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Grantee:  
Report:  
[Year] Annual  
Report  
[Grant  
Number] -  
[Year] Annual  
Report

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Period:

7. Current Budget Period:  
8. Authorized Representative:

Name:  
Title:  
Phone:

I. Project Description

Project Title:

Abstract:

Online [U  
References: ]

Subject Categories:

Contacts:

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Expense	(1) Original	(2) Expenses	(3) Obligations &	(4) Estimated Balance
	[Start Date]	Projected	Expenditures	
	[End Date]			

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t
[Start Date]
[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 and Scholarships	\$0
<b>Total</b>	\$0      \$0      \$0      \$0

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

Expenses	(1) Original Budget	(2) Expenses [Start Date] [End Date]	(3) Obligations & Projected Expenditure	(4) Estimated Balance
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et	[Start Date]	[End Date]	s
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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 and Scholarships				\$0
<b>Total</b>	\$0	\$0	\$0	\$0

### III. Mobility

#### Student mobility from U.S. to [Country]:

U.S. to [Country]	[Country] Lead	[Country] Partner	Total U.S. students sent
U.S. Lead			0
U.S. Partner 1			0
U.S. Partner 2			0
<b>Total</b>	0	0	0

1. Total number of U.S. students in current year
2. Total number of U.S. students since the beginning of the project, including current year \_
3. Average duration of study abroad for U.S. students \_
4. Average stipend for U.S. students in US\$ \_
5. Total number of U.S. students who participated in current year but did not study in [Country] \_
6. Total number of U.S. students who participated since the beginning of the project, including current year, but did not study in [Country] \_

#### Student mobility from [Country] to U.S.:

[Country] to U.S.	U.S. Lead	U.S. Partner 1	U.S. Partner 2	Total [Country] students sent
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[Country] Lead				0
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[Country] 0  
Partner

Total 0 0 0 0

1. Total number of [Country] students in current year \_
2. Total number of [Country] students since the beginning of the project, including current year \_
3. Average duration of study abroad for [Country] students \_
4. Average stipend for [Country] students in US\$
5. Total number of [Country] students who participated in current year but did not study in U.S. \_
6. Total number of [Country] students who participated since the beginning of the project, including current year, but did not study in U.S. \_

**Faculty Mobility:**

1. Total number of U.S. faculty to [Country] in current year \_
2. Total number of U.S. faculty to [Country] since the beginning of the project, including current year \_
3. Total number of U.S. faculty who participated in current year but did not travel to [Country] \_
4. Total number of U.S. faculty who participated since the beginning of the project, including current year, but did not travel to [Country] \_
5. Total number of [Country] faculty to U.S. in current year \_
6. Total number of [Country] faculty to U.S. since the beginning of the project, including current year \_
7. Total number of [Country] faculty who participated in current year but did not travel to U.S. \_
8. Total number of [Country] faculty who participated since the beginning of the project, including current year, but did not travel to U.S. \_

IV

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? (Leave blank if you have not had one)

Fiscal Year:

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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

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scholarships and stipends? (No commas)

Scholarships: \$ \_ Stipends: \$ \_

Section 2 - Performance Data

1

Were there any institutional or key personnel changes that occurred in the past year? If yes, please explain in the "Objectives" section of the performance narrative.

Yes

No

2

By the end of the first year the consortium is required to submit, to the separate funding authorities, copies of formal agreements signed by all partner institutions with respect to (a) academic credit transfer and recognition and (b) student tuition and fees. Please indicate whether or not these agreements have been submitted with this report. If no, please explain in the "Objectives" section of the performance narrative.

Have these agreements been submitted with this report?

Yes

No

3

How many additional institutions or organizations have become involved in the project since the beginning of the grant?

Additional number: \_

4

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

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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)

5

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

If you answered "No" to question 5, please go to question 7.

6

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)

7

Has your project received any press coverage since the beginning of the project?  
 Yes  
 No

If you answered "No" to question 7, please go to question 9.

8

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

9

Has your project received any awards since the beginning of the grant?  
 Yes  
 No

If you answered "No" to question 9, please go to question 11.

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- 10 Please write in the name, date, source, and, if applicable, the amount of each award.
- 11 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)
- 12 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
- 13 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
- 14 Please comment on the helpfulness of FIPSE's service.

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*No files*  
Evaluation Report

*No files*  
Other Documents (Optional)

*No files*

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