



Bureau of Primary Health Care (BPHC)



Capital Grant Semi-Annual Progress Report (SAPR)

Reporting Manual

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CAPITAL GRANT SEMI-ANNUAL PROGRESS REPORT MANUAL

INTRODUCTION

Award recipients are required to submit Semi-Annual Progress Reports (SAPR) to document programmatic progress on projects supported under Health Resources and Services (HRSA) construction-related grants. Through the SAPR¹, award recipients will report on and demonstrate the impact of activities funded under the construction-related grants.

HRSA is collecting program-specific data on the construction-related grants to ensure compliance with legislative mandates and to report to Congress, OMB, and other policy makers on program accomplishments. To meet these objectives, HRSA requires award recipients to report on a limited set of performance elements consistent with the application guidance and awards. These data include:

- The number of new patients anticipated to receive services as a result of the award; and
- Progress toward completion of the funded project(s).

The manual includes a brief introduction to the SAPR electronic reporting system, instructions for submitting the SAPR, definitions of terms as they are used in the SAPR, and detailed instructions for completing each table. Care should be taken in reviewing definitions as they are not necessarily the same as may be used in other HRSA activities.

The Capital Grant SAPR is a reporting system used by recipients of construction-related funding support through the following HRSA grant programs:

- **Capital Assistance for Disaster Response and Recovery Efforts (CADRE) Program (C14)**
- **School-Based Health Center Capital (SBHCC) Program (C12)**
- **Capital Assistance for Hurricane Response and Recovery Efforts (CARE) Program (C13)**
- **Capital Development – Building Capacity (CD-BC) Program (C8A)**
- **Capital Development – Immediate Facility Improvements (CD-IFI) Program (C8B)**
- **Patient Centered Medical Home – Facilities Improvement (P-FI) Program (C8C)**
- **Health Infrastructure Investment Program (HIIP) (C8D)**

GENERAL INSTRUCTIONS

This section describes submission requirements including who submits the SAPR, when and where to submit the SAPR, and how data are submitted.

WHO SUBMITS REPORTS AND REPORTING PERIODS

Reports should be submitted directly by the **award recipient** as the direct recipient of a HRSA/BPHC grant. All construction-related award recipients are required to submit a SAPR.

*The **Certified Authorizing Official** must separately certify the accuracy of the SAPR as the final step in the EHB submissions process. This is done by entering HRSA's EHB using their login I.D. and password and checking the box indicating that they have read and approve the submission. Until this is done the report is not officially "submitted."*

¹ The term SAPR within this document specifically refers to the Capital Grant Semi-Annual Progress Reports that are required of all recipients of construction-related funding support through the HRSA grant programs also noted within this document (i.e., C12, C13, C14, C8A, C8B, C8C, C8D grants).

HOW MANY REPORTS ARE SUBMITTED

Award recipients will file one SAPR per reporting period for each construction-related grant.

DUE DATES AND REVISIONS TO REPORTS

SAPRs may be worked on starting the day after the close of the reporting period, and, are generally due fifteen days after the close of the reporting period.

All SAPRs will be finalized by the end of the month in which they are submitted. In the event of mistaken reporting of program data, award recipients may submit “corrected” cumulative data in the subsequent SAPR.

HOW AND WHERE TO SUBMIT DATA

Reporting will be on-line using a web based data collection system that is completely integrated within the HRSA’s EHBs. Award recipients will use their EHB user name and password to log into the EHB in order to complete their SAPR submission. The system will present users with electronic forms that will guide them in completing the appropriate reports.

To access the SAPR, go to EHB and open the appropriate construction-related grant handbook (i.e., C12, C13, C14, C8A, C8B, C8C, or C8D). Click “Progress Reports”. The SAPR is listed there along with any other progress reports that may be due.

Users will be able to work on the forms, save them online, return to complete them later, and do so in a collaborative manner. This approach allows award recipients to distribute the data entry process among multiple users if required. Business rules that check for questionable quantitative and qualitative data will be applied to ensure that the data submitted meets legislative and programmatic requirements.

