Table 1  
Participants by Entering Educational Functioning Level, Ethnicity, and Sex

**Enter the number of participants\* by educational functioning level,\*\* ethnicity,\*\*\* and sex.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Entering Educational**  **Functioning Level** | **American Indian or Alaska Native** | | **Asian** | | **Black or African-American** | | **Hispanic/**  **Latino** | | **Native Hawaiian or Other Pacific Islander** | | **White** | | **Two or more races** | | **Total** |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** |  |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** | **(I)** | **(J)** | **(K)** | **(L)** | **(M)** | **(N)** | **(O)** | **(P)** |
| ABE Beginning Literacy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ABE Beginning Basic Education |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ABE Intermediate Low |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ABE Intermediate High |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ASE Low |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ASE High |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL Beginning Literacy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL Low Beginning |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL High Beginning |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL Intermediate Low |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL Intermediate High |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ESL Advanced |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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\*A participant is an adult who receives at least twelve (12) hours of instruction. Work-based project learners are not included in this table.

\*\*See definitions for educational functioning levels.

\*\*\* See definitions of race/ethnicity categories and examples that demonstrate how to report them. A participant should be included in the racial/ethnic group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. If a student does not self-identify a race/ethnicity, the program must use observer identification.

Table 2   
Participants by Age, Ethnicity, and Sex

**Enter the number of participants by age,\* ethnicity,\*\* and sex.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Group** | **American Indian or Alaska Native** | | **Asian** | | **Black or African-American** | | **Hispanic/**  **Latino** | | **Native Hawaiian or Other Pacific Islander** | | **White** | | **Two or more races** | | **Total** |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **(P)** |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** | **(I)** | **(J)** | **(K)** | **(L)** | **(M)** | **(N)** | **(O)** |
| 16–18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19–24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25–44 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45–59 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 60 and Older |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Work-based project learners are not included in this table.

\*Participants should be classified based on their age at entry. However, participants entering the program prior to the current program year should be classified based on their age at the beginning of the current program year.

\*\* See definitions of race/ethnic categories and examples that demonstrate how to report them.

The Total row in Columns *B*–*O* should equal the Total row in Columns *B*–*O* of Table 1. Row totals in Column *P* should equal the corresponding Total row in Table 3.

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Table 3  
Participants by Program Type and Age

Enter the number of participants by program type and age.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Type** | **16–18** | **19–24** | **25–44** | **45–59** | **60 and Older** | **Total** |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** |
| Adult Basic Education |  |  |  |  |  |  |
| Adult Secondary Education |  |  |  |  |  |  |
| English-as-a-Second Language |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

Work-based project learners are not included in this table.

The Total row in Column G should equal the Total row in Column P of Table 1.

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Table 4  
Educational Gains and Attendance by Educational Functioning Level

Enter number of participants for each category listed, total attendance hours, and calculate percentage of participants completing each level.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entering Educational Functioning Level** | **Total Number Enrolled** | **Total Attendance Hours** | **Number Completed Level** | **Number Who Completed a Level and Advanced One or More Levels** | **Number Separated Before Completed** | **Number Remaining Within Level** | **Percentage Completing Level** |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** |
| ABE Beginning Literacy |  |  |  |  |  |  |  |
| ABE Beginning Basic Education |  |  |  |  |  |  |  |
| ABE Intermediate Low |  |  |  |  |  |  |  |
| ABE Intermediate High |  |  |  |  |  |  |  |
| ASE Low |  |  |  |  |  |  |  |
| ASE High\* |  |  |  |  |  |  |  |
| ESL Beginning Literacy |  |  |  |  |  |  |  |
| ESL Low Beginning |  |  |  |  |  |  |  |
| ESL High Beginning |  |  |  |  |  |  |  |
| ESL Intermediate Low |  |  |  |  |  |  |  |
| ESL Intermediate High |  |  |  |  |  |  |  |
| ESL Advanced |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

Work-based project learners are not included in this table.

The numbers in each row of Column *B* should equal the numbers in the corresponding rows of Column *P* of Table 1.

Column D is the total number of learners who completed an educational functioning level, including learners who left after completing and learners who remained enrolled and moved to one or more higher levels.

Column E represents a subset of Column D (Number Completed Level) and is learners who completed a level and enrolled in one or more higher levels.

Column F is students who left the program before completing a level. It also includes students who have not completed a level, received no services for 90 consecutive days, and have no scheduled services.

Column D + F + G should equal the total in Column B.

Column G represents the number of learners still enrolled who are at the same educational level as when they entered.

Each row total in Column H is calculated by using the following formula: 

\*Completion of ASE High level is attainment of a secondary school credential or completing all components of a state-recognized examination leading to a secondary credential or its equivalent.

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Table 4B   
Educational Gains and Attendance for Pre- and Post-tested Participants

Enter number of pre- and post-tested participants for each category listed, calculate percentage of post-tested participants completing each level, and enter total attendance hours for post-tested completion.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entering Educational Functioning Level** | **Total Number Enrolled**  **Pre- and Post-tested** | **Total Attendance Hours** | **Number Completed Level** | **Number Who Completed a Level and Advanced One or More Levels** | **Number Separated Before Completed** | **Number Remaining Within Level** | **Percentage Completing Level** |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** |
| ABE Beginning Literacy |  |  |  |  |  |  |  |
| ABE Beginning Basic Education |  |  |  |  |  |  |  |
| ABE Intermediate Low |  |  |  |  |  |  |  |
| ABE Intermediate High |  |  |  |  |  |  |  |
| ASE Low |  |  |  |  |  |  |  |
| ASE High\* |  |  |  |  |  |  |  |
| ESL Beginning Literacy |  |  |  |  |  |  |  |
| ESL Low Beginning |  |  |  |  |  |  |  |
| ESL High Beginning |  |  |  |  |  |  |  |
| ESL Intermediate Low |  |  |  |  |  |  |  |
| ESL Intermediate High |  |  |  |  |  |  |  |
| ESL Advanced |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

Include in this table only students who are both pre- and post-tested.

