

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

INSTRUCTIONS

BEFORE YOU BEGIN, PLEASE READ THE *DEAR COLLEAGUE LETTER*, THE *INSTRUCTIONS FOR GRANT PERFORMANCE REPORTING (ED 524B)*, AND THE *STATEWIDE FAMILY ENGAGEMENT CENTERS ANNUAL PERFORMANCE REPORT GUIDE*.

PLEASE NOTE: DO NOT USE YOUR WEB BROWSER'S BACK BUTTON AT ANY POINT WHILE COMPLETING THIS FORM. ONLY USE THE "NEXT" OR "PREV" BUTTONS AT THE BOTTOM OF EACH PAGE OF THE FORM.

ALSO, IF YOU START THE FORM AND THEN NEED TO PAUSE AND COMPLETE IT AT A LATER TIME, THE FORM WILL SAVE YOUR POSITION AT THE MOST RECENTLY COMPLETED PAGE, I.E. THE MOST RECENT POINT AT WHICH YOU CLICKED THE "NEXT" BUTTON. YOU WILL NOT BE ABLE TO SAVE IN THE MIDDLE OF A PAGE.

* 1. Which section would you like to work on first?

- | | |
|--|--|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Partnerships |
| <input type="radio"/> Executive Summary | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> Budget |

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Cover Sheet

2. Please provide your PR/Award Number

3. Please provide your grantee NCES ID Number

4. What is the title of your project?

5. Grantee Name

In items 5-14 below, please provide the requested contact information for your organization and project director.

6. Street Address (Number)

7. Street Address 2 (Street Name)

8. City/Town

9. State

10. Zip Code

11. Grantee Website

12. Project Director Name

13. Project Director Title

14. Project Director Email Address

15. Project Director Phone Number (example: 1234567890)

16. Do you affirm that you are aware of federal and state data security and student privacy regulations?

Yes

No

17. Have you received your annual certification of Institutional Review Board (IRB) approval?

Yes

No

Not Applicable

18. What was the amount of your **federal** grant fund budget expenditures for the **current grant period**?

Please do not include any non-numeric characters in your answer.

19. What was the amount of your **federal** grant fund budget expenditures for the **previous grant period**?

Please do not include any non-numeric characters in your answer.

20. What was the amount of your **federal** grant fund budget expenditures for the **entire grant period**?

Please do not include any non-numeric characters in your answer.

21. What was the amount of your **non-federal** grant fund budget expenditures for the **current grant period**?

Please do not include any non-numeric characters in your answer.

22. What was the amount of your **non-federal** grant fund budget expenditures for the **previous grant period**?

Please do not include any non-numeric characters in your answer.

23. What was the amount of your **non-federal** grant fund budget expenditures for the **entire grant period**?

Please do not include any non-numeric characters in your answer.

24. Are you claiming indirect costs?

Yes

No

Cover Sheet Continued

25. Please indicate which of the following applies to your grant?

- The grantee has an Indirect Cost Rate Agreement approved by the Federal Government
- The grantee is not a State, local government, or Indian tribe, and is using the de minimus rate of 10% of modified total direct costs (MTDC) in compliance with 2 CFR 200.414(f)
- The grantee is funded under a Restricted Rate Program and is using a restricted indirect cost rate that either: is included in its approved Indirect Cost Rate Agreement; or complies with 34 CFR 76.564(c)(2).
- The grantee is funded under a Training Rate Program and: is recovering indirect cost using 8 percent of MTDC in compliance with 34 CFR 75.562(c)(2); or is recovering indirect costs using its actual negotiated indirect cost rate reflected in 9(b).

Cover Sheet Continued

26. What is the start date of the indirect cost agreement?

Date / Time

Date

 

27. What is the end date of the indirect cost agreement?

Date / Time

Date

 

28. What is the indirect cost rate?

Cover Sheet Continued

* 29. Please select the name of this section to confirm that you have completed it.

