OMB Approval No.: 1840-0802

 Expiration Date : ----

U.S. DEPARTMENT OF EDUCATION

COLLEGE ACCESS CHALLENGE GRANT (CACG) PROGRAM

# **Annual Performance Report**

 1. PR award Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Located in block 5 of your grant award notification)

 2. Name of Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. Name of Project Director/Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. Name of Certifying Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6. Report Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day/Year Month/Day/Year

We certify that to the best of our knowledge, the information reported herein is accurate and complete.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Project Director (Print) Name of Certifying Official (Print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature and Date Signature and Date

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 40 hours per response, 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 (§781 or Higher Education Act of 1965, as amended). 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 Avenue, S.W., Washington, DC 20210-4537 or e-mail ICDocketMgr@ed.gov and reference the OMB Control Number 1840-0802. Note: Please do not return the completed annual performance report for the College Access Challenge Grant Program to this address.OMB Approval No.: 1840-NEW

 **INSTRUCTIONS:**

College Access Challenge Grant (CACG) Program grant recipients are required to submit an Annual Performance Report (APR). This report is used by the U.S. Department of Education (ED) to determine if projects funded under CACG are making substantial progress in meeting goals and objectives of the grant, as outlined in grant applications. Please read the following instructions thoroughly to assist you in filling out the required report:

The APR consists of a **Cover Page** and **Two Parts**:

The cover page along with Parts 1 and 2 of the APR must be e-mailed to cacgp@ed.gov in Microsoft Word format (\*.doc). The actual submission deadlines for Parts 1 and 2 are presented below. Please send a cover sheet, signed by both the project director and certifying official, within three days after electronic submission to the following address:

 College Access Challenge Grant Program

 U.S. Department of Education

 Attn: Karmon Simms-Coates

 1990 K Street, NW, Suite 6130

 Washington, DC 20006

Ten days prior to the APR submission deadline, you may request permission to mail your APR by e-mailing karmon.simms-coates@ed.gov. In your request you must include the reason why you are unable to submit the APR electronically.

**Part 1** – includes the five sections listed below, which address the implementation of services and activities, project administration, and fiscal administration. Part 1 of the APR must be filled out and submitted on or before \_\_\_\_\_\_\_. Part I includes the following sections:

Section I – Executive Summary

Section II – Goals and Objectives

Section III – Administration

Section IV – Budgetary Information

Section V – Services and Activities

**Part 2** – collects data relating to CACG program performance measures. In addition to Part 1, Grantees must fill out Part 2 of the APR only if they offered activities and services directly to students in secondary schools and/or provided scholarships to college students. Part 2 must be submitted on or before \_\_\_\_\_ with a signed cover page.

Grantees are expected to provide clear and concise responses to the APR questions. Please write “Not Applicable” or “N/A” if a question does not pertain to your project. Tables can be expanded to accommodate additional information, however, the contents of the report cannot be modified.

**COLLEGE ACCESS CHALLENGE GRANT PROGRAM**

**PART 1 --** ANNUAL PERFORMANCE REPORT

###### SECTION I: EXECUTIVE SUMMARY

1. Please provide a brief description (3-4 pages) of the current status of your project. Describe the

 extent to which you have implemented all program activities and components planned for this

 reporting period. Highlight your major outcomes, successes, and challenges.

**SECTION II: GOALS AND OBJECTIVES**

1. Describe the progress that your project has made towards accomplishing the objectives of your

 project for this reporting period as outlined in your grant application. Please list your objectives in

 the table below, and indicate what activities have taken place, the quantitative results of those

 activities, and actions required (what, if any, changes do you intend to make in response to the

 results that you have seen). You may extend this table to additional pages as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives: List the approved objectives from your grant application or work plan. Where applicable, provide baseline data.** | **Activities: List the activities that have been conducted to meet the objective.**  | **Results: Has the objective been met? If not, what progress have you made in reaching the objective?** | **Actions required: Are you planning to make changes to the grant in response to the results?**  |
| Example: 1. Enrollment in 7th grade pre-algebra will increase by 5% by next year.Baseline:Pre-algebra 7th grade -- 10%  | Example: After school tutoring program. | Example: Enrollment changes from 2008/09 to 2009/10: 1) 7th grade pre-algebra: +65%  | Example: Continue to identify students needing intervention services based on achievement scores. Add science component to after school tutoring program. |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

2. Describe any significant changes in your project design since the approval of your grant application

 (*e.g.*, changing from individual tutoring to group tutoring or placing more emphasis on enrichment

 activities rather than remediation). Do you anticipate making changes to your project design in the

 coming year? If so, please describe. How have any changes or anticipated changes affected your

 budget? How will these changes impact quantitative outcomes and your ability to meet the

 project’s goals.