Work-based project learners are not included in this table.

Column *D* is the total number of learners who completed a level, including learners who left after completing and learners who remained enrolled and moved to one or more higher levels.

Column *E* represents a subset of Column *D* (Number Completed Level) and is learners who completed a level and enrolled in one or more higher levels.

Column *F* is students who left the program before completing a level. It is also students who have not completed, received no services for 90 consecutive days, and have no scheduled services.

Column *D + F + G* should equal the total in Column *B.*

Column *G* represents the number of learners still enrolled who are at the same educational level as when they entered.

Each row total in Column *H* is calculated using the following formula: 

\*Completion of ASE high level is attainment of a secondary school credential or completing all components of a state-recognized examination leading to a secondary credential or its equivalent.

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Table 4C   
Educational Gains and Attendance for Participants in Distance Education

Enter number of distance education participants for each category listed, calculate percentage of participants completing each level, and enter total proxy and direct attendance hours.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entering Educational Functioning Level** | **Total Number Enrolled**  **In Distance Education** | **Total Estimated and Actual**  **Attendance Hours** | **Number Completed Level** | **Number Who Completed a Level and Advanced One or More Levels** | **Number Separated Before Completed** | **Number Remaining Within Level** | **Percentage Completing Level** |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** |
| ABE Beginning Literacy |  |  |  |  |  |  |  |
| ABE Beginning Basic Education |  |  |  |  |  |  |  |
| ABE Intermediate Low |  |  |  |  |  |  |  |
| ABE Intermediate High |  |  |  |  |  |  |  |
| ASE Low |  |  |  |  |  |  |  |
| ASE High\* |  |  |  |  |  |  |  |
| ESL Beginning Literacy |  |  |  |  |  |  |  |
| ESL Low Beginning |  |  |  |  |  |  |  |
| ESL High Beginning |  |  |  |  |  |  |  |
| ESL Intermediate Low |  |  |  |  |  |  |  |
| ESL Intermediate High |  |  |  |  |  |  |  |
| ESL Advanced |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

Include in this table only students who are counted as distance education students.

Work-based project learners are not included in this table.

Column D is the total number of learners who completed a level, including learners who left after completing and learners who remained enrolled and moved to one or more higher levels.

Column E represents a subset of Column D (Number Completed Level) and is learners who completed a level and enrolled in one or more higher levels.

Column F is students who left the program before completing a level. It is also students who have not completed, received no services for 90 consecutive days, and have no scheduled services.

Column D + F + G should equal the total in Column B.

Column G represents the number of learners still enrolled who are at the same educational level as when they entered.

Each row total in Column *H* is calculated using the following formula: 

\*Completion of ASE high level is attainment of a secondary school credential or successful completion of all components of a state-recognized examination leading to a secondary credential or its equivalent.

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Table 5  
Core Follow-up Outcome Achievement

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Core Follow-up Outcome Measures | **Me t hod** | **Number of Participants in Cohort** | **Number of Participants Used for Representative Cohort** | **Number of Participants Responding to Survey or Available for Data Matching** | **Response Rate or Percent Available for Match** | **Number of Participants Achieving Outcome (Unweighted)** | **Number of Participants Achieving Outcome (Weighted)** | **Percent Achieving Outcome (Weighted)** |
| (A) |  | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** |
| Entered Employment\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Retained Employment\*\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Obtained a Secondary School Credential or Its Equivalent\*\*\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – current program year\*\*\*\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – prior program year\*\*\*\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |

U = Universe cohort; programs attempted to collect data for all eligible participants either by survey, data match or both

R = Representative cohort; programs attempted to collect data for a representative subset of eligible participants

C = Combined universe and representative cohort totals; these numbers will be calculated automatically by OCTAE’s data system

**Instructions for Completing Table 5**

Note: All shaded columns (E, G, and H) and rows for cohort totals will be calculated automatically by OCTAE’s data system.

Work-based project learners are not included in this table.

\* Report in Column B the number of participants who were unemployed and in the labor force at entry who exited during the program year. Do not exclude students because of missing Social Security numbers or other missing data.

\*\* Report in Column B: (1) the number of participants who were unemployed and in the labor force at entry who exited during the program yearand who entered employment by the end of the first quarter after program exit and (2) the number of participants employed at entry who exited during the program year***.***

\*\*\* Report in Column B the number of participants who exited during the program year and (1) took all components of a state-recognized examination leading to a secondary credential or its equivalent or (2) were enrolled in adult high school at the high ASE level or (3) were enrolled in the assessment phase of the EDP.