Cover Sheet

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Cover Sheet Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q29 }}
{{ Q41 }}
{{ Q83 }}
{{ Q98 }}
{{ Q145 }}
{{ Q150 }}
{{ Q160 }}
{{ Q173 }}

* 30. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Executive Summary | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> Budget |
| <input type="radio"/> Partnerships | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Executive Summary

31. Please enter the number of parents participating in the specific type of SFEC activities described in GPRA Measure 1 below, if that number is available.

Please note that for the purposes of this question parents can be counted more than once if they participate in more than one of these types of activities, **so long as they participate in multiple distinct/different activities.**

GPRA Measure 1: The number of parents who are participating in SFEC activities designed to provide them with the information necessary to understand their annual school report cards and other opportunities for engagement under section 1116 and other related ESEA provisions.

32. Please enter the number of activities you have led under GPRA Measure 2, if that number is available.

GPRA Measure 2: The number of high-impact activities or services provided to build a statewide infrastructure for systemic family engagement that includes support for SEA- and LEA-level leadership and capacity-building.

*Please see the APR Guide for a definition of "high-impact activities or services."

33. Please enter the number of activities you have led under GPRA Measure 3, if that number is available.

GPRA Measure 3: The number of high-impact activities or services implemented to ensure that parents are trained and can effectively engage in activities that will improve student academic achievement, to include an understanding of how they can support learning in the classroom with activities at home or outside the school generally, as well as how they can participate in State and local decision-making processes.

*Please see the APR Guide for a definition of "high-impact activities or services."

34. Please enter the number of parents and families receiving any type of SFEC services.

This figure is the denominator for GPRA Measure 4.

GPRA Measure 4: The percentage of parents and families receiving SFEC services who report having enhanced capacity to work with schools and service providers effectively in meeting the academic and developmental needs of their children.

35. Please enter the number of parents and families receiving SFEC services who report having enhanced capacity to work with schools and service providers effectively in meeting the academic and developmental needs of their children.

This figure is the numerator for GPRA Measure 4.

36. Optional: Please upload supporting documentation.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Period_Executive Summary Supporting Documentation

Choose File

Choose File

No file chosen

37. Have you received points for any Competitive Preference Priorities (CPP)?

Yes

No

Executive Summary: Competitive Preference Priorities

38. Please discuss any progress on your evidence-based direct services (CPP1(a))

39. Please discuss any progress on your evidence-based strategies for promoting literacy (CPP1(b))

40. Please discuss any progress on your educational choice efforts (CPP2)

Executive Summary Continued

* 41. Please select the name of this section to confirm that you have completed it.

Executive Summary

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Executive Summary Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q29 }}
{{ Q41 }}
{{ Q83 }}
{{ Q98 }}
{{ Q145 }}
{{ Q150 }}
{{ Q160 }}
{{ Q173 }}

* 42. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> Budget |
| <input type="radio"/> Partnerships | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Project Objective One

43. Please enter your first project objective

* 44. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- Not related to a GPRA measure

45. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)	<input type="text"/>
Performance Measure 2 (description)	<input type="text"/>
Performance Measure 3 (description)	<input type="text"/>
Performance Measure 4 (description)	<input type="text"/>
Performance Measure 5 (description)	<input type="text"/>
Performance Measure 6 (description)	<input type="text"/>
Performance Measure 7 (description)	<input type="text"/>
Performance Measure 8 (description)	<input type="text"/>
Performance Measure 9 (description)	<input type="text"/>
Performance Measure 10 (description)	<input type="text"/>

46. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10 (performance measure 10)

Actual Performance Data 10 (performance measure 10)

47. Do you have any additional project objectives to report?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Project Objective Two

48. Please enter your second project objective

* 49. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- Not related to a GPRA measure

50. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)	<input type="text"/>
Performance Measure 2 (description)	<input type="text"/>
Performance Measure 3 (description)	<input type="text"/>
Performance Measure 4 (description)	<input type="text"/>
Performance Measure 5 (description)	<input type="text"/>
Performance Measure 6 (description)	<input type="text"/>
Performance Measure 7 (description)	<input type="text"/>
Performance Measure 8 (description)	<input type="text"/>
Performance Measure 9 (description)	<input type="text"/>
Performance Measure 10 (description)	<input type="text"/>

51. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10 (performance measure 10)

Actual Performance Data 10 (performance measure 10)

52. Do you have any additional project objectives to report?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Project Objective Three

53. Please enter your third project objective

* 54. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- Not related to a GPRA measure

55. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)	<input type="text"/>
Performance Measure 2 (description)	<input type="text"/>
Performance Measure 3 (description)	<input type="text"/>
Performance Measure 4 (description)	<input type="text"/>
Performance Measure 5 (description)	<input type="text"/>
Performance Measure 6 (description)	<input type="text"/>
Performance Measure 7 (description)	<input type="text"/>
Performance Measure 8 (description)	<input type="text"/>
Performance Measure 9 (description)	<input type="text"/>
Performance Measure 10 (description)	<input type="text"/>

56. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10 (performance measure 10)

Actual Performance Data 10 (performance measure 10)

57. Do you have any additional project objectives to report?

Yes

No

Project Objective Four

58. Please enter your fourth project objective

* 59. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- Not related to a GPRA measure

60. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)	<input type="text"/>
Performance Measure 2 (description)	<input type="text"/>
Performance Measure 3 (description)	<input type="text"/>
Performance Measure 4 (description)	<input type="text"/>
Performance Measure 5 (description)	<input type="text"/>
Performance Measure 6 (description)	<input type="text"/>
Performance Measure 7 (description)	<input type="text"/>
Performance Measure 8 (description)	<input type="text"/>
Performance Measure 9 (description)	<input type="text"/>
Performance Measure 10 (description)	<input type="text"/>

61. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10 (performance measure 10)

Actual Performance Data 10 (performance measure 10)

62. Do you have any additional project objectives to report?

Yes

No

Project Objective Five

63. Please enter your fifth project objective

* 64. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- Not related to a GPRA measure

65. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)	<input type="text"/>
Performance Measure 2 (description)	<input type="text"/>
Performance Measure 3 (description)	<input type="text"/>
Performance Measure 4 (description)	<input type="text"/>
Performance Measure 5 (description)	<input type="text"/>
Performance Measure 6 (description)	<input type="text"/>
Performance Measure 7 (description)	<input type="text"/>
Performance Measure 8 (description)	<input type="text"/>
Performance Measure 9 (description)	<input type="text"/>
Performance Measure 10 (description)	<input type="text"/>

66. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10 (performance measure 10)

Actual Performance Data 10 (performance measure 10)

67. Do you have any additional project objectives to report?

Yes

No

Project Objective Six

68. Please enter your sixth project objective

* 69. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- Not related to a GPRA measure

70. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)	<input type="text"/>
Performance Measure 2 (description)	<input type="text"/>
Performance Measure 3 (description)	<input type="text"/>
Performance Measure 4 (description)	<input type="text"/>
Performance Measure 5 (description)	<input type="text"/>
Performance Measure 6 (description)	<input type="text"/>
Performance Measure 7 (description)	<input type="text"/>
Performance Measure 8 (description)	<input type="text"/>
Performance Measure 9 (description)	<input type="text"/>
Performance Measure 10 (description)	<input type="text"/>

71. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10 (performance measure 10)

Actual Performance Data 10 (performance measure 10)

72. Do you have any additional project objectives to report?

Yes

No

Project Objective Seven

73. Please enter your seventh project objective

* 74. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- Not related to a GPRA measure

75. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)	<input type="text"/>
Performance Measure 2 (description)	<input type="text"/>
Performance Measure 3 (description)	<input type="text"/>
Performance Measure 4 (description)	<input type="text"/>
Performance Measure 5 (description)	<input type="text"/>
Performance Measure 6 (description)	<input type="text"/>
Performance Measure 7 (description)	<input type="text"/>
Performance Measure 8 (description)	<input type="text"/>
Performance Measure 9 (description)	<input type="text"/>
Performance Measure 10 (description)	<input type="text"/>

76. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10 (performance measure 10)

Actual Performance Data 10 (performance measure 10)

