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|  |
| Grantee: Report: [Year] Final Report[Grant Number] - [Year] Final Report 1. PR/Award Grant:
2. Program:[Comprehensive & Special Focus]
3. Institutional Name & Address:
4. Project Title:
5. US Project Director / Contact Person:

|  |  |  |
| --- | --- | --- |
| Name: |   |  |
| Title: |  |
| Address: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |

1. Performance Reporting Period:
2. Current Budget Period:
3. Authorized Representative:

|  |  |  |
| --- | --- | --- |
| Name: |   |  |
| Title: |  |
| Phone: |  |

I. Project Description

|  |  |
| --- | --- |
| Project Title: |  |
| Abstract: |  |
| Online References: | [URL]  |
| Subject Categories: |

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| Contacts: |

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|  |
| **Expense** | **(1) Original Budget[Start Date][End Date]** | **(2)Expenditures[Start Date][End Date]** | **(3)Estimated Balance** |
|  |
| A. Administrative Costs |
| 1. Personnel |  |  | $0 |
| 2. Fringe Benefits |  |  | $0 |
| 3. Travel |  |  | $0 |
| 4. Equipment |  |  | $0 |
| 5. Supplies |  |  | $0 |
| 6. Contractual |  |  | $0 |
| 7. Construction |  |  | $0 |
| 8. Other |  |  | $0 |
| B. Language Stipends (EC-US, US-Brazil, North American projects only) |  |  | $0 |
| C. Mobility Stipends (EC-US, US-Brazil, North American projects only) |  |  | $0 |
| D. Indirect Costs |  |  | $0 |
| E. Training Stipends or Scholarships |  |  | $0 |
| **Total** | $0 | $0 | $0 |
|   |

|  |
| --- |
| Project Cost Share Totals Provided by Institution (and Partners if applicable) |
|  |
| **Expense** | **(1) Original Budget[Start Date][End Date]** | **(2)Expenditures[Start Date][End Date]** | **(3)Estimated Balance** |
|  |
| A. Administrative Costs |
| 1. Personnel |  |  | $0 |
| 2. Fringe Benefits |  |  | $0 |
| 3. Travel |  |  | $0 |
| 4. Equipment |  |  | $0 |
| 5. Supplies |  |  | $0 |
| 6. Contractual |  |  | $0 |
| 7. Construction |  |  | $0 |
| 8. Other |  |  | $0 |
| B. Language Stipends (EC-US, US-Brazil, North American projects only) |  |  | $0 |
| C. Mobility Stipends (EC-US, US-Brazil, North American projects only) |  |  | $0 |
| D. Indirect Costs |  |  | $0 |
| E. Training Stipends or Scholarships |  |  | $0 |
| **Total** | $0 | $0 | $0  |
| Section 1 - Financial Data |  |  |
| 1  | Did your organization expend more than $500,000 in Federal funds during the last fiscal year?  |  |  |
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| --- | --- | --- |
| (  ) Yes  | (  ) No  | (  ) N/A  |

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|   |  |  |
| 2  | When was your most recent OMB Circular A-133 audit?  |  |  |
|   | Fiscal Year: |  |  |
|   |  |  |  |
|   |  |  |
| 3  | Were there any findings under your most recent audit?  |  |  |
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| --- | --- | --- |
| (  ) Yes  | (  ) No  | (  ) N/A  |

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| 4  | Have all the findings been resolved through corrective actions?  |  |  |
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| --- | --- | --- |
| (  ) Yes  | (  ) No  | (  ) N/A  |

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| 5  | Does your organization maintain time distribution records for each employee to account for the total activity for which an employee is compensated from the present grant award?  |  |  |
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| --- | --- | --- |
| (  ) Yes  | (  ) No  | (  ) N/A  |

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| 6  | Does your organization have procedures in place to minimize the time elapsing between the transfer of funds to your organization by a Federal agency and your organization’s expenditures of such funds?  |  |  |
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| --- | --- | --- |
| (  ) Yes  | (  ) No  | (  ) N/A  |

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|   |  |  |
| 7  | Does your organization have a current negotiated indirect cost rate agreement?  |  |  |
|   |

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| (  ) Yes  |
| (  ) No  |

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| Negotiated indirect cost percentage rate (please do not include the "%" sign):    |

 |  |  |
|   | Expiration Date: |  |  |
|   |  |  |  |
|   |  |  |
| 8  | Total funds expended for for-profits? (No commas)  |  |  |
|   |

|  |
| --- |
| Equipment: $    |

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|   |  |  |
|    |    |  |  |
|   |

|  |
| --- |
| Consultants: $    |

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|   |  |  |
|    |    |  |  |
|   |

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| --- |
| Contractual: $    |