\*\*\*\* Report in Column B the number of participants who exited during the program year and (1) have earned a secondary school credential or its equivalent while enrolled in adult education, or (2) have a secondary school credential at entry, or (3) are enrolled in a class specifically designed for transitioning to community college. Enter the number of these participants who enrolled during the current program year in the row labeled “current program year.” Enter the number of these participants who enrolled during the program year immediately prior to the current year in the row labeled “prior program year.” For Columns B through D and Column F, the first row for each follow-up outcome measure should be used to report information based on universe cohorts, and the second row should be used to report information based on representative cohorts. If no program used representative cohorts, the “R” rows should be left blank. If no program used universe cohorts, the “U” row should be left blank.

For programs using *universe cohorts*, Column E.

For programs using *representative cohorts,* Column E.

Column H is the number in Column G divided by the number in Column B. Column H should never be greater than 100 percent. If the response rate is less than 50 percent (Column E) for universe cohorts or less than 70 percent for representative cohorts, the data system will not return a valid percent in Column H.

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Table 5A  
Core Follow-up Outcome Achievement for Participants in Distance Education

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Core Follow-up Outcome Measures | **Me t hod** | **Number of Participants in Cohort** | **Number of Participants Used for Representative Cohort** | **Number of Participants Responding to Survey or Available for Data Matching** | **Response Rate or Percent Available for Match** | **Number of Participants Achieving Outcome (Unweighted)** | **Number of Participants Achieving Outcome (Weighted)** | **Percent Achieving Outcome (Weighted)** |
| (A) |  | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** |
| Entered Employment\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Retained Employment\*\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Obtained a Secondary School Credential or Its Equivalent\*\*\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – current program year\*\*\*\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – prior program year\*\*\*\* | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |

U = Universe cohort; programs attempted to collect data for all eligible participants either by survey, data match or both

R = Representative cohort; programs attempted to collect data for a representative subset of eligible participants

C = Combined universe and representative cohort totals; these numbers will be calculated automatically by OCTAE’s data system

**Instructions for Completing Table 5A**

**Include in this table only students who are counted as distance education students.**

**Follow the same instructions for Completing Table 5 to complete Table 5a, repeated below.**

Note: All shaded columns (E, G, and H) and rows for cohort totals will be calculated automatically by OCTAE’s data system.

Work-based project learners are not included in this table.

\* Report in Column B the number of participants who were unemployed and in the labor force at entry who exited during the program year. Do not exclude students because of missing Social Security numbers or other missing data.

\*\* Report in Column B: (1) the number of participants who were unemployed and in the labor force at entry who exited during the program yearand who entered employment by the end of the first quarter after program exit and (2) the number of participants employed at entry who exited during the program year***.***

\*\*\* Report in Column B the number of participants who exited during the program year and (1) took all components of a state-recognized examination leading to a secondary credential or its equivalent or (2) were enrolled in adult high school at the high ASE level or (3) were enrolled in the assessment phase of the EDP.

\*\*\*\* Report in Column B the number of participants who exited during the program year and (1) have earned a secondary school credential or its equivalent while enrolled in adult education, or (2) have a secondary credential at entry, or (3) are enrolled in a class specifically designed for transitioning to community college. Enter the number of these participants who enrolled during the current program year in the row labeled current program year. Enter the number of these participants who enrolled during the program year immediately prior to the current year in the row labeled prior program year. For Columns B through D and Column F, the first row for each follow-up outcome measure should be used to report information based on universe cohorts, and the second row should be used to report information based on representative cohorts. If no programs used representative cohorts, the “R” rows should be left blank. . If no programs used universe cohorts, the “U” row should be left blank.

Column E, for programs that used *universe cohorts*.

For programs using *representative cohorts,* Column E.

Column H is the number in Column G divided by the number in Column B. Column H should never be greater than 100 percent. If the response rate is less than 50 percent (Column E) for universe cohorts or less than 70 percent for representative cohorts, the data system will not return a valid percent in Column H.

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Table 6  
Participant Status and Program Enrollment

Enter the number of participants for each of the categories listed.

|  |  |  |
| --- | --- | --- |
| **Participant Status on Entry into the Program** | **Number** | |
| **(A)** | **(B)** | |
| Disabled |  | |
| Employed |  | |
| Unemployed |  | |
| Not in the Labor Force |  | |
| On Public Assistance |  | |
| Living in Rural Area\* |  | |
| **Highest Degree or Level of School Completed \*\*\*** | **US Based Schooling** | **Non-US Based Schooling** |
| No schooling |  |  |
| Grades 1-5 |  |  |
| Grades 6-8 |  |  |
| Grades 9-12 (no diploma) |  |  |
| High School Diploma or alternate credential |  |  |
| GED |  |  |
| Some college, no degree |  |  |
| College or professional degree |  |  |
| Unknown |  |  |
| TOTAL (both US Based and Non-US Based) |  | |
| **Program Type\*\*** | | |
| In Family Literacy Program |  | |
| In Workplace Literacy Program |  | |
| In Program for the Homeless |  | |
| In Program for Work-based Project Learners |  | |
| **Institutional Programs** | | |
| In Correctional Facility |  | |
| In Community Correctional Program |  | |
| In Other Institutional Setting |  | |
| **Secondary Status Measures (Optional)** | | |
| Low Income |  | |
| Displaced Homemaker |  | |
| Single Parent |  | |
| Dislocated Worker |  | |
| Learning Disabled Adult |  | |

\*Rural areas are places with less than 2,500 inhabitants and located outside urbanized areas.

\*\* Participants counted here must be in a program specifically designed for that purpose.

\*\*\* Enter the highest level of schooling or degree attained for each student in US or non-US-based schooling. Provide *only one entry* per student. The total number of students reported here must be the same as the number reported in the Total row of Column P, Table 1.

