

21st CCLC 2006-07 Annual Performance Report: Paper Forms for Grantees

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March 2007

***U.S. Department of Education
21st Century Community Learning Centers (21st CCLC)***



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Introduction

This is a paper version of the grantee-level forms available on the Profile and Performance Information Collection System (PPICS) Web site at <http://ppics.learningpt.org/ppics/>. Any questions may be directed to the 21st CCLC helpline at 866-356-2711 or 21stcclc@contact.learningpt.org. Completed forms may be mailed to the following address:

21st CCLC PPICS APR Forms c/o Neil Naftzger
Learning Point Associates
1120 East Diehl Road, Suite 200
Naperville, IL 60563

Remember also to include completed center-level forms for each of your centers. Each center's forms should be stapled or clipped so that all of its information remains together. Please provide all information to the best of your ability:

Grantee-Level Information

Grantee Name: _____

State ID Number _____

Award Month/Year _____

Grantee Address: _____

City, State, ZIP _____

Objectives

On the next page, please list the objectives that you identified in filling out the grantee profile at <http://ppics.learningpt.org/ppics/>. (If you didn't fill out a grantee profile, please list the objectives identified in your proposal for funding.) In the columns to the right, please indicate your progress toward this objective by checking only one (1) of the following categories:

- M = Met the stated objective
- P = Did not meet but progressed toward the stated objective
- NP = Did not meet and no progress was made toward the stated objective
- U = Unable to measure progress on the stated objective
- R = Revised the stated objective
- D = Dropped the stated objective entirely
- NA = Objective not associated with the reporting period

Add additional sheets if necessary.

Objective	M	P	NP	U	R	D	NA
SAMPLE <i>Improve reading scores for regular attendees on state test by an average of five points.</i>		X					

Grantee Name _____

State Education Agency _____

Objective	M	P	NP	U	R	D	NA

Partners

Grantee Name

State Education Agency

Please fill out the information below for each partner or subcontractor you listed on your grantee profile or used during the reporting period. Print out (or photocopy) and attach additional sheets as necessary.

Partner Name: _____

Was this partner active during the reporting period? Yes No

Did this partner serve as a subcontractor during the reporting period? Yes No

Estimated monetary value of contributions made by the partner during the reporting period: _____

Estimated monetary value of the subcontract held by the partner during the reporting period: _____

Please indicate how this partner contributed to the project during the reporting period (choose all that apply):

Programming/Activity-Related Services

Goods/Materials

Volunteer Staffing

Paid Staffing

Evaluation Services

Funding/Raising Funds

Other:

Centers

_____	_____
Grantee Name	State Education Agency

Please list below each center providing services under this grant and whether it was active during the reporting period. Attach additional sheets if necessary. For each active center, fill out a separate form for center-level information.

Active Inactive

Active Inactive

Active Inactive

Active Inactive

Active Inactive

Active Inactive

Active Inactive

Active Inactive

Active Inactive

Active Inactive

Confirmation Page

Grantee Name	
_____	_____
Grantee State ID Number (if applicable)	State Education Agency

Please indicate below which APR forms you have completed. All forms are required of all grantees. Please check over the associated forms to ensure that you have included all information. If you have not completed any required section, please give an explanation for the omission on page 5 (Comments) and write “see comments” next to the section title below. Under “Center-Level Forms,” please only mark the section as complete if you have included fully complete forms for that section from **all** of your centers.

Grantee-Level Forms

_____ Objectives (pages 1 and 2)

_____ Partners (page 3)

_____ Centers (page 4)

Center-Level Forms

_____ All standard categories

_____ All required impact categories
(as determined by state education agency)

I hereby state that all the information that I have provided is complete and accurate to the best of my knowledge.

Signature