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|   |  |  |
| 9  | Total funds expended for scholarships and stipends? (No commas)  |  |  |
|   |

|  |  |
| --- | --- |
| Scholarships: $    | Stipends: $    |

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| Section 2 - Performance Data |  |  |
| 1a  | Was there a change in the project director this year?  |  |  |
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| (  ) Yes  |
| (  ) No  |

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|   |  |  |
| 1b  | If you answered "Yes" to question 1a, please write in the name and phone number of the new project director.  |  |  |
|   |  |  |  |
|   |  |  |
| 2a  | Is one of the stated objectives of your project to increase access to an institution, program, field, or discipline?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |

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|   |  |  |
| 2b  | Whether it is a stated objective or not, has your project resulted in increased access to an institution, program, field, or discipline?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

 |  |  |
|   |  |  |
| If you answered "No" to question 2b, please go to question 3a. |  |  |
| 2c  | Has increased access to an institution, program, field, or discipline become a sustained activity at the end of the grant?  |  |  |
|   |

|  |
| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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|   |  |  |
| 3a  | Is one of the stated objectives of your project to increase student retention in an institution, program, field, or discipline?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |

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|   |  |  |
| 3b  | Whether it is a stated objective or not, has your project resulted in increased student retention in an institution, program, field, or discipline?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

 |  |  |
|   |  |  |
| If you answered "No" to question 3b, please go to question 4a. |  |  |
| 3c  | Has increased student retention in an institution, program, field, or discipline become a sustained activity at the end of the grant?  |  |  |
|   |

|  |
| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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| 4a  | Is one of the stated objectives of your project to control costs of, or produce cost savings in, higher education?  |  |  |
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| (  ) Yes  |
| (  ) No  |

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|   |  |  |
| 4b  | Whether it is a stated objective or not, has your project resulted in cost control or cost savings in any way?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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|   |  |  |
| If you answered "No" to question 4b, please go to question 5a. |  |  |
| 4c  | Please provide examples of the cost control or cost savings brought about by your project:  |  |  |
|   |  |  |  |
|   |  |  |
| 4d  | Has cost control or cost savings become a sustained activity at the end of the grant?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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| 5a  | Is one of the stated objectives of your project to train faculty or staff?  |  |  |
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| --- |
| (  ) Yes  |
| (  ) No  |

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| 5b  | Whether it is a stated objective or not, has your project trained faculty or staff?  |  |  |
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|  |
| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

 |  |  |
|   |  |  |
| If you answered "No" to question 5b, please go to question 6a. |  |  |
| 5c  | If you answered "Yes" to question 5b, has faculty or staff training become a sustained activity at the end of the grant?  |  |  |
|   |

|  |
| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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|   |  |  |
| 6a  | Is one of the stated objectives of your project to improve student learning?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |

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|   |  |  |
| 6b  | Whether it is a stated objective or not, has your project improved student learning?  |  |  |
|   |

|  |
| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

 |  |  |
|   |  |  |
| If you answered "No" to question 6b, please go to question 7a. |  |  |
| 6c  | Briefly explain how your project improved student learning and how you measured this improvement:  |  |  |
|   |  |  |  |
|   |  |  |
| 6d  | Have the activities in your project that improve student learning become sustained at the end of the grant?  |  |  |
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| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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| 7a  | Has your project involved the implementation of an innovative practice in postsecondary education?  |  |  |
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| (  ) Yes  |
| (  ) No  |

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| If you answered "No" to question 7a, please go to question 8. |  |  |
| 7b  | Briefly describe the innovation:  |  |  |
|   |  |  |  |
|   |  |  |
| 7c  | Will this innovative practice be sustained at the end of the grant?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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|   |  |  |
| 7d  | Have any other institutions or organizations expressed interest in using this innovative practice?  |  |  |
|   |

|  |
| --- |
| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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|   |  |  |
| If you answered "No" to question 7d, please go to question 8. |  |  |
| 7e  | How many institutions expressed interest in using this innovative practice since the beginning of the grant?  |  |  |
|   |

|  |
| --- |
| Total:    |

 |  |  |
|   |  |  |
| 7f  | Has the innovation been used at a site (campus or organization) other than at the grantee organization?  |  |  |
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| (  ) Yes  |
| (  ) No  |
| (  ) Too soon to say (annual reports only)  |
| (  ) Not sure  |

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|   |  |  |
| If you answered "No" to question 7f, please go to question 8. |  |  |
| 7g  | How many institutions or organizations have used this innovation since the beginning of the grant?  |  |  |
|   |

|  |
| --- |
| Total:    |

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|   |  |  |
| 8  | How many institutions or organizations were involved at the beginning of the project, including the grantee?  |  |  |
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|  |
| --- |
| Total:    |