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Table 7  
Adult Education Personnel by Function and Job Status

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Adult Education Personnel** | | **Unpaid Volunteers** |
| **Total Number of Part-time Personnel** | **Total Number of Full-time Personnel** |
| **(A)** | **(B)** | **(C)** | **(D)** |
| **Function\*** |  |  |  |
| State-level Administrative/  Supervisory/Ancillary Services |  |  |  |
| Local-level Administrative/  Supervisory/Ancillary Services |  |  |  |
|  |  |  |  |
| Local Counselors |  |  |  |
| Local Paraprofessionals |  |  |  |
| Local Teachers |  |  |  |
| **Teacher Experience**  **In Adult Education**\*\* |  |  |  |
| Less than one year |  |  |  |
| One to three years |  |  |  |
| More than three years |  |  |  |
| Total Teachers Reported |  |  |  |
| **Teacher Post-Secondary Education**\*\*\* |  |  |  |
| Bachelor’s Degree or Higher |  |  |  |
| No Bachelor’s Degree |  |  |  |
| Total Teachers Reported |  |  |  |
| **Teacher Certification**\*\*\*\* |  |  |  |
| No certification |  |  |  |
| Adult Education Certification |  |  |  |
| K-12 Certification |  |  |  |
| Special Education Certification |  |  |  |
| TESOL Certification |  |  |  |

\* Enter an unduplicated count of personnel by function and job status.

In Column *B*, count one time only each part-time employee of the program administered under the Adult Education State Plan who was paid out of Federal, State, and/or local education funds.

In Column *C*, count one time only each full-time employee of the program administered under the Adult Education State Plan who was paid out of Federal, State, and/or local education funds.

In Column *D*, report the number of volunteers (personnel who are not paid) who served in the program administered under the Adult Education State Plan.

\*\* Report adult education experience for paid teachers only, not volunteers. Report an unduplicated count of teachers. The total number of teachers for whom experience is reported must equal the sum of the numbers reported in Columns B and C for the row labeled “Local Teachers .“

\*\*\* In the first row, report an unduplicated count of teachers who have earned a bachelor’s degree or higher. In the second row, report an unduplicated count of teachers who have not earned a bachelor’s degree. In both rows, report only paid teachers. The sum of the two rows must equal the sum of numbers reported in Columns B and C for the row labeled “Local Teachers.”

\*\*\*\* See definitions of the teacher certification categories that are relevant to report. Report certifications for paid teachers only, not volunteers. Report all certifications that a teacher has. A duplicated count, i.e. multiple responses for a single teacher, is allowed. Report teachers who lack certifications in the “No Certification” category.

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Table 8  
Outcomes for Adults in Family Literacy Programs (Optional)

Enter the number of participants in family literacy programs for each of the categories listed.

| Core Follow-up Outcome Measures | **Me t hod** | **Number of Participants in Cohort** | **Number of Participants Used for Representative Cohort** | **Number of Participants Responding to Survey or Available for Data Matching** | **Response Rate or Percent Available for Match** | **Number of Participants Achieving Outcome (Unweighted)** | **Number of Participants Achieving Outcome (Weighted)** | **Percent Achieving Outcome (Weighted)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (A) |  | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** |
| Completed Educational Functioning Level\* | U |  | N/A |  |  |  |  |  |
| Entered Employment | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Retained Employment | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Obtained a Secondary School Credential or Its Equivalent | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – current program year | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – prior program year | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Increased Involvement in Children’s Education | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Helped more frequently with school |  | |  |  |  |  |  |  |
| Increased contact with children’s teachers |  | |  |  |  |  |  |  |
| More involved in children’s school activities |  | |  |  |  |  |  |  |
| Increased Involvement in Children’s Literacy Activities | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Reading to children |  | |  |  |  |  |  |  |
| Visiting library |  | |  |  |  |  |  |  |
| Purchasing books or magazines |  | |  |  |  |  |  |  |

**For reporting completion of Educational Functioning Level:**

\* Report in Column *B* for this row all family literacy program participants who received 12 or more hours of service. Column *F* should include all participants reported in Column *B* who advanced one or more levels.

Compute Column *H* for this row using the following formula: 

**For reporting Follow-up Measures:**

Follow instructions for completing Table 5 to report these outcomes. However, include only family literacy program participants in Table 8.

Achievement of one or more of the increased involvement in children’s education or children’s literacy activities measures should be counted only once per participant. However, the specific outcome should be recorded in the subcategory and more than one outcome may be reported, so that the total for the three subcategories may be greater than the total reported for the overall category. For example, a participant who helped more frequently with schoolwork and increased contact with child’s teachers would be recorded in both categories but would be counted only once in the overall category of “increased involvement in children’s education.”

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Table 9  
Outcomes for Adults in Workplace Literacy Programs (Optional)

Enter the number of participants in workplace literacy programs for each of the categories listed.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Core Follow-up Outcome Measures | **Me t hod** | **Number of Participants in Cohort** | **Number of Participants Used for Representative Cohort** | **Number of Participants Responding to Survey or Available for Data Matching** | **Response Rate or Percent Available for Match** | **Number of Participants Achieving Outcome (Unweighted)** | **Number of Participants Achieving Outcome (Weighted)** | **Percent Achieving Outcome (Weighted)** |
| (A) |  | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** |
| Completed an Educational Functioning Level\* |  |  |  |  |  |  |  |  |
| Entered Employment | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Retained Employment | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Obtained a Secondary School Credential or Its Equivalent | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – current program year | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – prior program year | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |

**For reporting completion of Educational Functioning Level:**

\* Report in Column *B* for this row all workplace literacy program participants who received 12 or more hours of service. Column *F* should include all participants reported in Column *B* who advanced one or more levels.