###### SECTION III: ADMINISTRATION

1. Organizational Structure/Capacity

 a. How does CACG fit into your organizational structure?

1. What barriers or problems have you encountered in administering your grant, and how have you

 addressed these problems?

 c. Please list the names and titles of key personnel that are paid by CACG Federal or matching

 funds, and indicate the percentage of time each individual spends working on the grant. If the

 percentage of time is not available, you may indicate the number of hours for which the

 individual was paid.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | % of Time | Federal | Non-Federal |
|  |  |  | $ | $ |
|  |  |  |  |  |
|  |  |  |  |  |

1. Describe any changes to key personnel of this grant over the past year,

 including changes in titles, changes in percentage of time that a person is devoting to the

 project, hiring of a key staff person, departure of a key staff person, or addition or elimination of

 a position. Discuss any significant changes to key personnel proposed or anticipated for the

 coming year. (*Please remember that a change in key personnel or the addition or elimination of*

 *position(s) requires prior approval from the Department of Education. To request a change,*

 *please request an administrative action separate from this report. Your response to question*

 *1d. should be a summary of approved and completed changes that have taken place during this*

 *reporting period.)*

2. Coordination

1. How did you coordinate CACG activities and services with other programs in your state that assist students in preparing for and graduating from postsecondary education?

3. Sub-Grants

 If sub-grants were issued to non-profit organizations, please answer the following questions:

 a. How many sub-grants did you issue?

 b. Briefly describe any changes that were made to the grant award-making process from what

 was outlined in your application.

 c. Did you develop written guidelines for sub-grantees to use in implementing grants?

 d. How do you monitor the sub-grants?

4. Financial Aid

1. If your project has obligated funds for future distribution of scholarships, loan cancellation or

 repayment, or interest rate reductions, please specify a) the purpose, b) the amount of funds that

were obligated, c) whether the funds are Federal or matching contributions, and d) the place where funds are being held pending distribution (*e.g.*, are the funds in a trust account?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Purpose  | Amount Obligated | FederalorMatching | Placement of Funds |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

1. If any funds have been disbursed to students for scholarships, loan cancellation or repayment, or interest rate reductions, please specify a) the purpose, b) the amount of money disbursed, c) whether the funds are Federal or matching contributions, and d) the number of students who benefited.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Purpose  | AmountDisbursed | FederalorMatching | Number of Students |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

1. Certifications

Grant recipients must provide certification for the following two requirements. Please indicate ‘yes’ (if the requirement was met) or ‘no’ (if the requirement was not met) by placing an “X” in the appropriate box.

a. Indirect Cost Rate Agreement

 Requirement: CACG grantees are required to have a current indirect cost rate agreement

 that is approved by the Federal government in order to charge indirect costs

 to the grant.

|  |  |  |
| --- | --- | --- |
| Yes | No | Certification |
|  |  | The fiscal agency of the CACG grant has a current indirect cost rate agreement. |

 If this requirement has not been met, please explain below.

 b. Maintenance of Effort

Requirement: For any academic year beginning on or after July 1, 2008, States are required to:

1. Provide for public institutions of higher education an amount which is equal to or greater than the average amount provided for non-capital and non-direct research and development expenses or costs by the State to such institutions during the five most recent preceding academic years, and
2. Provide for private institutions of higher education an amount which is equal to or greater than the average amount provided for student financial aid for paying costs associated with postsecondary education by the State to such institutions during the five most recent preceding academic years.

**Provide the following State fiscal data with a certification of its accuracy by the State budget office or an authorized representative thereof. Amounts should be shown in whole dollars.**

|  |
| --- |
| **Total State Appropriations for Public Institutions of Higher Education (excluding capital expenditures and research and development)** |
| 2005 |  |
| 2006 |  |
| 2007 |  |
| 2008 |  |
| 2009 |  |
| 2010 |  |

If your State appropriates funds separately for use at private IHEs:

|  |
| --- |
| **Total State Appropriations for Financial Aid for Students Attending Private IHEs** |
| 2005 |  |
| 2006 |  |
| 2007 |  |
| 2008 |  |
| 2009 |  |
| 2010 |  |