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| 9a  | Have any additional institutions or organizations become involved in the project since the beginning of the grant?  |  |  |
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| (  ) Yes  |
| (  ) No  |

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| If you answered "No" to question 9a, please go to question 10a. |  |  |
| 9b  | How many additional institutions have become involved in the project since the beginning of the grant?  |  |  |
|   |

|  |
| --- |
| Additional number:    |

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|   |  |  |
| 10a  | Have any institutions or organizations expressed interest in materials or other results of the project?  |  |  |
|   |

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| --- |
| (  ) Yes  |
| (  ) No  |

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| If you answered "No" to question 10a, please go to question 11. |  |  |
| 10b  | How many institutions or organizations expressed interest in materials or other results of the project?  |  |  |
|   |

|  |
| --- |
| Total:    |

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|   |  |  |
| 11  | Did your project receive or involve any of the following since the beginning of the grant? (check all that apply)  |  |  |
|   |

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| --- |
| (  ) On-going costs included in operating budget  |
| (  ) New courses officially approved  |
| (  ) New programs officially approved  |
| (  ) Changes in curriculum  |
| (  ) Changes in the approaches to teaching  |
| (  ) Changes in written institutional policies or procedures  |
| (  ) Additional faculty FTE added to operating budget through non-FIPSE funds  |
| (  ) Additional staff FTE added to operating budget through non-FIPSE funds  |
| (  ) Not applicable  |
| (  ) Other (Please write in other)  |

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| 12a  | Has your project received any additional funding (external or internal) since the beginning of the project?  |  |  |
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| (  ) Yes  |
| (  ) No  |

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| If you answered "No" to question 12a, please go to question 13a. |  |  |
| 12b  | What kind of additional funding has it received? (check all that apply)  |  |  |
|   |

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| --- |
| (  ) Additional in-kind contribution  |
| (  ) Additional institutional funding  |
| (  ) Additional federal funding  |
| (  ) Additional state funding  |
| (  ) Additional funding from for-profit firm  |
| (  ) Additional funding from private foundation  |
| (  ) Other (Please write in other)  |

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| 13a  | Has your project received any press coverage since the beginning of the project?  |  |  |
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| (  ) Yes  |
| (  ) No  |

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| If you answered "No" to question 13a, please go to question 14a. |  |  |
| 13b  | Please indicate the kind of press coverage your project has received. (check all that apply)  |  |  |
|   |

|  |
| --- |
| (  ) International media coverage  |
| (  ) National media coverage  |
| (  ) Local media coverage  |
| (  ) Institutional/organizational publication  |
| (  ) National association or trade association publication  |
| (  ) Other  |

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| 14a  | Has your project won any awards since the beginning of the grant?  |  |  |
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| (  ) Yes  |
| (  ) No  |

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| If you answered "No" to question 14a, please go to question 15. |  |  |
| 14b  | Please write in the name, date, source, and, if applicable, the amount of each award.  |  |  |
|   |  |  |  |
|   |  |  |
| 15  | Please list the kinds of activities, products, and resources resulting from your project since the beginning of the grant. (Check all that apply)  |  |  |
|   |

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| --- |
| (  ) Project-based conferences or symposia  |
| (  ) Conference presentations  |
| (  ) Course modules  |
| (  ) Project-specific Web site  |
| (  ) Textbooks  |
| (  ) Software programs  |
| (  ) Conference proceedings  |
| (  ) Books  |
| (  ) Video materials  |
| (  ) Guides and handbooks  |
| (  ) Printed course materials  |
| (  ) Web-based course materials  |
| (  ) Technical reports  |
| (  ) Journal articles  |
| (  ) CD-ROMs/DVDs  |
| (  ) Other (Please write in other)  |

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| 16  | Please rate the quality of FIPSE's service to you and other project staff (telephone discussions, e-mails, advising on technical and financial issues, evaluation, Web resources)  |  |  |
|   |

|  |
| --- |
| (  ) Superior  |
| (  ) Above Average  |
| (  ) Average  |
| (  ) Below Average  |
| (  ) Poor  |

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| 17  | Please rate your satisfaction with the FIPSE Project Directors' Meeting in helping you and your staff.  |  |  |
|   |

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| --- |
| (  ) Superior  |
| (  ) Above Average  |
| (  ) Average  |
| (  ) Below Average  |
| (  ) Poor  |
| (  ) Was unable to attend this year(  ) Not applicable |

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|   |  |  |
| 18  | Please comment on the helpfulness of FIPSE's service.  |  |  |
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|  IV. Report Files**Performance Narrative** *No files* **Evaluation Report** *No files* **Other Documents (Optional)** *No files*   |  |  |

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