Compute Column *G* for this row using the following formula: 

**For reporting Follow-up Measures:**

Follow instructions for completing Table 5 to report the outcomes. However, include only workplace literacy program participants in Table 9.

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Table 10  
Outcomes for Adults in Correctional Education Programs

Enter the number of participants in correctional education programs for each of the categories listed.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Core Follow-up Outcome Measures | **Me t hod** | **Number of Participants in Cohort** | **Number of Participants Used for Representative Cohort** | **Number of Participants Responding to Survey or Available for Data Matching** | **Response Rate or Percent Available for Match** | **Number of Participants Achieving Outcome (Unweighted)** | **Number of Participants Achieving Outcome (Weighted)** | **Percent Achieving Outcome (Weighted)** |
| (A) |  | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** |
| Completed an Educational Functioning Level\* |  |  |  |  |  |  |  |  |
| Entered Employment | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Retained Employment | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Obtained a Secondary School Credential or Its Equivalent | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – current program year | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |
| Entered Postsecondary Education or Training – prior program year | U |  | N/A |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |

**For reporting completion of Educational Functioning Level:**

\* Report in Column *B* for this row all correctional educational program participants who received 12 or more hours of service. Column *F* should include all participants reported in Column *B* who advanced one or more levels.

Compute Column *G* for this row using the following formula: 

**For reporting Follow-up Measures:**

Follow instructions for completing Table 5 to report the outcomes. However, include only correctional educational program participants in Table 10.

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Table 11  
Secondary Outcome Measures (Optional)

Enter the number of participants for each of the categories listed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Secondary Outcome Measures\*** | **Number of Participants** | **Number of Participants Obtaining Outcome** | **Percentage Achieving Outcome** |
| **(A)** | **(B)** | **(C)** | **(D)** |
| Achieved Work-Based Project Learning Goal |  |  |  |
| Left Public Assistance |  |  |  |
| Achieved Citizenship Skills |  |  |  |
| Increased Involvement in Children’s Education\*\* |  |  |  |
| Increased Involvement in Children’s Literacy Activities\* |  |  |  |
| Voted or Registered to Vote |  |  |  |
| Increased Involvement in Community Activities |  |  |  |

Each row total In Column *D* is calculated using the following formula: 

\* See definitions of secondary outcome measures.

\*\* Enter the total number of participants who achieved this outcome regardless of whether the participant was in a family literacy program. Use Table 8 to enter achievements of family literacy participants. The number reported here may be higher than reported in Table 8 because it includes all participants who achieved this goal.

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Table 12 (Optional)   
Work-based Project Learners by Age, Ethnicity, and Sex

**Enter the number of work-based project learners by age,\* ethnicity, and sex.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Group** | **American Indian or Alaska Native** | | **Asian** | | **Black or African-American** | | **Hispanic/ Latino** | | **Native Hawaiian or Other Pacific Islander** | | **White** | | **Two or more races** | | **Total** |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **(P)** |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **(F)** | **(G)** | **(H)** | **(I)** | **(J)** | **(K)** | **(L)** | **(M)** | **(N)** | **(O)** |
| 16–18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19–24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25–44 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45–59 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 60 and Older |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Only participants designated as work-based project learners should be included in this table. These participants should not be included in Tables 1–5.

The number in the Total row of Column *P* should equal the number of work-based project learners reported in Table 6.

\*Participants should be classified based on their age at entry.

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Table 14   
Local Grantees by Funding Source

Enter the number of each type of grantee (see attached definitions) directly funded by the state and the amount of federal and state funding they receive.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Provider Agency**  **(A)** | **Total Number of Providers**  **(B)** | **Total Number of Sub-Recipients**  **(C)** | **WIA Funding** | | **State Funding** | |
| **Total**  **(D)** | **% of Total**  **(E)** | **Total**  **(F)** | **% of Total**  **(G)** |
| Local Education Agencies |  |  |  |  |  |  |
| **Public or Private Nonprofit Agency** |  |  |  |  |  |  |
| Community-based Organizations |  |  |  |  |  |  |
| Faith-based Organizations |  |  |  |  |  |  |
| Libraries |  |  |  |  |  |  |
| **Institutions of Higher Education** |  |  |  |  |  |  |
| Community, Junior or Technical Colleges |  |  |  |  |  |  |
| Four-year Colleges or Universities |  |  |  |  |  |  |
| Other Institutions of Higher Education |  |  |  |  |  |  |
| **Other Agencies** |  |  |  |  |  |  |
| Correctional Institutions |  |  |  |  |  |  |
| Other Institutions (non-correctional) |  |  |  |  |  |  |
| All Other Agencies |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

1. In Column (B), report the number of providers receiving a grant award or contract for instructional services from the eligible agency. 2. In Column (C), report the total number of each entity receiving funds as a sub-recipient of providers in column B*. (Entities receiving funds from a grantee as part of a consortium are reported in column (C).)   
3.*  In Column (E), the percentage for each row is to be calculated using the following formula: Column D ------------------------- = Col (E) Total WIA Funding

4. In Column (F), report total amount of state funds contributed. This amount need not necessarily equal the non-federal expenditure reported in the Federal Financial Report.   
5. In Column (G), the percentage for each row is to be calculated using the following formula: Column F

----------------------- = Col (G) Total State Funding

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**Grantee Definitions for Table 14**

**Local Education Agencies** are publicly funded entities designated to administer and provide primary and secondary education instruction and services within a city, county, school district, township or region.