TRAINING, TECHNICAL ASSISTANCE, AND ADDITIONAL RESOURCES

HRSA will maintain the web site

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/capdev.html> which will be an ongoing, regularly updated, source for additional information about the BPHC construction-related grants. Included on this site will be frequently asked questions (FAQs) covering each of the construction-related funding opportunities and the reporting process, notification of training sessions that will be conducted to keep award recipients updated, technical assistance call recordings and materials, as well as the latest version of the SAPR Manual and reporting forms. The following additional technical assistance resources are available:

- System Help Assistance about the SAPR and about accessing the HRSA’s EHB can be obtained from the BPHC Helpline at 1-877-464-4772, 7 a.m. to 8 p.m. ET, Monday - Friday (except federal holidays) You can also submit an inquiry to Health Center Program Support at https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form.

DESIGNATED POINT OF CONTACT

Award recipients will be required to identify the name and contact information for the individual responsible for the SAPR submission for each construction-related grant award. This person may or may not be the person who is the “Certified Authorizing Official” for the program. This is the person that BPHC will contact if there are any questions relating to the SAPR submission. Because this person and/or their contact information may change over the life of the project, award recipients will be required to enter/validate this information for each SAPR. Only one point of contact may be listed for a grant, even if the grant includes multiple projects.

COVER PAGE: FORM SF-PPR – PAGE 1

The SAPR includes a two or three page form to be completed. The award recipient's EHB will automatically display those sections of the report which are to be completed. Each section of the report should be capable of being read and reviewed separately and in isolation from the other sections. In general, the report will cover program specific data elements detailed in the application narrative and budget for the specific grant project, as reflected in the Notice of Award (NoA).

The EHB will combine the information from the different grant-specific and/or project specific reports into an integrated data presentation.

The SF-PPR Page 1 elements are discussed below:

LINE 8. FINAL REPORT

Award recipients will indicate that the report is a "Final Report" *only* when they have completed the full scope of the grant (i.e., all projects are complete) and incurred all of the costs for the approved grant scope.

When an award recipient has multiple projects, the "Final Report" box should be checked only when all projects that make up the total grant have been completed. Completion of each project requires the submission of a SF-PPR 3 and SF-PPR 4 Form. While the SF-PPR 3 and SF-PPR 4 forms are required at the completion of *each* project, the entire grant is not complete until all projects are complete.

LINE 10. PERFORMANCE NARRATIVE

This should be completed when Line 8 "Final Report" is checked **yes**. Describe key activities undertaken during the overall project period for the entire grant, including information about any goals or objectives which were accomplished. The narrative will be limited to 2000 characters (about 1 page). Each project funded (as defined on SF-PPR-3) should be discussed briefly.

LINE 10A. ADDITIONAL PATIENT CAPACITY

This should be completed when Line 8 "Final Report" is checked **yes**. Line 10a reports the total number anticipated of new unduplicated patients that will be added on an annual basis as a result of the construction-related funding. An additional patient is considered to be any new individual who has at least one reportable visit during the calendar year that will utilize the space(s) that received construction-related funding.

***This requirement does NOT pertain to CD-IFI (C8B), P-FI (C8C), CARE (C13) or CADRE (C14) Programs. The SAPR module will not present this section for these grants.*

LINE 11. OTHER ATTACHMENTS

Add additional information that helps to "tell the story" of the impact of the construction-related grant by attaching additional documents. This may include descriptions of activities undertaken, of how individual patients were served by the grant (while maintaining patient confidentiality protections), or how the grant impacted the community. Copies of newspaper stories or other documents may be included if they are first scanned into a PDF format. Attachments *may not be used* to extend the required narrative in Line 10 of the SF-PPR Page 1.

FORM SF-PPR PAGE 3 – PROJECT COMPLETION STATUS

Many award recipients received funding to support more than one project. There will be one SF-PPR 3 for each project. The EHB will pre-populate many of the elements of SF-PPR page 3 with data already in the system. This will include information about the award recipient (name, grant number); information about the report (period end date and tracking number); information about the specific project [the Project Number, Project Title, Project Type (Construction, A/R, or Equipment-only)], and project award amount.

For *each* project, the following data elements will be reported as appropriate:

PROJECT NUMBER, TITLE, TYPE, AND AMOUNT.

This information will be pre-populated. Award recipients should review the information to verify that it is correct. Award recipients will neither be required nor be able to enter data in these fields. If there is a question about data in these fields, please call the BPHC Helpline at 1-877-464-4772.

