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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: | |  |  |  | | --- | --- | --- | |  |  |  | | | Contacts: | |  |  |  | | --- | --- | --- | |  | | | |  | | | |  | | | |  |  |  | |  | |  | |  |  | | |
|  | | | |
| **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? |  |  |
|  | |  |  |  | | --- | --- | --- | | (  ) Yes | (  ) No | (  ) N/A | |  |  |
|  | |  |  |
| 2 | When was your most recent OMB Circular A-133 audit? |  |  |
|  | Fiscal Year: |  |  |
|  |  |  |  |
|  | |  |  |
| 3 | Were there any findings under your most recent audit? |  |  |
|  | |  |  |  | | --- | --- | --- | | (  ) Yes | (  ) No | (  ) N/A | |  |  |
|  | |  |  |
| 4 | Have all the findings been resolved through corrective actions? |  |  |
|  | |  |  |  | | --- | --- | --- | | (  ) Yes | (  ) No | (  ) N/A | |  |  |
|  | |  |  |
| 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? |  |  |
|  | |  |  |  | | --- | --- | --- | | (  ) Yes | (  ) No | (  ) N/A | |  |  |
|  | |  |  |
| 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? |  |  |
|  | |  |  |  | | --- | --- | --- | | (  ) Yes | (  ) No | (  ) N/A | |  |  |
|  | |  |  |
| 7 | Does your organization have a current negotiated indirect cost rate agreement? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
|  |  |  |  |
|  | |  | | --- | | Negotiated indirect cost percentage rate (please do not include the "%" sign): | |  |  |
|  | Expiration Date: |  |  |
|  |  |  |  |
|  | |  |  |
| 8 | Total funds expended for for-profits? (No commas) |  |  |
|  | |  | | --- | | Equipment: $ | |  |  |
|  | |  |  |
|  |  |  |  |
|  | |  | | --- | | Consultants: $ | |  |  |
|  | |  |  |
|  |  |  |  |
|  | |  | | --- | | Contractual: $ | |  |  |
|  | |  |  |
| 9 | Total funds expended for scholarships and stipends? (No commas) |  |  |
|  | |  |  | | --- | --- | | Scholarships: $ | Stipends: $ | |  |  |
|  | |  |  |
| Section 2 - Performance Data | |  |  |
| 1a | Was there a change in the project director this year? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 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? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 2b | Whether it is a stated objective or not, has your project resulted in increased access to an institution, program, field, or discipline? |  |  |
|  | |  | | --- | | (  ) 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 | |  |  |
|  | |  |  |
| 3a | Is one of the stated objectives of your project to increase student retention in an institution, program, field, or discipline? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 3b | Whether it is a stated objective or not, has your project resulted in increased student retention in an institution, program, field, or discipline? |  |  |
|  | |  | | --- | | (  ) 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 | |  |  |
|  | |  |  |
| 4a | Is one of the stated objectives of your project to control costs of, or produce cost savings in, higher education? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 4b | Whether it is a stated objective or not, has your project resulted in cost control or cost savings in any way? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | | (  ) Too soon to say (annual reports only) | | (  ) Not sure | |  |  |
|  | |  |  |
| 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? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | | (  ) Too soon to say (annual reports only) | | (  ) Not sure | |  |  |
|  | |  |  |
| 5a | Is one of the stated objectives of your project to train faculty or staff? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 5b | Whether it is a stated objective or not, has your project trained faculty or staff? |  |  |
|  | |  | | --- | | (  ) 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 | |  |  |
|  | |  |  |
| 6a | Is one of the stated objectives of your project to improve student learning? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 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? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | | (  ) Too soon to say (annual reports only) | | (  ) Not sure | |  |  |
|  | |  |  |
| 7a | Has your project involved the implementation of an innovative practice in postsecondary education? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 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? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | | (  ) Too soon to say (annual reports only) | | (  ) Not sure | |  |  |
|  | |  |  |
| 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 | |  |  |
|  | |  |  |
| 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? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | | (  ) Too soon to say (annual reports only) | | (  ) Not sure | |  |  |
|  | |  |  |
| 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: | |  |  |
|  | |  |  |
| 8 | How many institutions or organizations were involved at the beginning of the project, including the grantee? |  |  |
|  | |  | | --- | | Total: | |  |  |
|  | |  |  |
| 9a | Have any additional institutions or organizations become involved in the project since the beginning of the grant? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 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: | |  |  |
|  | |  |  |
| 10a | Have any institutions or organizations expressed interest in materials or other results of the project? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 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: | |  |  |
|  | |  |  |
| 11 | Did your project receive or involve any of the following since the beginning of the grant? (check all that apply) |  |  |
|  | |  | | --- | | (  ) 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) | |  |  |
|  | |  |  |
| 12a | Has your project received any additional funding (external or internal) since the beginning of the project? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 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) |  |  |
|  | |  | | --- | | (  ) 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) | |  |  |
|  | |  |  |
| 13a | Has your project received any press coverage since the beginning of the project? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 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 | |  |  |
|  | |  |  |
| 14a | Has your project won any awards since the beginning of the grant? |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |
|  | |  |  |
| 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) |  |  |
|  | |  | | --- | | (  ) 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) | |  |  |
|  | |  |  |
| 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 | |  |  |
|  | |  |  |
| 17 | Please rate your satisfaction with the FIPSE Project Directors' Meeting in helping you and your staff. |  |  |
|  | |  | | --- | | (  ) Superior | | (  ) Above Average | | (  ) Average | | (  ) Below Average | | (  ) Poor | | (  ) Was unable to attend this year  (  ) Not applicable | |  |  |
|  | |  |  |
| 18 | Please comment on the helpfulness of FIPSE's service. |  |  |
|  |  |  |  |
| IV. Report Files  **Performance Narrative**  *No files*  **Evaluation Report**  *No files*  **Other Documents (Optional)**  *No files* | |  |  |

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