



OMB Approval No.: 1840-NEW  
Expiration Date:

**U.S. DEPARTMENT OF EDUCATION**  
**COLLEGE ACCESS CHALLENGE GRANT (CACG) PROGRAM**  
**Annual Performance Report**

1. PR award Number: \_\_\_\_\_  
(Located in block 5 of your grant award notification)

2. Name of Grantee: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Name of Project Director/Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

5. Name of Certifying Official: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

6. Report Period: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

We certify that to the best of our knowledge, the information reported herein is accurate and complete.

\_\_\_\_\_  
Name of Project Director (Print)

\_\_\_\_\_  
Name of Certifying Official (Print)

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0777. The time required to complete this information collection is estimated to average 35 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, DC 20202-4651. **If you have comments or concerns regarding the status of your individual submission of the form, write directly to:** The GEAR UP Program, U.S. Department of Education, 1990 K Street, N.W., Suite 6101, Washington, DC 20006-8524.

## INSTRUCTIONS:

College Access Challenge Grant (CACG) Program grant recipients are required to submit an Annual Performance Report (APR). This report is used by the U.S. Department of Education (ED) to determine if projects funded under CACG are making substantial progress in meeting goals and objectives of the grant, as outlined in grant applications. Please read the following instructions thoroughly to assist you in filling out the required report:

The APR consists of a **Cover Page** and **Two Parts**:

The cover page along with Parts 1 and 2 of the APR must be e-mailed to [cacgp@ed.gov](mailto:cacgp@ed.gov) in Microsoft Word (.DOC). The actual submission deadlines for Parts 1 and 2 are presented below. Please send a coversheet, signed by both the project director and certifying official, to the following address:

College Access Challenge Grant Program  
U.S. Department of Education  
Attn: Karmon Simms-Coates  
1990 K Street, NW, Suite 6132  
Washington, DC 20006

Ten days prior to the APR submission deadline, you may request permission to mail your APR by e-mailing [karmon.simms-coates@ed.gov](mailto:karmon.simms-coates@ed.gov). In your request you must include the reason why you are unable to submit the APR electronically.

**Part 1** – includes the five sections listed below, which address the implementation of services and activities, project administration, and fiscal administration. Part 1 of the APR must be completed and then submitted on or before \_\_\_\_\_.

Section I – Executive Summary  
Section II – Goals and Objectives  
Section III – Administration  
Section IV – Budgetary Information  
Section V – Services and Activities

**Part 2** – collects data relating to CACG program performance measures. Grantees must fill out and submit Part 2 of the APR only if they offered activities and services directly to students in secondary schools and/or provided scholarships to college students. Part 2 must be submitted on or before \_\_\_\_\_.

Grantees are expected to provide clear and concise responses to the APR questions. Please write “Not Applicable” or “N/A” if a question does not pertain to your project. Tables can be expanded to accommodate additional information, however, the contents of the report cannot be modified.

# **COLLEGE ACCESS CHALLENGE GRANT PROGRAM**

## **PART 1 -- ANNUAL PERFORMANCE REPORT**

### **SECTION I: EXECUTIVE SUMMARY**

1. Please provide a brief description (1-2 pages) of the current status of your project. Describe the extent to which you have implemented all program activities and components planned for this reporting period. Highlight your major outcomes, successes, and challenges.

## SECTION II: GOALS AND OBJECTIVES

- Describe the progress that your project has made towards accomplishing the objectives of your project for this reporting period as outlined in your grant application. Please list your objectives in the table below, and indicate what activities have taken place, the quantitative results of those activities, and actions required (what, if any, changes do you intend to make in response to the results that you have seen). You may extend this table on to another page as needed.

<b>Objectives: List the approved objectives from your grant application or work plan. Where applicable, provide baseline data.</b>	<b>Activities: List the activities that have been conducted to meet the objective.</b>	<b>Results: Has the objective been met? If not, what progress have you made in reaching the objective?</b>	<b>Actions required: Are you planning to make changes to the grant in response to the results?</b>
<p>Example: 1. Enrollment in 7<sup>th</sup> grade pre-algebra, 8<sup>th</sup> grade algebra, and 8<sup>th</sup> grade advanced science classes will increase by 5% by next year.                      Baseline:                      Pre-algebra 7<sup>th</sup> grade -- 10%                      Algebra 8<sup>th</sup> grade -- 5%                      Adv. Sci. 8<sup>th</sup> grade -- 20%</p>	<p>Example: Instructional support services, staff development to improve instruction, and articulation with elementary schools</p>	<p>Example: Enrollment changes from 2000/01 to 2001/02: 1) 7<sup>th</sup> grade pre-algebra: +65%                      2) 8<sup>th</sup> grade algebra: +5%                      3) 8<sup>th</sup> grade advanced science: -6% (due to increased standards for enrollment).</p>	<p>Example: Continue to identify students needing intervention services based on achievement scores. Add science component to after school tutoring program.</p>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