**Community-based Organizations** (CBOs) are private nonprofit organizations of demonstrated effectiveness that are representative of a community or significant segment of a community.

**Faith-based Organizations** (FBO) are non-profit organizations associated with a faith community or multiple faith ministries.

**Libraries** are public state and community funded institutions that offer education and community services in addition to providing access to print, audio-visual and technology resources.

**Community, Junior or Technical Colleges** are public institutions of higher education that offer associate’s degree and certificate programs but, with few exceptions, award no baccalaureate degrees.

**Four Year Colleges or Universities** are a public or private non-profit institutions of higher education that primarily offers baccalaureate degree programs.

**Other Institutions of Higher Education** include public or private non-profit institutions that are not community, junior, or technical colleges or four-year colleges or universities.

**Correctional Institutions** refer to state or federal penal institutions for criminal offenders. These include prisons, jails, and other correctional detention centers.

**Other Institutions (Non-Correctional)** are any medical or special institutions not designed for criminal offenders.

**All Other Agencies** include other public (federal, state, local) agencies not listed in the categories above.

**Instructions**

**Narrative Report**

These instructions provide descriptive information for the narrative items in the report.

The maximum number of pages is 10.

Use the following outline in preparing the narrative part of the Annual Performance Report:

1. Describe successful activities, programs, and projects supported with State Leadership funds and describe the extent to which these activities, programs, and projects were successful in implementing the goals of the State Plan.
2. Describe any significant findings from the Eligible Agency's evaluation of the effectiveness of the adult education and literacy activities based on the core indicators of performance.
3. Describe how the Eligible Agency has supported the integration of activities sponsored under Title II with other adult education, career development, and employment and training activities. Include a description of how the eligible agency is being represented on the Local Workforce Investment Boards, adult education’s involvement on the State Workforce Investment Board, the provision of core and other services through the One-Stop system and an estimate of the Title II funds being used to support activities and services through the One-Stop delivery system.

4. Describe successful activities and services supported with EL Civics funds, including the number of programs receiving EL Civics grants and an estimate of the number of adult learners served. (Only states receiving EL-Civics funds should respond to question #4).

# INSTRUCTIONS Federal Financial Report OMB Number 1830-0027

###### U.S. Department of Education Office of Career, Technical, and Adult Education Adult Education and Family Literacy Act of 1998 Basic Grants to States—CFDA 084.002

