



**U.S. Department of Education
Grant Performance Report Cover Sheet (ED 524B)**

OMB No. 1894-0003
Exp. 2/28/201X

Check only one box per Program Office instructions.

Annual Performance Report Final Performance Report

General Information

1. PR/Award #: _____ 2. Grantee NCES ID#: _____
(Block 5 of the Grant Award Notification - 11 characters.) (See instructions. Up to 12 characters.)

3 Project Title: _____
(Enter the same title as on the approved application.)

4. Grantee Name *(Block 1 of the Grant Award Notification.):* _____

5. Grantee Address *(See instructions.)*

6. Project Director *(See instructions.)* Name: _____ Title: _____

Ph #: () _____ - _____ Ext: () _____ Fax #: () _____ - _____

Email Address: _____

Reporting Period Information *(See instructions.)*

7. Reporting Period: From: ____/____/____ To: ____/____/____ (mm/dd/yyyy)

Budget Expenditures *(To be completed by your Business Office. See instructions. Also see Section B.)*

8. Budget Expenditures

	Federal Grant Funds	Non-Federal Funds <i>(Match/Cost Share)</i>
a. Previous Budget Period		
b. Current Budget Period		
c. Entire Project Period <i>(For Final Performance Reports only)</i>		

Indirect Cost Information *(To be completed by your Business Office. See instructions.)*

9. Indirect Costs

a. Are you claiming indirect costs under this grant? Yes No

b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federal Government? Yes No

c. If yes, provide the following information:

Period Covered by the Indirect Cost Rate Agreement: From: ____/____/____ To: ____/____/____ (mm/dd/yyyy)

Approving Federal agency: ED Other *(Please specify):* _____

Type of Rate *(For Final Performance Reports Only)*: Provisional Final Other *(Please specify):* _____

d. For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

Is included in your approved Indirect Cost Rate Agreement?

Complies with 34 CFR 76.564(c)(2)?

Human Subjects (Annual Institutional Review Board (IRB) Certification) *(See instructions.)*

10. Is the annual certification of Institutional Review Board (IRB) approval attached? Yes No N/A

Performance Measures Status and Certification *(See instructions.)*

11. Performance Measures Status

a. Are complete data on performance measures for the current budget period included in the Project Status Chart? Yes No

b. If no, when will the data be available and submitted to the Department? ____/____/____ (mm/dd/yyyy)

12. To the best of my knowledge and belief, all data in this performance report are true and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the data.

 Name of Authorized Representative: Title: _____

 Signature: Date: ____/____/____



**U.S. Department of Education
Grant Performance Report (ED 524B)
Executive Summary**

OMB No. 1894-0003
Exp. 2/28/201X

PR/Award # (11 characters): _____

(See Instructions)

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 22 hours per response for annual performance reports and 23 hours per response for final performance reports including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1894-0003.