2. Describe any significant changes in your project design since the approval of your grant application (*e.g.*, changing from individual tutoring to group tutoring or placing more emphasis on enrichment activities rather than remediation). Do you anticipate making changes to your project design in the coming year? If so, please describe. How have any changes or anticipated changes affected your budget? How will these changes impact quantitative outcomes and your ability to meet the project's goals.

## SECTION III: ADMINISTRATION

### 1. Organizational Structure/Capacity

- a. How does CACG fit into your organizational structure?
- b. What barriers or problems have you encountered in administering your grant, and how have you addressed these problems?
- c. Please list the names and titles of key personnel that are paid by CACG Federal or matching funds, and indicate the percentage of time each individual spends working on the grant. If the percentage of time is not available, you may indicate the number of hours in which the individual was paid.

Name	Title	% of Time	Federal	Non-Federal

- d. Describe any changes to key personnel of this grant that have come about over the past year, including changes in titles, changes in percentage of time that a person is devoting to the project, hiring of a key staff person, departure of a key staff person, or addition or elimination of a position. Discuss any significant changes to key personnel proposed or anticipated for the coming year. *(Please remember that a change in key personnel or the addition or elimination of position(s) requires prior approval from the Department of Education. To request a change, please request an administrative action separate from this report. Your response to question 1d. should be a summary of approved and completed changes that have taken place during this reporting period.)*

### 2. Coordination

- a. How did you coordinate CACG activities and services with other programs in your state that assist students in preparing for and graduating from postsecondary education?

### 3. Sub-Grants

If sub-grants were issued to non-profit organizations, please answer the following questions:

- a. How many subgrants did you issue?
- b. Briefly describe any changes that were made to the grant award-making process, from what was outlined in your application.
- c. Did you develop written guidelines for subgrantees to use in implementing grants?
- d. How do you monitor the subgrants?

#### 4. Financial Aid

- a. If your project has obligated funds for future distribution of scholarships, loan cancellation or repayment, or interest rate reductions, please specify a) the purpose, b) the amount of funds that were obligated, c) whether the funds are Federal or matching contributions, and d) the place where funds are being held pending distribution (*e.g.*, are the funds in a trust account?)

	Purpose	Amount Obligated	Federal or Matching	Placement of Funds
1				
2				

- b. If any funds have been disbursed to students for scholarships, loan cancellation or repayment, or interest rate reductions, please specify a) the purpose, b) the amount of money disbursed, c) whether the funds are Federal or matching contributions, d) the method of distribution, and e) the number of students who benefited.

	Purpose	Amount Disbursed	Federal or Matching	Method of Disbursement	Number of Students
1					
2					

## SECTION IV – BUDGETARY INFORMATION

1. In the following table, please provide information about your actual and anticipated Federal expenditures for the *current budget period*. You do not need to fill in the shaded boxes, but please indicate total amounts in line D for all columns.

### Federal Budget Summary

	Federal Funds Awarded	Actual Federal Expenditures for ? - ? of Current Budget Period	Anticipated Federal Expenditures for ? -? of Current Budget Period	Anticipated Carryover to Next Budget Period (if applicable)
1. Salaries and Wages				
2. Employee Benefits				
3. Travel				
4. Materials & Supplies				
5. Consultants & Contracts				
6. Other				
A. Total Direct Costs: (Lines 1 – 6)				
B. Total Indirect Costs:				
C. Equipment				
D. *Scholarships/ Tuition Assistance				
D. Total Costs (A+B+C+D)				

\* The scholarships/tuition assistance line item also includes loan cancellation, loan repayment, and interest rate reduction.