**A separate Federal Financial Report (FFR) is to be submitted for each Grant Period reported in Block 8 of this form.**

|  |  |  |
| --- | --- | --- |
| **FFR Box Number** | **Reporting Item** | **Instructions** |
| 1 | Federal Agency and Organizational Element to Which Report is Submitted | This block is preprinted. |
| 2 | Federal Grant or Other Identifying Number Assigned by Federal Agency | Enter the PR/Award number as indicated in Block 2 of the Grant Award Notification. |
| 3 | Recipient Organization | Enter the name and complete address of the recipient organization including zip code. |
| 4a | DUNS Number | Enter the recipient organization’s Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number. |
| 4b | EIN | Enter the recipient organization’s Employer Identification Number (EIN). |
| 5 | Recipient Account Number or Identifying Number | Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient’s use only and is not required by the Federal agency. |
| 6 | Report Type | Indicate whether this FFR is an initial or final report. |
| 7 | Basis of Accounting (Cash/Accrual) | Specify whether a cash or accrual basis was used for recording transactions related to the award and for preparing this FFR. Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid. |
| 8 | Project/Grant Period | Enter the Budget Period described in Block 6 of the Grant Award Notification. |
| 9 | Reporting Period**:** (Month, Day, Year) | Enter the beginning and ending dates of the period in which you are reporting the financial activity of the grant. A first year report will cover the first 15 months of the grant period e.g., July 1, 2013 through September 30, 2014. The final report will cover the entire 27 months that grantees have to obligate their funds, e.g., July 1, 2012 through September 30, 2014. |
| 10 | Transactions: **In 10a through 10n,** enter cumulative amounts from the beginning to the end dates of the reporting period specified in line 9. | |
| 10a | Cash Receipts | Enter the cumulative amount of actual cash received from the Federal agency during the reporting period. |
| 10b | Cash Disbursements | Enter the cumulative amount of Federal fund disbursements (such as cash or checks) during the reporting period. Disbursements are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award*,* and the amount of cash advances and payments made to subrecipients and contractors. |
| 10c | Cash On Hand (line a minus line b) | Enter the amount of Line 10a minus Line 10b. This amount represents immediate cash needs. If more than three business days of cash are on hand, the Federal agency may require an explanation on Line 12, Remarks, explaining why the drawdown was made prematurely or other reasons for the excess cash. |
| 10d | Total Federal Funds Authorized | Enter the total Federal funds authorized during the reporting period. |
| 10e | Federal Share of Expenditures | Enter the amount of Federal fund expenditures during the reporting period. For reports prepared on a cash basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense charged; and the amount of cash advance payments and payments made to subrecipients. For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense incurred; and the net increase or decrease in the amounts owed by the recipient for (1) goods and other property received; (2) services performed by employees, contractors, subrecipients, and other payees; and (3) programs for which no current services or performance are required. |
| 10f | Federal Share of Unliquidated Obligations | Enter the Federal portion of unliquidated obligations during the reporting period. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an expenditure has not yet been recorded. Those obligations include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients and contractors. On the final report, this line should be zero unless the awarding agency has provided other instructions. *Do not include any amount in Line 10f that has been reported in Line 10e. Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense has not been incurred.* |
| 10g | Total Federal Share (sum of line e and line f) | Enter the sum of line 10e and line10f. |
| 10h | Unobligated Balance of Federal Funds (line d minus line g) | Enter the amount of line 10d minus line 10g. |
| 10i | Total Recipient Share Required | Enter the total required recipient share (i.e. the greater of required match or maintenance of effort) for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. |
| 10j | Recipient Share of Expenditures | Enter the recipient share of actual cash disbursements or outlays (less any rebates, refunds, or other credits) including payments to subrecipients and contractors. This amount may include the value of allowable third party in-kind contributions. Note: On the final report this line should be equal to or greater than the amount of Line 10i. |
| 10k | Remaining Recipient Share to be Provided (line i minus line j) | Enter the amount of line10i minus line 10j. If recipient share in line 10j is greater than the required match amount in line 10i, enter zero. |
| 10l | Total Program Income Earned | Enter the amount of program income earned. |
| 10m | Program Income Expended | Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities. |
| 10n | Unexpended Program Income (line l minus line m) | Enter the amount of line 10l minus line 10m. This amount equals the program income that has been earned but not expended as of the reporting period end date. |
| 11 | Indirect Expense: **In 11a through 11g**, enter cumulative amounts from the beginning through the end date of the reporting period. | |
| 11a | Type of Rate | Indicate whether indirect cost rate is Restricted Provisional or Restricted Final. |
| 11b | Rate | Enter the indirect cost rate in effect during the reporting period. |
| 11c | Period From; Period To | Enter the beginning and ending effective dates for the rate. |
| 11d | Base | Enter the amount of the base against which the rate was applied. |
| 11e | Amount Charged | Enter the amount of indirect costs charged during the time period specified. (Multiply 11b. x 11d.) |
| 11f | Federal Share | Enter the Federal share of the amount in 11e. |
| 11g | Totals | Enter the totals for columns 11d, 11e, and 11f. |
| 12 | Remarks | Enter any explanations or additional information required by the Federal sponsoring agency including excess cash as stated in line 10c. |
| 13a | Typed or Printed Name and Title of Authorized Certifying Official | Enter the name and title of the authorized certifying official. |
| 13b | Signature of Authorized Certifying Official | The authorized certifying official must sign here. |
| 13c | Telephone (Area Code, number and extension) | Enter the telephone number (including area code and extension) of the individual listed in line 13a. |
| 13d | E-mail Address | Enter the e-mail address of the individual listed in line 13a. |
| 13e | Date Report Submitted (Month, Day, Year) | Enter the date the *FFR* is submitted to the U.S. Department of Education using the month, day, year format. |
| 14 | Agency Use Only | This section is reserved for U.S. Department of Education use. |

**Federal Financial Reports are due on December 31 of each year. Reports must be submitted electronically via the online NRS reporting system.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FEDERAL FINANCIAL REPORT**  **TOTAL ALLOCATION** | | | | | 1. Federal Agency and Organizational Element to Which  Report is Submitted  **U.S. Department of Education**  **Division of Adult Education and Literacy** | | | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency | | | | OMB Approval Number: 1830-0027  Expiration Date: 8/31/2014 | |
| 3. Recipient Organization (Name and complete address including Zip code) | | | | | 4a. DUNS Number | | 4b. EIN | | 5. Recipient Account Number or Identifying Number | | | 6. Report Type  Initial  Final | | 7. Basis of Accounting  Cash  Accrual |
| 8. Project/Grant Period (Month, Day, Year) | | | | 9. Reporting Period (Month, Day, Year) | | | |  | | | | | | |
| From: | | To: | | From: | | To: | |
| 10. **Transactions** | | | | **(a) State Administration** | | **(b) State Leadership** | | **( c) Programs of Instruction**  **(0-8)** | | **(d) Programs of Instruction**  **(9-12)** | | **(e) Institutionalized Persons** | | **(f) Total** |
| **Federal Cash:** | | | | | | | | | | | | | | |
| a. Cash Receipts | | | |  | |  | |  | |  | |  | |  |
| b. Cash Disbursements | | | |  | |  | |  | |  | |  | |  |
| c. Cash on Hand (line a minus line b) | | | |  | |  | |  | |  | |  | |  |
| **Federal Expenditures and Unobligated Balance:** | | | | | | | | | | | | | | |
| d. Total Federal funds authorized | | | |  | |  | |  | |  | |  | |  |
| e. Federal share of expenditures | | | |  | |  | |  | |  | |  | |  |
| f. Federal share of unliquidated obligations | | | |  | |  | |  | |  | |  | |  |
| g. Total Federal share (sum of line e and line f) | | | |  | |  | |  | |  | |  | |  |
| h. Unobligated balance of Federal funds (line d minus line g) | | | |  | |  | |  | |  | |  | |  |
| **Recipient Share:** | | | | | | | | | | | | | | |
| i. Total recipient share required (i.e. Maintenance of Effort) | | | |  | |  | |  | |  | |  | |  |
| j. Recipient share of expenditures | | | |  | |  | |  | |  | |  | |  |
| k. Remaining recipient share to be provided (line i minus line j) | | | |  | |  | |  | |  | |  | |  |
| **Program Income:** | | | | | | | | | | | | | | |
| l. Total program income earned | | | |  | |  | |  | |  | |  | |  |
| m. Program income expended | | | |  | |  | |  | |  | |  | |  |
| n. Unexpended program income (line l minus line m ) | | | |  | |  | |  | |  | |  | |  |
| 11. Indirect Expense | a. Type  Restricted Provisional  Restricted Final | b. Rate | c. Period From | | Period To | | d. Base | | e. Amount Charged | | f. Federal Share | |  | |
|  |  |  | |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |  | |
|  | | | | | g. Totals: | |  | |  | |  | |
| *12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:* | | | | | | | | | | | | | | |
| **13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)** | | | | | | | | | | | | | | |
| a. Typed or Printed Name and Title of Authorized Certifying Official | | | | | | | | c. Telephone (Area code, number, and extension) | | | | | | |
| d. Email Address | | | | | | |
| b. Signature of Authorized Certifying Official | | | | | | | | e. Date Report Submitted (Month, Day, Year) | | | | | | |
| 14. Agency use only: | | | | | | |