If your State **does not** have control over the types of institutions (e.g. public, private) at which student aid is used:

|  |
| --- |
| **Total State Appropriations for Student Financial Aid** |
| 2005 |  |
| 2006 |  |
| 2007 |  |
| 2008 |  |
| 2009 |  |
| 2010 |  |

|  |
| --- |
| **Total State Expenditures for Financial Aid for Students Attending Private IHEs** |
| 2005 |  |
| 2006 |  |
| 2007 |  |
| 2008 |  |
| 2009 |  |
| 2010 |  |

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | The State certifies that, in State fiscal year 2010, it provided for public institutions of higher education in the State an amount of funding which was equal to or greater than the average amount provided for non-capital and non-direct research and development expenses or costs by the State to such institutions of higher education during the five most recent preceding academic years for which satisfactory data are available. |
|  |  | The State certifies that, in State fiscal year 2010, it provided for private institutions of higher education in the State an amount of funding which was equal to or greater than the average amount provided for student financial aid for paying costs associated with postsecondary education by the State to such institutions during the five most recent preceding academic years for which satisfactory data are available. |

**If you answered "NO”** to either certification above:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | The State is requesting a waiver of its statutory maintenance of effort requirements pursuant to 20 U.S.C. §1015f. The State understands that (a) without the granting of a waiver, the State will be unable to receive its FY 2011 CACG award, and (b) the submission of a waiver request does not indicate that such a request will be granted. |

**If you answered “YES” to the question above** and are requesting a waiver of the statutory maintenance of effort requirements, provide the following data, with a certification of its accuracy by the State budget officer or an authorized representative thereof. Amounts should be shown in whole dollars.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2005** | **2006** | **2007** | **2008** | **2009** | **2010** |
| Total State revenues |  |  |  |  |  |  |
| Total State appropriations |  |  |  |  |  |  |
| Total State expenditures |  |  |  |  |  |  |

By signing below, the State Budget Officer or authorized representative certifies that the fiscal data included in this section regarding the State’s appropriations, expenditures and revenues is complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Budget Officer or Authorized Representative (Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of State Budget Officer or Authorized Representative Date

**SECTION IV – BUDGETARY INFORMATION**

1. In the following table, please provide information about your actual and anticipated Federal

 expenditures for the *current budget period*. You do not need to fill in the shaded boxes, but please

 indicate total amounts in line D for all columns.

Federal Budget Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Federal Funds Awarded**  | **Actual Federal****Expenditures for ? - ? of Current Budget Period** | Anticipated Federal **Expenditures for ? –? of Current Budget Period**  | **Anticipated Carryover to Next Budget Period (if applicable)** |
| 1. **Salaries and Wages**
 |  |  |  |  |
| 1. **Employee Benefits**
 |  |  |  |  |
| 1. **Travel**
 |  |  |  |  |
| 1. **Materials & Supplies**
 |  |  |  |  |
| 1. **Consultants & Contracts**
 |  |  |  |  |
| 1. **Other**
 |  |  |  |  |
| 1. **Total Direct Costs:**

(Lines 1 – 6) |  |  |  |  |
| 1. **Total Indirect Costs:**
 |  |  |  |  |
| 1. **Equipment**
 |  |  |  |  |
| **D. \*Scholarships/ Tuition Assistance** |  |  |  |  |
| **D. Total Costs** (A+B+C+D) |  |  |  |  |

**\* The scholarships/tuition assistance line item also includes loan cancellation, loan repayment, and interest rate reduction.** 2. In the following table, provide information about your actual and anticipated non-Federal matching

 contributions for the *current budget period*:

Non-Federal Budget Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Matching Contributions Proposed For Current Budget Period**(September-August)** | **Actual Matching Contributions for September-March of Current Budget Period** | Anticipated Matching Contributions for April –August of Current Budget Period | **Anticipated Carryover to Next Budget Period, if applicable** |
| **1. Salaries and Wages** |  |  |  |  |
| **2. Employee Benefits** |  |  |  |  |
| **3.Travel** |  |  |  |  |
| **4. Materials & Supplies** |  |  |  |  |
| **5. Consultants & Contracts** |  |  |  |  |
| **6. Other** |  |  |  |  |
| **A. Total Direct Costs:**(Lines 1 – 6) |  |  |  |  |
| **B. Total Indirect Costs:** |  |  |  |  |
| **C. Equipment**  |  |  |  |  |
| **D. \*Scholarships/ Tuition Assistance** |  |  |  |  |
| **E. TOTAL COSTS** (A+B+C+D) |  |  |  |  |

**\* The scholarships/tuition assistance line item also includes loan cancellation, loan repayment, and interest rate reduction.**