77. Do you have any additional project objectives to report?

Yes

No

Project Objective Eight

78. Please enter your eighth project objective

* 79. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- Not related to a GPRA measure

80. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)	<input type="text"/>
Performance Measure 2 (description)	<input type="text"/>
Performance Measure 3 (description)	<input type="text"/>
Performance Measure 4 (description)	<input type="text"/>
Performance Measure 5 (description)	<input type="text"/>
Performance Measure 6 (description)	<input type="text"/>
Performance Measure 7 (description)	<input type="text"/>
Performance Measure 8 (description)	<input type="text"/>
Performance Measure 9 (description)	<input type="text"/>
Performance Measure 10 (description)	<input type="text"/>

81. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10 (performance measure 10)

Actual Performance Data 10 (performance measure 10)

Project Objectives Continued

82. Have you provided complete data on your performance measures for the current grant year?

By "data", we mean performance measure targets and evidence for meeting those targets.

Yes

No

If you have not provided complete data, when will the data be available and submitted to the Department?

Project Objectives Continued

* 83. Please select the name of this section to confirm that you have completed it.

Project Objectives

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Project Objectives Continued

The complete form consists of the following eight sections:

- Cover Sheet
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- Local Evaluation
- Budget

You have completed the following sections:

{{ Q29 }}
{{ Q41 }}
{{ Q83 }}
{{ Q98 }}
{{ Q145 }}
{{ Q150 }}
{{ Q160 }}
{{ Q173 }}

* 84. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Executive Summary | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> Budget |
| <input type="radio"/> Partnerships | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

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Participating School Districts and Schools

85. Below, please enter the following information for each of the school districts you are working with: District Name; NCES ID; Indication of whether you have an MOU with the district.

District One Name

District One NCES ID

District One MOU? Please enter "Yes" or "No".

District Two Name

District Two NCES ID

District Two MOU? Please enter "Yes" or "No".

District Three Name

District Three NCES ID

District Three MOU? Please enter "Yes" or "No".

District Four Name

District Four NCES ID

District Four MOU? Please enter "Yes" or "No".

District Five Name

District Five NCES ID

District Five MOU? Please enter "Yes" or "No".

District Six Name

District Six NCES ID

District Six MOU? Please enter "Yes" or "No".

District Seven Name

District Seven NCES ID

District Seven MOU? Please enter "Yes" or "No".

District Eight Name

District Eight NCES ID

District Eight MOU?

Please enter "Yes" or "No".

District Nine Name

District Nine NCES ID

District Nine MOU? Please enter "Yes" or "No".

District Ten Name

District Ten NCES ID

District Ten MOU? Please enter "Yes" or "No".

86. Do you have any additional participating districts to report?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Participating School Districts and Schools Continued

87. Below, please enter the following information for each of the school districts you are working with: District Name; NCES ID; Indication of whether you have an MOU with the district.

District Eleven Name	<input type="text"/>
District Eleven NCES ID	<input type="text"/>
District Eleven MOU? Please enter "Yes" or "No".	<input type="text"/>
District Twelve Name	<input type="text"/>
District Twelve NCES ID	<input type="text"/>
District Twelve MOU? Please enter "Yes" or "No".	<input type="text"/>
District Thirteen Name	<input type="text"/>
District Thirteen NCES ID	<input type="text"/>
District Thirteen MOU? Please enter "Yes" or "No".	<input type="text"/>
District Fourteen Name	<input type="text"/>
District Fourteen NCES ID	<input type="text"/>
District Fourteen MOU? Please enter "Yes" or "No".	<input type="text"/>
District Fifteen Name	<input type="text"/>
District Fifteen NCES ID	<input type="text"/>
District Fifteen MOU? Please enter "Yes" or "No".	<input type="text"/>
District Sixteen Name	<input type="text"/>
District Sixteen NCES ID	<input type="text"/>
District Sixteen MOU? Please enter "Yes" or "No".	<input type="text"/>
District Seventeen Name	<input type="text"/>
District Seventeen NCES ID	<input type="text"/>
District Seventeen MOU? Please enter "Yes" or "No".	<input type="text"/>
District Eighteen Name	<input type="text"/>

District Eighteen NCES ID

District Eighteen MOU?

