



U.S. Department of Education Grant Performance Report Cover Sheet (ED 524B)

OMB No. 1894-0003
Exp. 07/31/2024

Check only one box per Program Office instructions.

Annual Performance Report Final Performance Report

General Information

1. PR/Award #: H325----- 2. Grantee NCES ID#: n/a
(Block 5 of the Grant Award Notification - 11 characters.) (See instructions. Up to 12 characters.)

3 Project Title: _____
(Enter the same title as on the approved application.)

4. Grantee Name (Block 1 of the Grant Award Notification.): _____

5. Grantee Address (See instructions.) _____

6. Project Director (See instructions.) Name: _____ Title: _____

Ph #: () _____ - _____ Ext: () _____ Fax #: () _____

Email Address: _____

Reporting Period Information (See instructions).

7. Reporting Period: From: ___/___/___ To: ___/___/___

7. The Reporting Period for Year 1 of the grant is the start date of the project (e.g., 10/01/2020) to 02/28/20XX.

For Years 2-4, the Reporting Period is 03/01/20XX (e.g., 03/01/2020) to February 28, 20XX (e.g., 02/28/2021)

Budget Expenditures (To be completed by your Business Office. See instructions. Also see Section B.)

8. Budget Expenditures

	Federal Grant Funds	Non-Federal Funds (Match/Cost Share)
a. Previous Budget Period	Amount from 8.b. on last year's APR	Report cost-matching expenditures (if applicable)
b. Current Budget Period		
c. Entire Project Period (For Final Performance Reports only)		

Indirect Cost Information (To be completed by your Business Office. See instructions.)

9. Indirect Costs

a. Are you claiming indirect costs under this grant? Yes No

If yes, please indicate which of the following applies to your grant?

b. The grantee has an Indirect Cost Rate Agreement approved by the Federal Government:

The period covered by the Indirect Cost Rate Agreement is from: ___/___/___ to: ___/___/___

The approving Federal agency is: ___ ED ___ Other (Please specify): _____

The Indirect Cost Rate is _____%

The Type of Rate (For Final Performance Reports Only) is: ___ Provisional ___ Final ___ Other (Please specify): _____

c. ___ The grantee is not a State, local government, or Indian tribe, and is using the de minimus rate of 10% of modified total direct costs (MTDC) in compliance with 2 CFR 200.414(f).

d. ___ The grantee is funded under a Restricted Rate Program and is you using a restricted indirect cost rate that either:

___ Is included in its approved Indirect Cost Rate Agreement; or

___ Complies with 34 CFR 76.564(c)(2).

e. The grantee is funded under a Training Rate Program and:

Is recovering indirect cost using 8 percent of MTDC in compliance with 34 CFR 75.562(c)(2); or

___ Is recovering indirect costs using its actual negotiated indirect cost rate reflected in 9(b).

Indirect cost: Fill out item 9a, 9b, and 9e

9b. Provide the dates for current Indirect Cost Rate Agreement, Approving agency, and the negotiated Indirect Cost Rate (e.g., 42%).

9e - Check 9e and indicate that the project is recovering indirect cost using 8 percent

Human Subjects (Annual Institutional Review Board (IRB) Certification) (See instructions.)

10. Is the annual certification of Institutional Review Board (IRB) approval attached? ___ Yes ___ No ___ N/A

11 - Item 11 may be disregarded. It does not apply to OSEP's programs.

Data Privacy and Security Measures Certification (See instructions.)

11. Is a statement affirming that you are aware of federal and state data security and student privacy regulations included, with supporting documentation attached? ___ Yes ___ No

Performance Measures Status and Certification (See instructions.)

**12a. For Annual reports, check "NO"
For Final reports, check "YES"**

12. Performance Measures Status

- a. Are complete data on performance measures for the current budget period included in the Project Status Chart? ___ Yes ___ No
- b. If no, when will the data be available and submitted to the Department? ___ / ___ / ___ (mm/dd/yyyy)

12b. Enter date Final report is due which is 90 days after the end of the grant.

13. By signing this report, I certify to the best of my knowledge and belief that the report is accurate and that the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-33812).
 Furthermore, to the best of my knowledge and belief, all data in this performance report are true, complete, and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of data reported.

**Name/ Signature of Authorized Representative;
not the Project Director**

Title: _____

Name of Authorized Representative: _____

Date: ___ / ___ / ___

Signature: _____



**U.S. Department of Education
Grant Performance Report (ED 524B)
Executive Summary**

PR/Award # (11 characters): _____

(See Instructions)

Please refer to the instructions for the information that should be reported in the *Executive Summary*.

The *Executive Summary* for Annual Performance Reports is a one or two page narrative summary describing project accomplishments during this Reporting Period (3/01/2021-2/28/2022). Please include highlights of accomplishments and progress toward your project's goals and objectives during this reporting period. Report the contributions the project has made to research, knowledge, practice, and/or policy. Include a description (e.g., number, demographics, certification/licensure sought) of the program participants (e.g., OSEP Scholars) and the population(s) to be served by program completers.

Do not submit your project abstract in this section.