter the total (estimated) quantity of PPE purchased for staff and NCMs. - Enter the total federal cost of all PPE purchased for staff and NCMs.

Item Description	Guidance
Total – acute medical care items	- Enter the total (estimated) quantity of all acute medical care items purchased. - Add the quantities from the five sections above (first aid care and supplies, prescription medications, limited DME, over-the-counter medications, and PPE) and enter the total. - Enter the total federal cost of all acute medical care items purchased.
Acute Medical Care Services	
Health screenings (physical health, mental health, etc.)	- Enter the total quantity health screenings completed. Include all types of screenings in the total quantity. - Enter the total number of NCMs who received health screenings. - Enter the total federal cost of health screenings.
Medical care for assessment and stabilization for onward travel	- Enter the quantity of medical care services for assessment and stabilization completed. - Enter the number of NCMs who received medical care for assessments and stabilization. - Enter the total federal cost of medical care (for assessments and stabilization) provided to NCMs.

Item Description	Guidance
Testing (including lab testing) and limited care (related to quarantining and isolation)	- Enter the quantity of testing and limited care services completed. - Enter the number of NCMs who received testing or limited care related to quarantining and isolation. - Enter the total federal cost of limited care and testing provided to NCMs.
Total – acute medical care services	- Enter the total number of NCMs provided acute medical care services. - Add the quantities of NCMs served from the three sections above (health screenings, medical care for assessment and stabilization, and testing) and enter the total quantity. - Enter the total federal cost of all acute medical care services provided to NCMs.
Narratives Respond to the three narrative questions below if you entered any quantitative medical care data in the sections above. If you did not enter any quantitative data for medical care activities, move on to the Personal Hygiene section.	
1. If applicable, please describe any significant events that caused or will cause delay in delivering the above services.	Describe anticipated delays that may significantly impact achieving the award objectives within the projected timeline. Include the expected length of the delay and plans for addressing the delay.
2. Please describe the impact your SSP funding has on the capacity* to support acute medical care-related needs of NCMs in your community. To the greatest extent possible, please include quantitative data. *Capacity is defined as the maximum number of migrants that receive services from your organization or your subrecipients' organization.	Describe how SSP funds impacted the organization's ability to serve NCM acute medical care needs. Include quantitative data, where available.

Item Description	Guidance
3. Please describe your organization's collaboration with local, state, federal, and other relevant partners to implement activities described above during the reporting period. Please identify any subrecipients implementing SSP-funded acute medical care activities.	Describe collaboration efforts with local, state, federal, and other relevant partners. Explain how the organization collaborated with these partners to implement the activities described above.

8. Personal Hygiene

For all fields in the personal hygiene tab, recipients must report performance data for only the corresponding reporting period (one quarter). Performance reports are not cumulative across the full period of performance.

Item Description	Guidance
Personal Hygiene Items	
Oral hygiene items	- Enter the quantity of oral hygiene items purchased. If actuals are not available, please estimate as needed. - Enter the number of NCMs provided oral hygiene items. - Enter the total federal cost of oral hygiene items purchased for NCMs.
Infant and child hygiene items	- Enter the quantity of infant and child hygiene items purchased. If actuals are not available, please estimate as needed. - Enter the number of NCMs provided infant and child hygiene items. - Enter the total federal cost of infant and child hygiene items purchased for NCMs.
Hair and scalp hygiene items	- Enter the quantity of hair and scalp hygiene items purchased. - Enter the number of NCMs provided hair and scalp hygiene items. - Enter the total federal cost of hair and scalp hygiene items purchased for NCMs.

Item Description	Guidance
Body and skin hygiene items	- Enter the quantity of body and skin hygiene items purchased. - Enter the number of NCMs provided body and skin hygiene items. - Enter the total federal cost of body and skin hygiene items purchased for NCMs.
Hand hygiene items	- Enter the quantity of hand hygiene items purchased. Hand hygiene items include hand soap, hand sanitizer, and related items. If actuals are not available, please estimate as needed. - Enter the number of NCMs provided hygiene items. - Enter the total federal cost of hand hygiene items purchased for NCMs.
Menstrual hygiene items	- Enter the quantity of menstrual hygiene items purchased. - Enter the number of NCMs provided menstrual hygiene items. - Enter the total federal cost of menstrual hygiene items purchased for NCMs.
Other personal hygiene items	- Enter the below information about personal hygiene items not included in the six categories above: - Enter the quantity of other personal hygiene items purchased for NCMs. - Enter the number of NCMs provided other personal hygiene items. - Enter the total federal cost of other personal hygiene items purchased for NCMs.