Please enter "Yes" or "No".

District Nineteen Name

District Nineteen NCES ID

District Nineteen MOU?

Please enter "Yes" or "No".

District Twenty Name

District Twenty NCES ID

District Twenty MOU?

Please enter "Yes" or "No".

88. Do you have any additional participating districts to report?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Participating School Districts and Schools Continued

89. Below, please enter the following information for each of the school districts you are working with: District Name; NCES ID; Indication of whether you have an MOU with the district.

District Twenty-One Name

District Twenty-One NCES ID

District Twenty-One MOU? Please enter "Yes" or "No".

District Twenty-Two Name

District Twenty-Two NCES ID

District Twenty-Two MOU? Please enter "Yes" or "No".

District Twenty-Three Name

District Twenty-Three NCES ID

District Twenty-Three MOU? Please enter "Yes" or "No".

District Twenty-Four Name

District Twenty-Four NCES ID

District Twenty-Four MOU? Please enter "Yes" or "No".

District Twenty-Five Name

District Twenty-Five NCES ID

District Twenty-Five MOU? Please enter "Yes" or "No".

District Twenty-Six Name

District Twenty-Six NCES ID

District Twenty-Six MOU? Please enter "Yes" or "No".

District Twenty-Seven Name

District Twenty-Seven
NCES ID

District Twenty-Seven
MOU? Please enter "Yes"
or "No".

District Twenty-Eight Name

District Twenty-Eight
NCES ID

District Twenty-Eight
MOU? Please enter "Yes"
or "No".

District Twenty-Nine Name

District Twenty-Nine NCES
ID

District Twenty-Nine
MOU? Please enter "Yes"
or "No".

District Thirty Name

District Thirty NCES ID

District Thirty MOU?
Please enter "Yes" or "No".

90. If you have additional participating districts to report, please upload either a single Word or PDF document which lists all of the district names, their NCES IDs, and whether you have an MOU with the district.

Choose File

Choose File

No file chosen

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Participating School Districts and Schools Continued

91. Below, please enter the following information for each of the schools you are working with: School Name; NCES ID; Indication of whether you have an MOU with the school.

School One Name	<input type="text"/>
School One NCES ID	<input type="text"/>
School One MOU? Please enter "Yes" or "No".	<input type="text"/>
School Two Name	<input type="text"/>
School Two NCES ID	<input type="text"/>
School Two MOU? Please enter "Yes" or "No".	<input type="text"/>
School Three Name	<input type="text"/>
School Three NCES ID	<input type="text"/>
School Three MOU? Please enter "Yes" or "No".	<input type="text"/>
School Four Name	<input type="text"/>
School Four NCES ID	<input type="text"/>
School Four MOU? Please enter "Yes" or "No".	<input type="text"/>
School Five Name	<input type="text"/>
School Five NCES ID	<input type="text"/>
School Five MOU? Please enter "Yes" or "No".	<input type="text"/>
School Six Name	<input type="text"/>
School Six NCES ID	<input type="text"/>
School Six MOU? Please enter "Yes" or "No".	<input type="text"/>
School Seven Name	<input type="text"/>
School Seven NCES ID	<input type="text"/>
School Seven MOU? Please enter "Yes" or "No".	<input type="text"/>
School Eight Name	<input type="text"/>

School Eight NCES ID

School Eight MOU?

Please enter "Yes" or "No".

School Nine Name

School Nine NCES ID

School Nine MOU? Please
enter "Yes" or "No".

School Ten Name

School Ten NCES ID

School Ten MOU? Please
enter "Yes" or "No".

92. Do you have any additional participating schools to report?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Participating School Districts and Schools Continued

93. Below, please enter the following information for each of the school districts you are working with: School Name; NCES ID; Indication of whether you have an MOU with the school.

School Eleven Name

School Eleven NCES ID

School Eleven MOU?
Please enter "Yes" or "No".