▪ **Line 1. Project Status.**

Award recipients will select from the categories (Not started, Less than or equal to 50% Complete, Greater than 50% Complete, or Completed) to indicate the status of the project at the end of the reporting period. This estimate should be based on the definitions below, and should be an accurate reflection of current status of the project.

▪ **Line 2. Project Specific Narrative.**

Describe key activities undertaken during the reporting period including information about any milestones reached as well as the key factors which are contributing to or restricting the performance and success of the project. Any minor changes to the project and/or the project costs should also be presented here. (In the case where significant changes have occurred to the scope of work or the project costs, the award recipient should immediately contact the assigned Project Officer and Grants Management Specialist.) The narrative will be limited to 2000 characters.

The four categories of project completion status are defined as:

- **Not Started** - No costs for this project have been incurred AND project has not yet been initiated. Identify the following, if applicable, within the narrative:
 - Issues that have delayed the start of the project or issues that may impact the implementation of the awarded project.
 - Information on when the planning for the project will begin with an overall estimated project schedule attached. The schedule should show the number of months for the various milestones needed to complete the project.
 - Status of procuring contracts for architectural/engineering services and construction contract, including solicitation of bids, evaluation of bids, awarding contracts and securing bonding.
 - Status of submitting information related to the restrictive conditions of award.
 - Issues related to site control, e.g. status of purchasing the property or finalizing the lease for the site.
- **Less than or equal to 50% Complete** - Less than 50% of purchase(s)/work has been completed. Identify the following, if applicable, within the narrative:
 - Confirmation that contracts have been procured in compliance with federal procurement requirements (in accordance with 45 CFR 75) and the required bonding has been secured.
 - Status of submission of the Project Implementation Certification reporting requirement and the status of completing the construction drawings and specifications.
 - Issues related to the construction schedule or the project budget.
 - Unexpected issues affecting the implementation of the project, including, but not limited to: local permitting requirements, securing other sources of funding, and/or meeting the terms and conditions of award.

- If project is still in the preliminary stages: Information on the planning of the project, and actions during progress reporting period.
 - If not all Grant Conditions have been met/lifted: Status of submitting information related to the conditions of award and status of conditions being lifted in revised Notice(s) of Award in the reporting period.
 - If all Grant Conditions have been met/lifted: Status of all funded activities, including the construction related activities at the site and percentage of completion. .
 - Progress photos of the project (if the project has begun) or “before” photos (if the project has not yet begun.)
- **Greater than 50% and Less than 100% Complete** - Between 51% and 99% of purchase(s)/work has been completed. Identify the following, if applicable, within the narrative:
 - Provide the requested reporting information listed above under “Less Than or Equal to 50% Complete” if not previously reported.
 - Issues related to the project budget and/or scope of work.
 - Current estimated date of completion, including issues related to delays in the construction schedule with a revised construction schedule attached.
 - Status of submissions due to HRSA (such as prior approval requests).
 - Status of construction and percentage of completion.
 - Status of equipment purchases (if applicable) and percentage of completion.
 - Current progress photos of the project.
 - **Completed** - 100% of the costs for this project have been incurred AND 100% of purchase(s)/work has been completed. Identify the following, if applicable, within the narrative:
 - Date that services began/resumed.
 - Status of final payment of invoices for the project, including any issues that may delay some of the final project payments.
 - Provide the requested reporting information listed above if not previously reported.
 - Status of submitting close out reporting requirements to HRSA (Project Completion Certification, Photographs, Final Budget Submission)
 - Status of submissions due to HRSA (such as prior approval requests).

If a award recipient indicates on Line 1 that a project is “Completed,” a series of three questions must be answered.

- Line 1a. “Do the total project costs incurred reflect the approved budget for this project, and have all of the funds for this project been drawn down from the PMS account? HRSA recognizes that project budgets may change during the course of the project period. Any changes to the project budget should have been discussed with and approved by the assigned Grants Management Specialist. []Yes []No. If No, please explain.”
- Line 1b. “Does the scope of work of the project reflect the scope of work as proposed by the award recipient and approved by HRSA? []Yes []No. If No, please explain.”
- Line 1c. “Are you prepared to complete and submit the following forms and documents to HRSA (which will be requested through your Electronic Hand Book Grant Portfolio)? []Yes []No. If No, please explain.”

