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| Grantee:  Report: [Year] Annual Report  [Grant Number] - [Year] Annual Report Cover Sheet   1. PR/Award Grant: 2. Program: Congressionally-Directed Projects 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: |  | | Congressional Purpose: |  | | Abstract: |  | | Online References: | [URL] | | Subject Categories: | |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | | | Contacts: |  | |
|  | | | | |
| **Expense** | 1. **Original Budget**   **[Start Date]**  **[End Date]** | **(2)Expenditures**  **[Start Date]**  **[End Date]** | **(3)Obligations & Projected Expenditures** | **(4)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 | $0 |
|  | | | | |

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| --- | --- | --- | --- | --- |
| 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)Obligations & Projected Expenditures** | **(4)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 | $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 | |  |  |  |
| 1. | Has your project director changed during this reporting period? |  |  |  |
|  | |  | | --- | | (  ) Yes | | (  ) No | |  |  |  |
|  | |  |  |  |
| 1b. | If you answered "Yes," please provide the name, title, address, telephone, fax, and E-mail address of the new project director? |  |  |  |
|  |  |  |  |  |
|  | |  |  |  |
| 2. | What is the primary purpose of your Congressionally-directed grant? (Check all that apply) |  |  |  |
|  | |  |  | | --- | --- | | (  ) Purchase of equipment, computers, or technology | (  ) Scholarships | | (  ) Endowment | (  ) Conferences | | (  ) Professional Development | (  ) Initiate a new academic program | | (  ) Provide specialized training to underserved populations | (  ) Curriculum development | | (  ) Support an academic program | (  ) Provide support for research activities | | (  ) Enhance student services | (  ) Provide services to learners with disabilities | | (  ) Provide service for veterans | (  ) Job Training | | (  ) Other (Specify) |  | |  |  |  |
|  | |  |  |  |
| 3. | If the purpose of the grant was to support new or ongoing academic programs, in which area(s) of study would it pertain? (Check all that apply) |  |  |  |
|  | |  |  | | --- | --- | | (  ) Teacher education | (  ) Science education | | (  ) Health care education | (  ) Distance learning education | | (  ) Math education | (  ) Humanities or arts education | | (  ) Civic engagement/leadership education | (  ) Vocational or On-the-job training education | | (  ) Homeland security | (  ) Unspecified curriculum development | | (  ) Professional education (law, business, journalism, etc.) | (  ) Other (Specify) | | (  ) N/A |  | |  |  |  |
|  | |  |  |  |
| 4. | Methods used to determine outcomes: |  |  |  |
|  | |  | | --- | | (  ) Assessments | | (  ) Surveys | | (  ) Observations | | (  ) Focus Groups | | (  ) Outcomes accounted for by deliverables (e.g., equipment purchased) | | (  ) Outcomes consisted of the number of awards made (e.g., scholarships awarded) | | (  ) Other (Specify) | |  |  |  |
|  | |  |  |  |
| 5. | Deliverables as outcomes of the grant: (Check all that apply) |  |  |  |
|  | |  |  | | --- | --- | | (  ) Project-based conferences | (  ) Conference materials | | (  ) Conference presentations/speakers | (  ) Course Modules | | (  ) Project-specific Web-site | (  ) Textbooks | | (  ) Software programs | (  ) Books | | (  ) Video Materials | (  ) Guides and handbooks | | (  ) Printed course materials | (  ) Web-based course materials | | (  ) Technical reports | (  ) Journal articles | | (  ) CD-ROMs/DVDs | (  ) Purchased equipment | | (  ) Other (Specify) |  | |  |  |  |
|  | |  |  |  |
| 6. | List activities which addressed specific project objectives: |  |  |  |
|  |  |  |  |  |
|  | |  |  |  |
| 7. | Identify project outcomes (results of meeting objectives) that have notably impacted the Congressional purpose of your grant. Number each separately and elaborate. |  |  |  |
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|  | |  |  |  |
| 8. | FIPSE administers the Congressionally-directed grants for postsecondary education by reviewing applications, distributing grant management materials, and providing technical assistance on project-specific issues. Please rate the overall quality of FIPSE's service to your project: |  |  |  |
|  | |  | | --- | | (  ) Superior | | (  ) Very satisfactory | | (  ) About average | | (  ) Somewhat unsatisfactory | | (  ) Very poor | |  |  |  |
|  | |  |  |  |
| 9. | If you rated FIPSE's service as less than "Superior", please tell us how our service may be improved. |  |  |  |
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| IV. Report Files  **Performance Narrative**  *No files* | |  |  |  |

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