School Twelve Name

School Twelve NCES ID

School Twelve MOU?
Please enter "Yes" or "No".

School Thirteen Name

School Thirteen NCES ID

School Thirteen MOU?
Please enter "Yes" or "No".

School Fourteen Name

School Fourteen NCES ID

School Fourteen MOU?
Please enter "Yes" or "No".

School Fifteen Name

School Fifteen NCES ID

School Fifteen MOU?
Please enter "Yes" or "No".

School Sixteen Name

School Sixteen NCES ID

School Sixteen MOU?
Please enter "Yes" or "No".

School Seventeen Name

School Seventeen NCES
ID

School Seventeen MOU?
Please enter "Yes" or "No".

School Eighteen Name

School Eighteen NCES ID

School Eighteen MOU?

Please enter "Yes" or "No".

School Nineteen Name

School Nineteen NCES ID

School Nineteen MOU?

Please enter "Yes" or "No".

School Twenty Name

School Twenty NCES ID

School Twenty MOU?

Please enter "Yes" or "No".

94. Do you have any additional participating schools to report?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Participating School Districts and Schools Continued

95. Below, please enter the following information for each of the school districts you are working with: School Name; NCES ID; Indication of whether you have an MOU with the school.

School Twenty-One Name

School Twenty-One NCES ID

School Twenty-One MOU? Please enter "Yes" or "No".

School Twenty-Two Name

School Twenty-Two NCES ID

School Twenty-Two MOU? Please enter "Yes" or "No".

School Twenty-Three Name

School Twenty-Three NCES ID

School Twenty-Three MOU? Please enter "Yes" or "No".

School Twenty-Four Name

School Twenty-Four NCES ID

School Twenty-Four MOU? Please enter "Yes" or "No".

School Twenty-Five Name

School Twenty-Five NCES ID

School Twenty-Five MOU? Please enter "Yes" or "No".

School Twenty-Six Name

School Twenty-Six NCES ID

School Twenty-Six MOU? Please enter "Yes" or "No".

School Twenty-Seven Name

School Twenty-Seven
NCES ID

School Twenty-Seven
MOU? Please enter "Yes"
or "No".

School Twenty-Eight Name

School Twenty-Eight
NCES ID

School Twenty-Eight
MOU? Please enter "Yes"
or "No".

School Twenty-Nine Name

School Twenty-Nine NCES
ID

School Twenty-Nine
MOU? Please enter "Yes"
or "No".

School Thirty Name

School Thirty NCES ID

School Thirty MOU?
Please enter "Yes" or "No".

96. If you have additional participating schools to report, please upload either a single Word or PDF document which lists all of the school names, their NCES IDs, and whether you have an MOU with the school.

Choose File

Choose File

No file chosen

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Participating School Districts and Schools Continued

97. Please combine all of the MOUs that you have signed with any and all school districts and schools into one Word or PDF document. The resulting document should contain all of the current MOUs with your district and school partners.

Then, please upload this Word or PDF document.

Choose File

Choose File

No file chosen

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Participating School Districts and Schools Continued

* 98. Please select the name of this section to confirm that you have completed it.

Participating School Districts and Schools

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Participating School Districts and Schools Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q29 }}
{{ Q41 }}
{{ Q83 }}
{{ Q98 }}
{{ Q145 }}
{{ Q150 }}
{{ Q160 }}
{{ Q173 }}

* 99. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Executive Summary | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Project Objectives | <input type="radio"/> Budget |
| <input type="radio"/> Partnerships | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Partnership One

Partners reported in this section contribute services, expertise, funds, or materials to the program. However, please do not report on advisory committee members in this section. You will use the Advisory Board page to share information about the advisory board members. You do not have to list the state education agency as a partner because this relationship is built into the structure of the grant. Please report on partnerships you have developed since receiving the grant.