<u>Project Type</u>	<u>Documents</u>
<ul style="list-style-type: none"> ▪ Equipment-only ▪ A/R (Alteration or Renovation) ▪ Construction / Expansion (C/E) 	<ul style="list-style-type: none"> ▪ Project completion certification ▪ Project completion certification, after photos ▪ Project completion certification, after photos

If one or more of the answers to questions 1a, 1b, or 1c above is “no,” award recipients must provide an explanation. Although a project will usually be complete only when the response to all three questions is “yes,” if a award recipient determines that an explanation is sufficient for any “no” responses to demonstrate completion, they will be advised to proceed to the next page by clicking on the “SF-PPR Page 4 – Closeout Data” button. A award recipient may revise and change the project status on the SF-PPR 3 report by clicking on the “go to previous page” button on the SF PPR 4. If further analysis by BPHC identifies that the project is not complete, according to the definitions of project status above, the award recipient may be required to correct and update the SF-PPR 3 form during the next SAPR.

For more information on the Project Completion requirements (including templates), please see the resources available at <https://bphc.hrsa.gov/program-opportunities/capital-development>.

Note, as stated above, once a project is reported as “Completed,” the award recipient will be directed to complete SF-PPR 4 - Close Out report for this project.

Line 3. Attachments (Required).

Award recipients should attach additional documentation that helps to “tell the story” on the implementation of the project. This may include pictures of renovations or new equipment in place, purchase orders or delivery schedules for equipment, etc. Copies of pictures or documents included should first be scanned into a PDF format.

FORM SF-PPR PAGE 3A – PROJECT: EARNED VALUE MANAGEMENT (EVM)

Construction and alteration/renovation projects that were funded through the CD, CD-BC and HIIP programs with a total project cost (Federal and non-Federal) of \$1 million or greater are required to utilize and report on Earned Value Management (EVM) within the SAPR. EVM is an analysis tool that allows project managers to effectively identify cost-overruns and timeline deviations during the construction project, so that the impact may be mitigated.

***This requirement does NOT pertain to SBHCC (C12), P-FI (C8B), CD-IFI (C8C) or CARE (C13) grants, and also does not apply to CD (C8A), CD-BC (C8A), HIIP (C8D) or CADRE (C14) alteration/renovation or construction/expansion projects with a total cost (Federal and non-Federal) of less than \$1 million. The SAPR module will not present this section for these projects.*

The status of the project’s schedule (On Time, Ahead of Schedule, or Behind Schedule) and budget (On Budget, Over Budget, or Under Budget) will be reported. In answering questions on the schedule and budget, the award recipient should refer to the information that has been approved by HRSA in its most recently submissions for construction timeline and the project budget. The award recipient should then compare the estimated costs and timeframes with the current (actual) costs and project schedule. To ensure it has accurate baseline and comparison data, the award recipient should consult with its construction management team to collect and analyze the following data elements:

Reporting Period

- Planned Start Date
- Planned Completion Date
- Total Project Cost
- Planned % of Project Completed
- Actual Start Date
- Actual Completion Date
- Actual % of Project Completed
- Actual Cost of Work Performed
- Cost Variance
- Schedule Variance

Depending on the status indicated, a series of follow-up questions will be shown within the SAPR to determine how each scenario will be addressed. If the project status is On Time and On Budget, no further follow-up is needed.

LINE 1. Project Schedule.

This line is used to report the status of the project. The project status must be marked as one of the following:

- On Time
- Behind Schedule
- Ahead of Schedule

Depending on the response to the Schedule question, the following questions will be asked:

Behind Schedule

- 1a. Is the project expected to remain behind schedule?
- If yes, provide a revised completion date and identify how the total estimated project cost will be affected in the text box provided.
 - If no, indicate how the schedule will get back on track and whether or not the total estimated project cost will be affected in the text box provided.

Ahead of Schedule

- 1b. Is the project expected to remain ahead of schedule?
- If yes, provide a revised completion date and indicate whether or not the total estimated project cost will be affected within the text box provided.
 - If no, indicate within the text box provided that the project will be completed by the estimated project completion date.

LINE 2. PROJECT BUDGET.

This line is used to report the status of the budget. The budget status must be marked as on of the following:

- On Budget
- Under Budget
- Over Budget

Depending on the response to the Budget question, the following questions will be asked:

Under Budget:

- 2a. Will the project incur enough costs to allow for the drawdown of all the Federal funds by the project completion date?