**Financial Reporting Requirements for EL-Civics Funding**

States expending EL-Civics funds under the conditions outlined in Program Memorandum 2000–19, issued by Ronald S. Pugsley on May 16, 2000, shall report those expenditures as follows:

In addition to submitting an annual FFR that reports all Federal and non-Federal expenditures, including those for EL-Civics, states must submit, on an annual basis, a separate FFR for EL-Civics expenditures. This EL-Civics FFR, which represents a subset of the overall FFR report, will provide the necessary information to determine whether EL-Civics expenditures are in compliance with existing statutory requirements.

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| **FEDERAL FINANCIAL REPORT**  **EL / Civics** | | | | | 1. Federal Agency and Organizational Element to Which  Report is Submitted  **U.S. Department of Education**  **Division of Adult Education and Literacy** | | | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency | | | | OMB Approval Number: 1830-0027  Expiration Date: 8/31/2014 | |
| 3. Recipient Organization (Name and complete address including Zip code) | | | | | 4a. DUNS Number | | 4b. EIN | | 5. Recipient Account Number or Identifying Number | | | 6. Report Type  Initial  Final | | 7. Basis of Accounting  Cash  Accrual |
| 8. Project/Grant Period (Month, Day, Year) | | | | 9. Reporting Period (Month, Day, Year) | | | |  | | | | | | |
| From: | | To: | | From: | | To: | |
| 10. **Transactions** | | | | **(a) State Administration** | | **(b) State Leadership** | | **( c) Programs of Instruction**  **(0-8)** | | **(d) Programs of Instruction**  **(9-12)** | | **(e) Institutionalized Persons** | | **(f) Total** |
| **Federal Cash:** | | | | | | | | | | | | | | |
| a. Cash Receipts | | | |  | |  | |  | |  | |  | |  |
| b. Cash Disbursements | | | |  | |  | |  | |  | |  | |  |
| c. Cash on Hand (line a minus line b) | | | |  | |  | |  | |  | |  | |  |
| **Federal Expenditures and Unobligated Balance:** | | | | | | | | | | | | | | |
| d. Total Federal funds authorized | | | |  | |  | |  | |  | |  | |  |
| e. Federal share of expenditures | | | |  | |  | |  | |  | |  | |  |
| f. Federal share of unliquidated obligations | | | |  | |  | |  | |  | |  | |  |
| g. Total Federal share (sum of line e and line f) | | | |  | |  | |  | |  | |  | |  |
| h. Unobligated balance of Federal funds (line d minus line g) | | | |  | |  | |  | |  | |  | |  |
| **Recipient Share:** | | | | | | | | | | | | | | |
| i. Total recipient share required (i.e. Maintenance of Effort) | | | |  | |  | |  | |  | |  | |  |
| j. Recipient share of expenditures | | | |  | |  | |  | |  | |  | |  |
| k. Remaining recipient share to be provided (line i minus line j) | | | |  | |  | |  | |  | |  | |  |
| **Program Income:** | | | | | | | | | | | | | | |
| l. Total program income earned | | | |  | |  | |  | |  | |  | |  |
| m. Program income expended | | | |  | |  | |  | |  | |  | |  |
| n. Unexpended program income (line l minus line m) | | | |  | |  | |  | |  | |  | |  |
| 11. Indirect Expense | a. Type  Restricted Provisional  Restricted Final | b. Rate | c. Period From | | Period To | | d. Base | | e. Amount Charged | | f. Federal Share | |  | |
|  |  |  | |  | |  | |  | |  | |
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|  |  |  | |  | |  | |  | |  | |
|  | | | | | g. Totals: | |  | |  | |  | |
| *12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:* | | | | | | | | | | | | | | |
| **13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)** | | | | | | | | | | | | | | |
| a. Typed or Printed Name and Title of Authorized Certifying Official | | | | | | | | c. Telephone (Area code, number, and extension) | | | | | | |
| d. Email Address | | | | | | |
| b. Signature of Authorized Certifying Official | | | | | | | | e. Date Report Submitted (Month, Day, Year) | | | | | | |
| 14. Agency use only: | | | | | | |