100. Please provide the name of your first partner.

101. What type of partner is this?

102. Is this partner also a subcontractor?

Yes

No

103. Do you have an MOU with this partner?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Partnership One Continued

104. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership One Continued

105. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

106. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

107. What performance measures did this partner's work relate to? Please list all the measures that apply.

108. Do you have any additional partnerships to report?

- Yes
- No

Partnership Two

109. Please provide the name of your second partner.

110. What type of partner is this?

111. Is this partner also a subcontractor?

Yes

No

112. Do you have an MOU with this partner?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Partnership Two Continued

113. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership Two Continued

114. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

115. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

116. What performance measures did this partner's work relate to? Please list all the measures that apply.

117. Do you have any additional partnerships to report?

- Yes
- No

Partnership Three

118. Please provide the name of your third partner.

119. What type of partner is this?

120. Is this partner also a subcontractor?

Yes

No

121. Do you have an MOU with this partner?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Partnership Three Continued

122. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership Three Continued

123. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

124. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

125. What performance measures did this partner's work relate to? Please list all the measures that apply.

126. Do you have any additional partnerships to report?

- Yes
- No

Partnership Four

127. Please provide the name of your fourth partner.

128. What type of partner is this?

129. Is this partner also a subcontractor?

Yes

No

130. Do you have an MOU with this partner?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Partnership Four Continued

131. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership Four Continued

132. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

133. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

134. What performance measures did this partner's work relate to? Please list all the measures that apply.

135. Do you have any additional partnerships to report?

- Yes
- No

Partnership Five

136. Please provide the name of your fifth partner.

137. What type of partner is this?

138. Is this partner also a subcontractor?

Yes

No

139. Do you have an MOU with this partner?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Partnership Five Continued

140. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership Five Continued

141. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

142. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

143. What performance measures did this partner's work relate to? Please list all the measures that apply.

144. If you have additional partners to report, please upload a Word or PDF document which provides an answer to each question on the previous four survey pages for each one of your additional partners.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Period_Additional Partnership Information

Choose File

Choose File

No file chosen

Partnerships Continued

* 145. Please select the name of this section to confirm that you have completed it.

Partnerships

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Partnerships Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q29 }}
{{ Q41 }}
{{ Q83 }}
{{ Q98 }}
{{ Q145 }}
{{ Q150 }}
{{ Q160 }}
{{ Q173 }}

* 146. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Executive Summary | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Project Objectives | <input type="radio"/> Budget |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Advisory Committee Members

147. How many members do you have on your advisory committee?

148. How many advisory committee members belong to each of the following categories?

Each member can only be in one of these categories.

The sum of the categories must equal the number you entered for the previous question.

Parent representatives?	<input type="text"/>
Education professionals with expertise in disadvantaged children	<input type="text"/>
Representatives of elementary and secondary institutions, including students	<input type="text"/>
Representatives from an SEA or an LEA	<input type="text"/>
Community partners (e.g. other youth/family serving non-profit)?	<input type="text"/>
Members of the business/corporate sector?	<input type="text"/>
Part of local government?	<input type="text"/>
Other	<input type="text"/>

149. How many times did the advisory committee meet during the grant year?

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Advisory Committee Members Continued

* 150. Please select the name of this section to confirm that you have completed it.

Advisory Committee Members

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Advisory Committee Members Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q29 }}
{{ Q41 }}
{{ Q83 }}
{{ Q98 }}
{{ Q145 }}
{{ Q150 }}
{{ Q160 }}
{{ Q173 }}

* 151. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Partnerships |
| <input type="radio"/> Executive Summary | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Project Objectives | <input type="radio"/> Budget |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Local Evaluation

152. Please provide the name of the individual or organization conducting your local evaluation.

153. Please provide your local evaluator's email address.

154. Please provide your local evaluator's phone number (example: 1234567890).

155. Please upload the local evaluation plan as a Word document or PDF.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Local Evaluation Plan

Choose File

Choose File

No file chosen

156. Does the local evaluation plan do the following? Select all that apply.

Please see the APR Guide manual for more details on these components of an evaluation plan.

- Meet evidence of promise design requirements?
- Align with your approved grant application?
- Specify the activities, timelines and benchmarks for conducting the evaluation?
- Include the five core components of an evaluation plan (description of study intervention, research questions, measurement, analysis approach, and plan for disseminating and sharing findings).

