

Appendix E: Activity Report for Approved Providers
(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

Questions? Contact Executive Office for United States Trustees at (202) 514-4100, or ust.de.help@usdoj.gov.

Reporting Period: (Check one)	July-December January-June	Year: _____
Provider No: _____		
Name of Provider: _____		
Contact Person: _____	E-Mail: _____	
<small>Someone who could answer USTP questions</small>		

Instructions: Please provide actual (not estimated) data for all debtors instructed by the Provider this reporting period. No cell should be left blank. If none, enter "0" in the cell.

Debtors Receiving Instruction this Reporting Period

Q1	Number of debtors receiving instruction this reporting period	<input style="width:80px" type="text"/>
Q2	Number of debtors requesting instruction in language other than English*	<input style="width:80px" type="text"/>
Q3	Number of debtors provided instruction in language other than English*	<input style="width:80px" type="text"/>
Q4	Number of hearing-impaired debtors requesting instruction	<input style="width:80px" type="text"/>
Q5	Number of hearing-impaired debtors provided instruction	<input style="width:80px" type="text"/>

* Specify languages on next page

Instructions: Please provide actual (not estimated) data for all fees and bankruptcy certificates issued by the Provider this reporting period. No cell should be left blank. If none, please enter "0" in the cell.

Debtor Education Certificates Issued this Reporting Period

<p>Q6 Certificates issued at no cost</p> <p>Q7 Certificates issued at reduced cost</p> <p>Q8 Certificates issued at regular cost</p> <p>Total</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="3">Instructional Method</th></tr> <tr> <th align="center">a In-Person</th><th align="center">b Telephone</th><th align="center">c Internet</th></tr> </thead> <tbody> <tr><td style="height: 25px;"></td><td></td><td></td></tr> <tr><td style="height: 25px;"></td><td></td><td></td></tr> <tr><td style="height: 25px;"></td><td></td><td></td></tr> <tr><td style="height: 25px;"></td><td></td><td></td></tr> <tr> <td align="center"><small>(Q6a+Q7a+Q8a)</small></td><td align="center"><small>(Q6b+Q7b+Q8b)</small></td><td align="center"><small>(Q6c+Q7c+Q8c)</small></td></tr> </tbody> </table>	Instructional Method			a In-Person	b Telephone	c Internet													<small>(Q6a+Q7a+Q8a)</small>	<small>(Q6b+Q7b+Q8b)</small>	<small>(Q6c+Q7c+Q8c)</small>	<p align="center">Q9</p> <p align="center">Total Fees or Contributions</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">▶ a</div> <div style="border: 1px solid black; width: 100px; height: 25px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">▶ b</div> <div style="border: 1px solid black; width: 100px; height: 25px;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 25px; margin-top: 5px;"></div> <p align="center"><small>(Q9a+Q9b)</small></p>
Instructional Method																							
a In-Person	b Telephone	c Internet																					
<small>(Q6a+Q7a+Q8a)</small>	<small>(Q6b+Q7b+Q8b)</small>	<small>(Q6c+Q7c+Q8c)</small>																					

Course Evaluation Summary:

For courses conducted during	In-Person		Telephone		Internet	
Probationary or Annual Period	%Yes	%No	%Yes	%No	%Yes	%No
COURSE						
Goals were explained clearly.						
Course topics were relevant to my life.						
Learning materials were helpful.						
Course content was easy to understand.						
INSTRUCTOR						
Instructor was well prepared.						
Instructor was helpful.						
COURSE ENVIRONMENT						
Training facility was comfortable.						
Facility location was convenient.						
COURSE RESULTS						
I learned something I can use.						
I will use a budget at home.						

Languages Requested other than English*

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

* If more than ten, please attach a list of additional languages requested.

Languages Provided other than English*

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

* If more than ten, please attach a list of additional languages provided.