Item Description	Guidance
Total – personal hygiene items	- Enter the total number of NCMs provided personal hygiene items. Add the quantities from the seven hygiene sections above and enter the total. - Enter the total federal cost of all personal hygiene items purchased for NCMs.
Narratives Respond to the three narrative questions below if you entered any quantitative personal hygiene data in the sections above. If you did not enter any quantitative data for personal hygiene items, move on to the Labor section.	
1. If applicable, please describe any significant events that caused or will cause delay in delivering the above services.	Describe anticipated delays that may significantly impact achieving the award objectives within the projected timeline. Include the expected length of the delay and plans for addressing the delay.
2. Please describe the impact your SSP funding has on the capacity* to support personal hygiene-related needs of NCMs in your community. To the greatest extent possible, please include quantitative data. *Capacity is defined as the maximum number of migrants that receive services from your organization or your subrecipients' organization.	Describe how SSP funds impacted the organization's ability to support NCM hygiene needs. Include quantitative data, where available.
3. Please describe your organization's collaboration with local, state, federal, and other relevant partners to implement activities described above during the reporting period. Please identify any subrecipients implementing SSP-funded personal hygiene activities.	Describe collaboration efforts with local, state, federal, and other relevant partners. Explain how the organization collaborated with these partners to implement the activities described above.

9. Labor (Primary Services)

For all fields in the labor tab, recipients must report performance data for only the corresponding reporting period (one quarter). Performance reports are not cumulative across the full period of performance.

Item Description	Guidance
Service Delivery Staff Labor	
Staff time implementing primary services	▪ Describe the primary service or labor (i.e., labor hours spent carrying out primary services). ▪ Enter the total hours of staff labor charged to the SSP award. ▪ Enter the total federal cost of staff labor.
Personnel hours to manage cases to provide SSP-allowable services (e.g., coordinating transportation)	▪ Describe the staff labor used to manage cases and provide SSP-allowable services. Case management hours used to provide SSP-allowable services include critical activities associated with primary services but not spent directly completing primary services. This may include planning, coordination, administration, and supporting frontline staff. ▪ Enter the total hours of case management charged to the SSP award. ▪ Enter the total federally funded cost of case management hours.
Training	
SSP-allowable training activity 1	▪ Describe any training activities for primary services. ▪ Enter the total number of people trained. ▪ Enter the total federal cost of training for primary services.

Item Description	Guidance
SSP-allowable training activity 2	- Describe a second allowable training activity (if applicable) for primary services. - Enter the total number of people trained. - Enter the total federal cost of training for primary services.
Narratives Respond to the three narrative questions below if you entered any quantitative labor data in the sections above. If you did not enter any quantitative data for labor and primary services, move on to the Secondary Services section.	
1. If applicable, please describe any significant events that caused or will cause delay in delivering the above services.	Describe anticipated delays that may significantly impact achieving the award objectives within the projected timeline. Include the expected length of the delay and plans for addressing the delay.
2. Please describe the overall impact your SSP funding has had on your organization's (or your subrecipients' organizations, if applicable) ability to support NCMs in your community.	Describe how SSP funds impacted the organization's overall ability to support NCMs. Include quantitative data, where available.
3. Please describe your organization's collaboration with local, state, federal, and other relevant partners to implement activities described above during the reporting period. Please identify any subrecipients implementing SSP-funded labor activities and the activity function(s).	Describe collaboration efforts with local, state, federal, and other relevant partners. Explain how you collaborated with these partners to implement the activities described above.

10. Secondary Services

For all fields in the secondary tab, recipients must report performance data for only the corresponding reporting period (one quarter). Performance reports are not cumulative across the full period of performance.