3. Please fill out the table below representing “actual” federal and matching expenditures for the

 previous year. If you are reporting on the first year of implementation, you do not need to fill out

 this table.

|  |  |  |
| --- | --- | --- |
|  | **Actual Federal Expenditures**Year 1 | **Actual Matching Contributions** **Year 1** |
| **1. Salaries and Wages** |  |  |
| **2. Employee Benefits** |  |  |
| **3. Travel** |  |  |
| **4. Materials & Supplies** |  |  |
| **5. Consultants & Contracts** |  |  |
| **6. Other** |  |  |
| **A. Total Direct Costs:**(Add lines 1-6) |  |  |
| **B. Total Indirect Costs** |  |  |
| **C. Equipment Purchase** |  |  |
| **D. \*Scholarships/** **Tuition Assistance** |  |  |
| **E. TOTAL COSTS**(A+B+C+D) |  |  |

**\* The scholarships/tuition assistance line item also includes loan cancellation, loan repayment, and interest rate reduction.**

4. Please describe any changes made to your budget with respect to either Federal or matching funds.

5. Please describe how you plan to expend any carryover funds.

1. Please provide a list of matching sources, such as State appropriations, non-profit organizations,

 local government entities, institutions of higher education, other public or private organizations.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Source** | **Amount Contributed** | **Briefly describe the type of contribution** |
|  1 |  |  |  |
|  2 |  |  |  |
|  3 |  |  |  |
|  4 |  |  |  |
|  5 |  |  |  |
|  6 |  |  |  |
|  7 |  |  |  |
|  8 |  |  |  |
|  9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

**SECTION V: SERVICES/ACTIVITIES**

1. Please enter the number of students who participated in CACG activities or received services.

 Number of Students: \_\_\_\_\_\_\_\_

2. **Services Provided to Students:** In the following table, place an “X” in the first column next to the

 types of services or activities provided by your project with Federal or matching funds. For each

 type of service provided, indicate the number of students who received the service during the

 reporting period.

|  |  |  |
| --- | --- | --- |
| **Place an “X” in this column if your project provides this type of service** | Type of Service/Activities | **Number of Students** |
|  | Information for students and families (i.e., postsecondary education benefits, opportunities, planning, financial options, and college preparation) |  |
|  | Outreach activities |  |
|  | Assistance in completion of FAFSA or other financial reporting forms |  |
|  | Need-based grant aid  |  |
|  | Academic enrichment |  |
|  | Loan cancellation, repayment, or interest rate reduction |  |
|  | Other (please specify) |  |

3. Professional Development

 a. Please enter the number of guidance counselors at middle and secondary schools, financial aid

 administrators, and/or college admissions counselors at an institution of higher education that

 participated in professional development activities.

|  |  |
| --- | --- |
| Category | Number of Participants |
| Middle or High School Counselors |  |
| Financial Aid Administrators |  |
| College Admissions Counselors |  |

 b. Please describe briefly the type of professional development activities that were implemented

 (e.g., workshops and/or materials).

###### COLLEGE ACCESS CHALLENGE GRANT PROGRAM

###### PART 2 - ANNUAL PERFORMANCE REPORT

###### Grantees must fill out and submit Part 2 of the APR only if they offered activities and services directly to students in secondary schools and/or provided scholarships to college students. Part 2 must be submitted on or before \_\_\_\_\_\_.

###### 1. If your project offers activities and services directly to students in secondary schools:

######

######  a. Please provide the number of high school seniors who received services as a result of the CACG

######  grant in the 2008-2009 academic year. Note: If secondary school guidance counselors were

######  provided professional development in applying for federal student financial assistance, include

######  all of the high school seniors at the guidance counselors’ target school(s).

|  |
| --- |
| Number of Students  |
|  |

######  b. Please provide the number of high school seniors who completed a Free Application for Federal

######  Student Aid (FAFSA) in the 2008-2009 academic year.

|  |
| --- |
| Number of Students  |
|  |

2. If your project has a scholarship (need-based grant aid) program, please provide the following

 information for the 2008-2009 academic year .

 a. Number of high school seniors who were offered a CACG scholarship with Federal

 funds. \_\_\_\_\_\_

1. Total cost of CACG scholarships offered to high school seniors with Federal funds for their first year of postsecondary education with federal funds. \_\_\_\_\_\_\_\_\_
2. Number of high school seniors who were offered a CACG scholarship with Federal funds and

 enrolled in postsecondary education within one year of high school graduation. \_\_\_\_\_\_\_

 d. Number of college freshmen who received a CACG scholarship with Federal funds. \_\_\_\_\_\_\_\_