U.S. DEPARTMENT OF EDUCATION

Washington, D.C. 20006

**GRADUATE ASSISTANCE IN AREAS OF NATIONAL NEED (GAANN) PROGRAM**

**(Title VII, Part A, Higher Education Act of 1965, as amended)**

**INSTRUCTIONS FOR COMPLETING THE ANNUAL PERFORMANCE REPORT**

**DISCLOSURE OF BURDEN STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0748 and the expiration date is XX/XX/XXXX. The time required to complete this information collection is estimated to average 11 hours per response, including the time to review instructions, search existing data resources, gather needed data, and complete and review the information collection. Grantees are required to provide the data or information requested in order to obtain or retain benefit under 20 U.S.C. 1135, 34 CFR Sections 648.20, 648.31 and 648.66. **If you have any comments concerning the accuracy of the time estimate (s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, DC 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** The Graduate Assistance in Areas of National Need Fellowship Program, U.S. Department of Education, 1990 K Street, N.W., Washington, DC 20006-8524.

**GENERAL INFORMATION**

Reporting Requirements –**The final performance report and the SF 425 report for expired projects must be submitted 90 days after the end of the final budget period.** Grantees are also required to submit a supplement to the final performance report two years after the expiration of their GAANN grant. The purpose of this supplement is to identify and report the educational and employment outcome of each GAANN fellow. Submission of these reports is required under the Education Department General Administrative Regulations (EDGAR) volume 34 CFR 74.51, 75.590, 75.720, and 75.730-732.

Format of performance report – You must complete and submit the report electronically. Prior to submitting the report, you will receive a letter containing the web address with instructions for completing the report online.

**Note: Future funding or other benefits may be withheld under this program unless all**

**required reports are completed and filed as mandated under the U.S. Code of Federal Regulations**.

# DEFINITIONS

Budget Period - A one-year interval of time within a project period, which exists for budget reporting purposes.

Cumulative – From the grant’s first budget period to date.

Project Period - The three-year period of time that is the total length of the GAANN grant.

**GAANN PROGRAM**

**ANNUAL PERFORMANCE REPORT**

**FISCAL YEAR XXXX - XXXX**

Section I: Grantee Information

**Instructions:** Please complete all information requested in this section including the information in the ‘Grantees with Unexpended Balances’ box provided at the end of the Fiscal Data section.

General Information

Grant Number: P200A

Institution Name:

Department/Program:

Highest degree awarded in the course of study:

○ Master’s Degree

○ Doctorate Degree

Address:

City, State, Zip Code:

Contact Person:

Telephone Number:

Fax Number:

Email Address:

Budget Period:

**Performance Data**

Total number of GAANN fellowships originally awarded to the recipient

Self-populate

Department.

Total number of GAANN fellowship stipends awarded to fellows only using

federal GAANN funds this budget period.

Total number of GAANN fellowship stipends awarded to fellows using

matching/cost-share funds this budget period (if none, enter zero).

Total number of GAANN fellowship stipends awarded to fellows using a

combination of matching/cost-share funds and federal GAANN funds

this budget period (if none, enter zero).

**Fiscal Data**

Instructions: Enter data for 1) the reporting period and 2) the cumulative budget for this project.

|  |  |  |
| --- | --- | --- |
|  | **Current Reporting Period**  (funds spent to date for the current budget year) | **Cumulative Budget**  (from grant inception to current date) |
| Federal funds expended | $ | $ |
| Matching/cost-share funds expended | $ | $ |
| Federal funds remaining | $ | $ |

GAANN Annual Performance Report

Section II: Individual Fellow Data

Instructions: The electronic report will prompt you to complete the information requested in this section. You will be required to enter the requested data into the system for each individual GAANN fellow.

General Information

**1) Fellow’s Name:**

Last Name First Name

**2) Institution:**

**3) Department:**

**4) Grant Award Number:**

**5) Gender:** ○ Male ○ Female

**6) Is the fellow a U.S. Citizen or Permanent Resident?**

○ Yes ○ No

**7) Year and term fellow entered institution’s graduate program.**

Term Year

**8) Ethnicity** (Select one) **Race** (Select one or more)

○ Hispanic or Latino ○ American Indian or Alaska Native

○ Not Hispanic or Latino ○ Asian ○ Black or African American ○ Native Hawaiian or Other Pacific Islander

○ White

**Program of Study**

**9) Field of Study** (Check/Select one)

Select Fellow’s designated GAANN field of study.