- If yes, indicate in the text box provided the strategy to utilize the excess funds, if possible (i.e., purchase additional equipment).
- If no, indicate in the text box provided that the award recipient organization is aware that the remaining funds will be de-obligated.

Over Budget:

- 2b. Is the project anticipated to remain over budget for the completion construction schedule (i.e., the total project cost at completion will be greater than the original proposed budget)?
- If yes, will additional funds be secured, or have additional funds been secured, to allow for the completion of the project on time?
 - If yes, indicate within the text box provided the source(s) and amount(s) of funding that will be/have been secured.
 - If no, provide a timeline for adjusting the project scope to align with the adjusted costs within the text box provided.
 - If no, provide revised plan/supporting documentation to identify when and how the budget will no longer exceed original budget estimates.

FORM SF-PPR PAGE 4: CLOSEOUT REPORT

The SF-PPR Page 4 form will be included only when a project has been marked as “Completed.” There will be one SF-PPR 4 form for each project.

LINE 2. SQUARE FEET IMPACTED.

This line will be available for all Construction or A/R/R projects marked as “Completed” on the SF-PPR 3. The final square footage impacted as a result of the project will be reported. Note that improved space resulting from equipment-only projects should not be included on Line 2.

Line 4a – 4d. Project Costs.

The total of Lines 4b + 4d will be the actual total cost of the project. All funds expended on the program are reported here. Data reported includes:

- **Line 4b. Actual Amount of Funds Expended on the Project:** Report the total amount of grant funds expended on the project. This should include funds already expended as well as those necessary to cover outstanding costs incurred but not yet paid.
- **Line 4d. Actual Amount of non-Program Specific Construction-Related Funds Expended on the Project:** Report the total amount of project costs being paid using *non-Program Specific* grant funds. This should include non-Program Specific funds already expended as well as those necessary to cover outstanding costs incurred but not yet paid using any other non-Program Specific funds including capital reserves, other grants or contracts, donations, etc.

Line 5a – 5b. Project Completion Dates.

These lines will be used to report proposed and actual project completion dates.

- **Line 5a. Proposed Project Completion Date:** This is system populated data.
- **Line 5b. Actual Project Completion Date:** Report the completion date only if your project has been marked as complete.

**SAPR
CONTACT INFORMATION**

10c. Designated Point of Contact			
Point of Contact	Title	Phone	Fax
	Name	Email	
OMB Control Number: 0970-0334			

**SAPR
SF-PPR PAGE 1**

8. Is this your Final SAPR? <input type="checkbox"/> Yes <input type="checkbox"/> No
10a. Additional Patient Capacity
10. Performance Narrative
Other Attachments << File name: <i>This will indicate name of the file that was attached if any</i> >>
OMB Control Number: 0970-0334

**SAPR
FORM SF-PPR PAGE 3 PROJECT REPORT**

Award Recipient Name	Grant Number	BHCMIS ID	Reporting Period End Date	Tracking Number
<<Project Number>><<Project Title>> (System populated data)				
Project Type	(System populated data)	Awarded Amount for the Project	(System populated data)	
1. Project Status	<input type="checkbox"/> Not Started <input type="checkbox"/> Less than or equal to 50% Complete <input type="checkbox"/> Greater than 50% and Less than 100% Complete <input type="checkbox"/> Completed			
<i>Questions 1a through 1c are applicable only if Project status is Completed.</i>				
1a. Do the total project costs incurred reflect the approved budget for this project, and have all of the funds for this project been drawn down from the PMS account? HRSA recognizes that project budgets may change during the course of the project period. Any changes to the project budget should have been discussed with and approved by the assigned Grants Management Specialist. <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain (maximum 2000 characters)				
1b. Does the scope of work of the project reflect the scope of work as proposed by the award recipient and approved by HRSA? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain (maximum 2000 characters)				
1c. Are you prepared to complete and submit the following forms and documents to HRSA (which will be requested through your Electronic Hand Book Grant Portfolio)? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain (maximum 2000 characters)				
2. Project Specific Narrative: (maximum 2000 characters)				
3. Attachment(s) (attach other documents as needed or as instructed by the awarding Federal Agency):				
<<name of attachment(s)>>				
OMB Control Number: 0970-0334				

