



U.S. Department of Education
Grant Performance Report Cover Sheet (ED 524B)

OMB No. 1894-0003
 Exp. 07/31/2021

Check only one box per Program Office instructions.
 Annual Performance Report Final Performance Report

General Information

1. PR/Award #: _____
(Block 5 of the Grant Award Notification - 11 characters.)
2. Grantee NCES ID#: _____
(See instructions. Up to 12 characters.)
- 3 Project Title: _____
(Enter the same title as on the approved application.)
4. Grantee Name *(Block 1 of the Grant Award Notification.):* _____
5. Grantee Address *(See instructions.)* _____
6. Project Director *(See instructions.)* Name: _____ Title: _____
 Ph #: () _____ - _____ Ext: () _____ Fax #: () _____ - _____
 Email Address: _____

Reporting Period Information *(See instructions.)*

7. Reporting Period: From: ____/____/____ To: ____/____/____ (mm/dd/yyyy)

Budget Expenditures *(To be completed by your Business Office. See instructions. Also see Section B.)*

8. Budget Expenditures

	Federal Grant Funds	Non-Federal Funds <i>(Match/Cost Share)</i>
a. Previous Budget Period		
b. Current Budget Period		
c. Entire Project Period <i>(For Final Performance Reports only)</i>		

Indirect Cost Information *(To be completed by your Business Office. See instructions.)*

9. Indirect Costs

- a. Are you claiming indirect costs under this grant? ___ Yes ___ No
 If yes, please indicate which of the following applies to your grant?
- b. ___ The grantee has an Indirect Cost Rate Agreement approved by the Federal Government:
 The period covered by the Indirect Cost Rate Agreement is from: ____/____/____ to: ____/____/____ (mm/dd/yyyy)
 The approving Federal agency is: ___ ED ___ Other *(Please specify):* _____
 The Indirect Cost Rate is _____%
 The Type of Rate *(For Final Performance Reports Only)* is: ___ Provisional ___ Final ___ Other *(Please specify):*
- c. ___ 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).
- d. ___ The grantee is funded under a Restricted Rate Program and is you 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).
- e. ___ 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).

Human Subjects (Annual Institutional Review Board (IRB) Certification) *(See instructions.)*

10. Is the annual certification of Institutional Review Board (IRB) approval attached? ___ Yes ___ No ___ N/A

Data Privacy and Security Measures Certification *(See instructions.)*

11. Is a statement affirming that you are aware of federal and state data security and student privacy regulations included, with supporting documentation attached? ___ Yes ___ No ___ N/A

Performance Measures Status and Certification (See instructions.)

12. Performance Measures Status

- a. Are complete data on performance measures for the current budget period included in the Project Status Chart? ___ Yes ___ No
- b. If no, when will the data be available and submitted to the Department? ____/____/____ (mm/dd/yyyy)

13. 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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-33812).

Furthermore, to the best of my knowledge and belief, all data in this performance report are true, complete, and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of data reported.

Name of Authorized Representative:

Title: _____

Signature:

Date: ____/____/____



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