Please elaborate if necessary

157. Have you identified the study sample?

- Yes
- No

Local Evaluation Continued

158. Have you selected or assigned treatment and comparison groups?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Local Evaluation Continued

159. If you developed a study report (interim or final) in the current grant year please upload the report as a Word or PDF document.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Period_Study Report

Please note that at least one report demonstrating that the study meets evidence of promise design specifications (which includes a description of the intervention, design, measures, analysis, and findings) should be completed and uploaded during the grant cycle.

Please see the APR Guide for more details on the evidence of promise design specifications.

Choose File

Choose File

No file chosen

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Local Evaluation Continued

* 160. Please select the name of this section to confirm that you have completed it.

Local Evaluation

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Local Evaluation Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q29 }}
{{ Q41 }}
{{ Q83 }}
{{ Q98 }}
{{ Q145 }}
{{ Q150 }}
{{ Q160 }}
{{ Q173 }}

* 161. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Partnerships |
| <input type="radio"/> Executive Summary | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Budget |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget

162. Please provide the dollar value of each of the following budget items for the current grant year.

The dollar values should be entered without any symbols or commas. Please round all values to the nearest whole number.

Personnel	<input type="text"/>
Fringe Benefits	<input type="text"/>
Travel	<input type="text"/>
Equipment	<input type="text"/>
Supplies	<input type="text"/>
Contractual	<input type="text"/>
Construction	<input type="text"/>
Other	<input type="text"/>
Total Direct Costs: Sum of Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, and Other	<input type="text"/>
Indirect Costs	<input type="text"/>
Training Stipends	<input type="text"/>
Total Costs: Sum of Total Direct Costs, Indirect Costs, and Training Stipends	<input type="text"/>
Match	<input type="text"/>
Funds to serve LEAs, schools, and CBOs that serve high concentrations of disadvantaged students	<input type="text"/>
Funds to establish or expand TA for evidence-based parent education programs	<input type="text"/>

163. For each of the budget items listed below, please provide a narrative justification for the dollar value listed for that item in the previous question.

Personnel

Fringe Benefits

Training Stipends

Travel

Equipment

Supplies

Contractual

Construction

Other

Indirect Costs

Match

Funds to serve LEAs, schools, and CBOs that serve high concentrations of disadvantaged students

Funds to establish or expand TA for evidence-based parent education programs

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget Continued

164. Do you expect to have any unexpended funds at the end of the current grant year?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget Continued

165. Please explain why you expect to have unexpended funds at the end of the current grant year.

166. Please provide an estimate of the dollar value you expect to have in unexpended funds.

Please do not include any non-numeric characters in your answer.

167. Please describe how you plan to use the unexpended funds (carryover) in the next grant year.

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget Continued

168. Did you expend funds at the expected rate during the current grant year?

Yes

No

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget Continued

169. Please explain why you did not expend funds at the expected rate during the current grant year.

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget Continued

170. Have funds been drawn down from the G5 system to pay for the budget expenditure amounts reported in the following items on the ED 524B Cover Sheet?

Previous Grant Year - Federal Grant Funds; Non-Federal Funds (Match/Cost Share)

Current Grant Year - Federal Grant Funds; Non-Federal Funds (Match/Cost Share)

Yes

No

Budget Continued

171. Please explain why funds have not been drawn down from the G5 system.

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget Continued

172. Please discuss any progress on securing the $\geq 15\%$ matching requirement which applies to the second through fifth years of the grant.

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget Continued

* 173. Please select the name of this section to confirm that you have completed it.

Budget

Statewide Family Engagement Centers (SFEC) OY1 Annual Performance Review (APR)

Budget Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q29 }}
{{ Q41 }}
{{ Q83 }}
{{ Q98 }}
{{ Q145 }}
{{ Q150 }}
{{ Q160 }}
{{ Q173 }}

* 174. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Partnerships |
| <input type="radio"/> Executive Summary | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

End of Form

THANK YOU FOR COMPLETING THE FORM.