Item Description	Guidance
Secondary Services - Items	
Clothing items	▪ Describe the types of clothing items purchased. This includes shirts, pants, outerwear, underwear and bras, socks, shoes, shoelaces, backpacks, belts, etc. ▪ Enter the quantity of clothing items purchased. ▪ Enter the total federal cost of clothing items purchased for NCMs.
Other allowable secondary service items* (describe below, see item 3.)	▪ Describe any SSP-funded items related to allowable secondary services not captured above. Please note that all activities considered 'other' must have prior approval from FEMA. ▪ Enter the quantity of other allowable secondary service items purchased. ▪ Enter the total federal cost of other allowable secondary service items purchased.
Secondary Services – Activities	
Translation services	▪ Describe any translation services expenses incurred (e.g., contracts and external support). ▪ Enter the number of NCMs provided translation services. ▪ Enter the total federal cost of translation services provided to NCMs.

Item Description	Guidance
Outreach activities	▪ Describe any expenses for outreach activities and outreach materials. Outreach activities may include communications development and distribution, contracts, printing services, and legal services information. ▪ Enter the number of NCMs engaged through outreach activities and materials. ▪ Enter the total federal cost of outreach activities and materials provided to NCMs.
Other secondary service activities* (describe below, see item 3.)	▪ Describe any SSP-funded activities related to secondary services not captured above. Please note that all activities considered 'other' must have prior approval from FEMA. ▪ Enter the number of NCMs served by other allowable secondary service activities. ▪ Enter the total federal cost of other SSP-funded allowable secondary service activities.
Secondary Services	
Labor and staff time	▪ This includes labor for secondary services (inclusive of staff time not at the director/manager level or administrative). ▪ Describe the different types of staff labor (e.g., staff time for secondary services). ▪ Enter the total labor hours. ▪ Enter the total federal cost of labor hours.

Secondary Services	
Other labor hours* (describe below, see item 3.)	- Describe any other SSP-funded labor hours related to secondary services not captured above. Please note that all hours considered 'other' must have prior approval from FEMA. - Enter the total hours of other allowable secondary service labor hours. - Enter the total federal cost of other SSP-funded allowable labor hours.

Secondary Services – Renovations or Modifications to Existing Facilities	
Renovations (repairs) or modifications to existing facilities** (describe renovation below, see item 4.)	- Enter the number of renovation or modification projects initiated during the reporting period. - Enter the number of renovation or modification projects completed during the reporting period. - Enter the total cost of renovation and modification projects.

Narratives	
Respond to the four narrative questions below if you entered any quantitative secondary services data in the sections above. If you did not enter any quantitative data for secondary services, leave this section blank.	
1. If applicable, please describe any significant events that caused or will cause delay in delivering the above services.	Describe anticipated delays that may significantly impact achieving the award objectives within the projected timeline. Include the anticipated length of delay and plans for addressing the delay.
2. Please describe how any renovations or modifications will impact your organization's (or your subrecipients' organization's) ability to support the needs of NCMs in your community.	Describe how SSP funds impacted the organization's ability to support NCM secondary service needs. Include quantitative data, where available.
3. *If applicable, describe the items or services categorized as "other."	If allowable secondary services items, activities, and staff time categorized as "other" were included in the sections above, describe the purpose, necessity, and potential impact of the costs.

Secondary Services	
4. **If applicable, describe the scope of SSP-funded renovations or modifications and the project milestones achieved this quarter.	Note: Funding requests for renovations or modifications to existing facilities cannot exceed $250,000 for the recipient's entire SSP budget. Recipients may only use SSP funds to renovate or modify the parts of a facility that are directly associated with providing services to NCMs released from DHS custody. Reference your SSP NOFO for more information.

11. Questions?

For programmatic questions, please contact the Shelter and Services Program (SSP) inbox at FEMA-SSP@fema.dhs.gov.

For technical issues with FEMA GO, please contact the FEMA GO helpdesk at FEMAGO@fema.dhs.gov, or call (877) 585-3242 Monday through Friday, 9 a.m.– 6 p.m. ET.