General Information
1. PR/Award #: H325-----
   (Block 5 of the Grant Award Notification - 11 characters.)
2. Grantee NCES ID#: n/a
   (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:
   Ph #: (  ) ________ - ________ Ext: (  ) Fax #: (  ) ________ - ________
   Email Address: __________________________________________________

Reporting Period Information (See instructions).
7. Reporting Period: From: _____/_____/_______ To: _____/_____/_______

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

<table>
<thead>
<tr>
<th></th>
<th>Federal Grant Funds</th>
<th>Non-Federal Funds (Match/Cost Share)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Previous Budget Period</td>
<td>Amount from 8.b. on last year’s APR</td>
<td>Report cost-matching expenditures (if applicable)</td>
</tr>
<tr>
<td>b. Current Budget Period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Entire Project Period</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
<pre><code>                          | (For Final Performance Reports only) |                                      |
</code></pre>

Indirect Cost Information (To be completed by your Business Office. See instructions.)
9. Indirect Costs
   a. Are you claiming indirect costs under this grant? _X_ Yes ___No
      If yes, please indicate which of the following applies to your grant?
   b. _X_ 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. _X_ The grantee is funded under a Training Rate Program and:
      _X_ 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).

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

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.)*

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)

13. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and 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**

Name of Authorized Representative:  
Title:  
Date: _____/_____/______

Signature:
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.