2. In the following table, provide information about your actual and anticipated non-Federal matching contributions for the *current budget period*:

**Non-Federal Matching Budget Summary**

	Matching Contributions Proposed For Current Budget Period (September-August)	Actual Matching Contributions for September-March of Current Budget Period	Anticipated Matching Contributions for April – August of Current Budget Period	Anticipated Carryover to Next Budget Period, if applicable
<b>1. Salaries and Wages</b>				
<b>2. Employee Benefits</b>				
<b>3. Travel</b>				
<b>4. Materials &amp; Supplies</b>				
<b>5. Consultants &amp; Contracts</b>				
<b>6. Other</b>				
<b>A. Total Direct Costs: (Lines 1 – 6)</b>				
<b>B. Total Indirect Costs:</b>				
<b>C. Equipment</b>				
<b>D. *Scholarships/ Tuition Assistance</b>				
<b>E. TOTAL COSTS (A+B+C+D)</b>				

\* The scholarships/tuition assistance line item also includes loan cancellation, loan repayment, and interest rate reduction.

3. Please fill out the table below representing “actual” federal and matching expenditures for the first year. If you are reporting on the first year of implementation, you do not need to fill out this table.

	Actual Federal Expenditures Year 1	Actual Matching Contributions Year 1
<b>1. Salaries and Wages</b>		
<b>2. Employee Benefits</b>		
<b>3. Travel</b>		
<b>4. Materials &amp; Supplies</b>		
<b>5. Consultants &amp; Contracts</b>		
<b>6. Other</b>		
<b>A. Total Direct Costs:</b> (Add lines 1-6)		
<b>B. Total Indirect Costs</b>		
<b>C. Equipment Purchase</b>		
<b>D. *Scholarships/ Tuition Assistance</b>		
<b>E. TOTAL COSTS</b> (A+B+C+D)		

\* The scholarships/tuition assistance line item also includes loan cancellation, loan repayment, and interest rate reduction.

4. Please describe any changes made to your budget with respect to either Federal or matching funds.
5. Please describe how you plan to expend any carryover funds.
7. Please provide a list of matching sources, such as State appropriations, non-profit organizations, local government entities, institutions of higher education, other public or private organizations.

	<b>Source</b>	<b>Amount Contributed</b>	<b>Briefly describe the type of contribution</b>
1			
2			
3			
4			
5			
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7			
8			
9			
10			
11			
12			
13			
14			
15			

## SECTION V: SERVICES/ACTIVITIES

1. Please enter the number of students who participated in CACG activities or received services.

Number of Students: \_\_\_\_\_

2. **Services Provided to Students:** In the following table, place an “X” in the first column next to the types of services or activities provided by your project with Federal or matching funds. For each type of service provided, indicate the number of students who received the service during the reporting period.

Place an “X” in this column if your project provides this type of service	Type of Service/Activities	Number of Students
	Information for students and families (i.e., postsecondary education benefits, opportunities, planning, financial options, and college preparation)	
	Outreach activities	
	Assistance in completion of FAFSA or other financial reporting forms	
	Need-based grant aid	
	Academic enrichment	
	Loan cancellation, repayment, or interest rate reduction	
	Other (please specify)	

3. Professional Development

- a. Please enter the number of guidance counselors at middle and secondary schools, financial aid administrators, and/or college admissions counselors at an institution of higher education that participated in professional development activities.

Category	Number of Participants
Middle or High School Counselors	
Financial Aid Administrators	
College Admissions Counselors	

- b. Please describe briefly the type of professional development activities that were implemented (e.g., workshops and/or materials).

# COLLEGE ACCESS CHALLENGE GRANT PROGRAM

## PART 2 - ANNUAL PERFORMANCE REPORT

Grantees must fill out and submit Part 2 of the APR only if they offered activities and services directly to students in secondary schools and/or provided scholarships to college students. Part 2 must be submitted on or before \_\_\_\_\_.

1. If your project offers activities and services directly to students in secondary schools:

- a. Please provide the number of high school seniors who received services as a result of the CACG grant in the FY 200\_\_ academic year. Note: If secondary school guidance counselors were provided professional development in applying for federal student financial assistance, include all of the high school seniors at the guidance counselors' target school(s).

Number of Students

- b. Please provide the number of high school seniors who completed a Free Application for Federal Student Aid (FAFSA) in the FY 200\_\_ academic year.

Number of Students

2. If your project has a scholarship (need-based grant aid) program, please provide the following information for the 200\_\_ - 200 \_\_ academic year .

- a. Number of high school seniors who were offered a CACG scholarship with Federal funds. \_\_\_\_\_
- b. Total cost of CACG scholarships offered to high school seniors with Federal funds for their first year of postsecondary education with federal funds. \_\_\_\_\_
- c. Number of high school seniors who were offered a CACG scholarship with Federal funds and enrolled in postsecondary education within one year of high school graduation. \_\_\_\_\_
- d. Number of college freshmen who received a CACG scholarship with Federal funds. \_\_\_\_\_