SAPR - FORM SF-PPR Page 3A PROJECT EVM DATA

Award Recipient Name	Grant Number	BHCMIS ID	Reporting Period End Date	Tracking Number
<<Project Number>><<Project Title>> (System populated data)				
Project Type	(System populated data)	Awarded Amount for the Project	(System populated data)	
Project Status	(System populated data)	Total Estimated Project Cost	(System populated data)	
1. Project Schedule	<input type="checkbox"/> On Time <input type="checkbox"/> Behind Schedule <input type="checkbox"/> Ahead of Schedule	2. Project Budget	<input type="checkbox"/> On Budget <input type="checkbox"/> Under Budget <input type="checkbox"/> Over Budget	
If Behind Schedule , please answer the questions below:				
1a. Is the project expected to remain behind schedule? <input type="checkbox"/> Yes, I will provide a revised completion date and identify how the total estimated project cost will be affected in the text box provided. 1. Original total estimated project cost: (System populated data) 2. Total estimated project cost (if revised): \$ _____ 3. Original project completion date: (System populated data) 4. Revised project completion date: _____ (MM/YYYY) <input type="checkbox"/> No, I will indicate how the schedule will get back on track and whether or not the total estimated project cost will be affected in the text box provided. Explanation (maximum 2000 characters):				
If Ahead of Schedule , please answer the questions below:				
1b. Is the project expected to remain ahead of schedule? <input type="checkbox"/> Yes, I will provide a revised completion date and indicate whether or not the total estimated project cost will be affected within the text box provided. 1. Original total estimated project cost: (System populated data) 2. Revised total estimated project cost: \$ _____ 3. Original project completion date: (System populated data) 4. Revised project completion date: _____ (MM/YYYY) <input type="checkbox"/> No, I will indicate within the text box provided that the project will be completed by the estimated project completion date. Explanation (maximum 2000 characters):				
If Under Budget , please answer the questions below:				
2a. Will the project incur enough costs to allow for the drawdown of all the Federal funds by the project completion date? <input type="checkbox"/> Yes, I will indicate in the text box provided the strategy to utilize the excess funds, if possible (i.e., purchase additional equipment). <input type="checkbox"/> No, I will indicate in the text box provided that the award recipient organization is aware that the remaining funds will be de-obligated. Explanation (maximum 2000 characters):				
If Over Budget , please answer the questions below:				

Award Recipient Name	Grant Number	BHCMIS ID	Reporting Period End Date	Tracking Number
2b. Is the project anticipated to remain over budget for the completion construction schedule (i.e., the total project cost at completion will be greater than the original proposed budget)? <input type="checkbox"/> Yes If Yes to 2b. above answer the following questions: 2b.1 Will additional funds be secured, or have additional funds been secured, to allow for the completion of the project on time? <input type="checkbox"/> Yes, I will indicate within the text box provided the source(s) and amount(s) of funding that will be/have been secured <input type="checkbox"/> No, I will provide a timeline for adjusting the project scope to align with the adjusted costs within the text box provided. <input type="checkbox"/> No, I will provide a revised plan/supporting documentation to identify when and how the budget will no longer exceed original budget estimates (which will be requested via EHB submissions). Explanation (maximum 2000 characters):				
OMB Control Number: 0970-0334				

SAPR - FORM SF-PPR Page 4 project closeout REPORT

Award Recipient Name	Grant Number	BHCMIS ID	Reporting Period End Date	Tracking Number
<<Project Number>><<Project Title>> (System populated data)				
Square Footage Data (Applicable only for completed projects of the type – ‘Construction’, and ‘Alteration/Repair/Renovation’)				
2. Square Feet Impacted (Construction and Alteration/Renovation projects only)				
Project Costs (Applicable only for all projects that are completed)				
4a. Funds awarded for this project	(System populated data)		4b. Actual amount of funds expended on the project	
4c. Projected amount of non-Program Specific funds i.e., state, local, and other funds - including other federal funds - proposed for this project	(System populated data)		4d. Actual amount of non-Program Specific funds expended on the project	
Project Completion Dates (Applicable only for all projects that are completed)				
5a. Proposed project completion date	(System populated data)			
5b. Actual project completion date	(MM/YYYY)			
OMB Control Number: 0970-0334				