

REVISED September 8, 2014

# **Fourth Draft OMB Package, Version Two REVISED**

## **Appendix F –State REAP Coordinator Data Collection Request**

### **PPSS TO 10: Studies of Rural Education Achievement Program (REAP) Grantees Subtask 3.6: Prepare Fifth Draft OMB Clearance Package**

Contract Number GS-10F-0554N; Order Number ED-PEP-11-O-0090  
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**Submitted to:**

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**Study of Experiences and Needs of Rural Education Achievement Program (REAP) Grantees  
Contact information Request for Sampled REAP Districts**

We have sampled the districts below to participate in the data collection associated with the Study of Experiences and Needs of REAP Grantees.

1. For each district, please enter all requested information for the individual responsible for administering the REAP funds (i.e., the REAP coordinator) under the *REAP coordinator information* heading (Columns C through G)
2. Use Column H to indicate whether the district superintendent is also the REAP coordinator you listed. You may select “Yes” or “No” from the dropdown, or simply type the word *Yes* or *No*.
  - a. If the REAP coordinator is also the district superintendent, please enter her/his full mailing address under the *Superintendent information* heading (Columns K through O). In this scenario, you do not have to re-enter the name and email address.
  - b. If the REAP coordinator is not the same individual as the district superintendent, please enter all requested information for the district superintendent under the *Superintendent information* heading (Columns I through P).
3. After entering all information, please save this spreadsheet and email it back to [xxxx@sri.com](mailto:xxxx@sri.com).<sup>1</sup>

Note that we are providing this template for your convenience. If you would rather provide the information using your own spreadsheet, you may do so as long as your format contains all requested information.

A	B	REAP coordinator information					H	Superintendent information							
NCES ID	District name	First name	Last name	Role/ position	Email	Phone	Same as REAP coordinator? (if yes, please only fill out the address fields)	First name	Last name	Street Address 1	Street Address 2	City	State	Zip	Email
Prefilled	Prefilled						Yes/No dropdown								

<sup>1</sup> SRI will delegate state outreach responsibilities to more than one staff member. The email address listed here will be customized with the individual responsible for outreach and data collection for each state.