

Grantee:

Report: [Year] Final Report

[Grant Number] - [Year] Final

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:

6. Performance Reporting Period:

7. Current Budget Period:

8. 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)Expenditure s [Start Date] [End Date]	(3)Estimated Balance
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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
<b>Total</b>		\$0	\$0

Project Cost Share Totals Provided by Institution (and Partners if applicable)

Expense	(2)Expenditure			(3)Estimated Balance
	(1) Original Budget	[Start Date]	s	
			[End Date]	
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
<b>Total</b>		\$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

<input type="checkbox"/> Provide specialized training to underserved populations <input type="checkbox"/> Support an academic program <input type="checkbox"/> Enhance student services <input type="checkbox"/> Provide service for veterans <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Curriculum development <input type="checkbox"/> Provide support for research activities <input type="checkbox"/> Provide services to learners with disabilities <input type="checkbox"/> Job Training
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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)

<input type="checkbox"/> Teacher education <input type="checkbox"/> Health care education <input type="checkbox"/> Math education <input type="checkbox"/> Civic engagement/leadership education <input type="checkbox"/> Homeland security <input type="checkbox"/> Professional education (law, business, journalism, etc.) <input type="checkbox"/> N/A	<input type="checkbox"/> Science education <input type="checkbox"/> Distance learning education <input type="checkbox"/> Humanities or arts education <input type="checkbox"/> Vocational or On-the-job training education <input type="checkbox"/> Unspecified curriculum development <input type="checkbox"/> Other (Specify)
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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)

<input type="checkbox"/> Project-based conferences <input type="checkbox"/> Conference presentations/speakers <input type="checkbox"/> Project-specific Web-site <input type="checkbox"/> Software programs <input type="checkbox"/> Video Materials <input type="checkbox"/> Printed course materials <input type="checkbox"/> Technical reports <input type="checkbox"/> CD-ROMs/DVDs <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Conference materials <input type="checkbox"/> Course Modules <input type="checkbox"/> Textbooks <input type="checkbox"/> Books <input type="checkbox"/> Guides and handbooks <input type="checkbox"/> Web-based course materials <input type="checkbox"/> Journal articles <input type="checkbox"/> Purchased equipment
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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.

8. Were any new jobs created as a result of the grant award?

- Yes
- No

8a. If yes, please estimate the number of jobs:

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9. Do you intend to apply for any competitive grant funding to continue or expand this project within the next 12 months?

- Yes

No

10. 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

11. If you rated FIPSE's service as less than "Superior", please tell us how our service may be improved.

#### IV. Report Files

##### Performance Narrative

*No files*