○ Area Studies

○ Biology (Biological Sciences/Life Sciences)

○ Chemistry

○ Computer and Information Sciences

○ Engineering

○ Educational Evaluation, Research, and Statistics

○ Foreign Languages & Literatures

○ Interdisciplinary

○ Mathematics

○ Multidisciplinary

○ Nursing

○ Physics

**10) Sub-discipline**

Enter the most commonly used name for the fellow’s sub-discipline. For example: biochemistry, civil engineering, organic chemistry.

**Status**

**11) What is the fellow’s current education status?** (Check/Select one)

**Master’s Degree programs:**

○ Is enrolled

○ Has received the Master’s degree

**If fellow has received Master’s degree, specify month and year of graduation**

**Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

○ Left for academic reasons.

○ Left for non-academic reasons (personal or other reason).

○ Other (state reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctorate Degree programs:**

○ Is enrolled but not yet advanced to Ph.D. candidacy

○ Left graduate school after completing Master’s degree

○ Has passed prelims and advanced to Ph.D. candidacy

○ Has received the Ph.D.

**If fellow has received Ph.D., specify month and year of graduation**

**Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

○ Left for academic reasons.

○ Left for non-academic reasons (personal or other reason).

○ Other (state reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12) If the fellow has graduated, what is the fellow’s employment status?** (Check/Select one)

○ Tenure-track teaching job

○ Visiting teaching job

○ Post-doctoral fellowship

○ Private Industry

○ Working in government agency

○ Working in other setting

○ Other (state reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervised Teaching Experience**

**13) Has this fellow completed his/her supervised teaching experience requirement this reporting period?**

○ Yes ○ No

**If “Yes”, please provide information in the text box below regarding how you were able to comply with the following regulatory requirements:**

1. providing the fellow with adequate instruction on effective teaching techniques;
2. providing extensive supervision of each fellows teaching performance; and
3. providing adequate and appropriate evaluation of the fellow’s teaching performance.

**Please provide a description of the experience in the text box below.**

**If “No”, please state when this requirement will be fulfilled.**

**Note**: If the Fellow has completed the supervised teaching experience prior to receiving a GAANN fellowship, please specify how they met the three regulatory requirements referenced above.

**Financial Need**

**Financial need is determined each year on the basis of the requirements for need analysis prescribed by Title IV, Part F of the Higher Education Act of 1965, as amended.** **Please consult your institution’s financial aid office for information or questions regarding the determination of financial need. Please note that, for GAANN purposes, tuition and fees are excluded from the fellow’s cost of attendance (COA) in most every case because the fellowship includes an institutional payment that is provided in lieu of tuition and fees normally charged to the student. The preferred method for calculating the COA and thus, financial need for a GAANN Fellow is to exclude tuition and fees because of the institutional payment. However, an institution may need to report the tuition and fees amount as part of COA under certain circumstances, such as a State’s requirement that even waived tuition charges must be posted to the student’s account. In this situation, the amount of the institutional payment must be included as part of the amount that goes to meet that fellow’s financial need. How an institution determines a GAANN Fellow’s COA can affect reporting of financial need and the resources used to meet that need.**

**14) What was the total COA for the current budget period?** **Enter the COA at the time of the fellow’s need determination for the current budget period.**

$

**15) If tuition and fees were added to the COA, please enter the amount of tuition and fees for the fellow for the budget period year.**

$

**16) At the time of need determination, what was the fellow’s expected family contribution (EFC)**

**to their education?**

$

**17) What was the fellow’s financial need at the time of need determination?**

$

**Note:** Financial need = Total COA – tuition and fees (if they were included in determining a fellows financial need) – EFC

**Fellow’s Stipend**

**18) What is the source of this GAANN fellow’s stipend?** (Check one)

○ Entirely from federal GAANN funds

○ Entirely from matching/cost-share funds

○ A combination of federal GAANN and matching funds

**19) What is the amount of the fellow’s stipend for the current budget period?** This is the stipend

amount provided directly to the fellow from either federal GAANN funds, matching/cost-share funds, or a combination federal GAANN and matching/cost-share funds.

**Note:** Remember the fellow’s stipend should not exceed a fellow’s demonstrated of need.

$

If the fellow’s stipend does not equal demonstrated level of need, please state the reason. If remaining funds are not sufficient to pay the fellow his or her demonstrated need, state how is the remaining stipend being met?

**Tuition & Fees:**

**20) Please provide a dollar value and narrative summary of the benefits provided to the fellow using the institutional payment and/or institutional match/cost-share** **funds.** This includes tuition and fee benefits.

**Previously Funded GAANN fellows**

**21) Please describe the type of support currently being provided to this fellow**. Institutions are required to provide two additional years of support to GAANN fellows (through fellowships, assistantships, etc.). If the fellow left the program or completed the course of study and received a Master’s or PhD, this section may be left blank.

\* If there are any noteworthy activities by the fellow you may provide information here.