

Grantee Name: \_\_\_\_\_  
PR Number: S14\_\_\_\_\_

Grant Year:  Y1  Y2  Y3  Y4  Y5  
Reporting Period:

## The Cover Sheet Form



### U.S. Department of Education Grant Performance Report Cover Sheet (ED 524B) *Check only one box per Program Office instructions.*

Annual Performance Report  Final Performance Report

#### General Information

1. PR/Award #: \_\_\_\_\_ 2. Grantee NCES ID#: \_\_\_\_\_  
(Block 5 of the Grant Award Notification - 11 characters.) (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(s):

a) Reporting Period (12-month budget period) From: 07 / 01 / 2019 To: 06 / 30 / 2020 (mm/dd/yyyy)

b) Performance Period (5-year project 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 (Match/Cost Share) |
|---|---------------------|--------------------------------------|
| a. Previous Budget Period<br>(previous 12-month Reporting Period) |                     |                                      |
| b. Current Budget Period<br>(12-month Reporting Period)           |                     |                                      |
| c. Entire Project Period (5-year)                                 |                     |                                      |

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|   |  |  |
|---|--|--|
| <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
- b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federal Government?  Yes  No
- c. If yes, provide the following information:
  - Period Covered by the Indirect Cost Rate Agreement: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)
  - Approving Federal agency:  ED  Other (Please specify): \_\_\_\_\_
  - Type of Rate (For Final Performance Reports Only):  Provisional  Final  Other (Please specify): \_\_\_\_\_
- d. For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:
  - Is included in your approved Indirect Cost Rate Agreement?
  - Complies with 34 CFR 76.564(c)(2)?

**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

**Performance Measures Status and Certification (See instructions.)**

**11. 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)

**12. To the best of my knowledge and belief, all data in this performance report are true and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the data.**

\_\_\_\_\_  
Title: \_\_\_\_\_

Name of Authorized Representative:

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

Signature:

**Public Burden Statement**

Grantee Name: \_\_\_\_\_

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0684. Public reporting burden for this collection of information is estimated to average 23 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit under 20 USC 1070(d)(2). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact Christopher Hill, Office of Migrant Education, US Department of Education, 400 Maryland Avenue SW, Washington, DC 20202 or christopher.d.hill@ed.gov directly.