

Native Hawaiian Education Program FY 2022 Annual Performance Report

This survey is to be completed by NHE grantees with a performance period of 9/1/2021-8/31/2022.

Welcome to the Fiscal Year (FY) 2022 Native Hawaiian Education (NHE) program Annual Performance Report! Please submit this report by **June 3, 2022**.

Paperwork Burden Statement

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-New. Public reporting burden for this collection of information is estimated to average 5 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 34 C.F.R. § 75.118. 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 Rural, Insular, and Native Achievement Programs Office of Elementary and Secondary Education, U.S. Department of Education 400 Maryland Ave. SW, Washington, DC 20202 or email joanne.osborne@ed.gov directly.

Preparation

Before you begin this report, we suggest gathering the following information/documents:

- All baseline and project data collected so far in support of the project performance measures;
- If applicable, resumes for any new Project Directors and/or Fiscal Agent candidates that have not yet been approved by NHE program staff;
- If applicable, a copy of your current, negotiated Indirect Cost Rate Agreement, if not currently in your grant file in G5;
- The following budget information:
 - ◊ The total amount available for your grant at the start of this budget period;
 - ◊ The total amount expended between 09/01/2021- 05/31/2022;
 - ◊ The projected amount you plan to expend by the end of the performance period (by 5/31/2022)
 - ◊ The anticipated amount (if any) that you plan to carry over into the next performance period (starting on 5/31/2022).
- Your drafts for your APR narratives (described below).

Narratives

This report requires three short narratives, with one optional narrative (the carryover justification). They are listed below in the order that they appear:

1. **Budget Narrative:** Please describe the major ways in which you have expended your grant award this year (in Personnel, Fringe, Travel, Equipment, Supplies, Contractual, and Construction categories, if applicable). In addition, please explain how you plan on expending any remaining funding until the end of the performance period (05/31/2022).
2. **Carryover Justification** (If Applicable): If you anticipate a carryover, please provide a short justification for the carryover, as well as a brief statement for how you plan to expend the carryover in the next performance period (starting 05/31/2022).
3. **Project Accomplishments:** Please describe the major activities and milestones your staff has completed this year, as well as any notable gains in the knowledge or skills or your project participants.
4. **Project Challenges:** Please share any obstacles or challenges that have hindered your ability to accomplish your original project goals and activities (including extenuating circumstances brought about by COVID-19), as well as any workarounds or creative solutions that your staff has implemented to circumvent these challenges.

These narratives should be no more than 300-500 words each. Though MAX Survey will save your work, **we strongly suggest that you draft your narratives in a Word processing software before copying and pasting them into the fields in this survey.**

Collaboration

MAX Survey does not require logins by survey participants. You are encouraged to share your unique survey link with your colleagues so that members of your team can complete different sections of the survey. You are encouraged to share your unique survey link with your colleagues and share the workload, however, **all mandatory questions must be filled in on a previous page before any user is able to access the next page.** We recommend completing the APR in sequential order, filling out one section before sharing the link and notifying your team member that the next section is ready for them (You can return to and edit responses in previous sections).

If you have any questions about completing this report, please contact NHE program staff at Hawaiian@ed.gov (<mailto:OESE.ASKANEP@ed.gov>/Hawaiian@ed.gov).

There are 27 questions in this survey.

Grantee Information

Please confirm that the information that the Native Hawaiian Education (NHE) program has on file for your project is correct by verifying the information in the fields below.

1. The name, contact information, and full-time equivalency for the Project Director on record is:

{TOKEN:ATTRIBUTE_28} {TOKEN:ATTRIBUTE_29}

{TOKEN:ATTRIBUTE_1}

{TOKEN:ATTRIBUTE_3}

{TOKEN:ATTRIBUTE_4}, {TOKEN:ATTRIBUTE_5}

{TOKEN:ATTRIBUTE_6}

Phone Number: {TOKEN:ATTRIBUTE_7}

E-Mail Address:

{TOKEN:ATTRIBUTE_30}

FULL-TIME EQUIVALENCY: {TOKEN:ATTRIBUTE_8}

Is this information up-to-date and accurate? *

Choose one of the following answers

Please choose **only one** of the following:

Yes

No

Please select at least one answer.

1a. If your answer to the above question is “No,” please provide any updated contact information for the Project Director below. If there are no updates for a particular field, please leave that field blank.

Note: Please note that all changes in Project Director require prior approval from the NHE Program Office. If you are changing the name of the Project Director, please attach a current resume to the “Other Attachments” section of this report. The NHE team will respond to you to grant prior approval after the submission of the APR.

Only answer this question if the following conditions are met:

Answer was 'No' at question '1 [Q1]' (1. The name, contact information, and full-time equivalency for the Project Director on record is: {TOKEN:ATTRIBUTE_28}
{TOKEN:ATTRIBUTE_29} {TOKEN:ATTRIBUTE_1} {TOKEN:ATTRIBUTE_3}
{TOKEN:ATTRIBUTE_4}, {TOKEN:ATTRIBUTE_5} {TOKEN:ATTRIBUTE_6} Phone
Number: {TOKEN:ATTRIBUTE_7} E-Mail Address: {TOKEN:ATTRIBUTE_30} FULL-TIME
EQUIVALENCY: {TOKEN:ATTRIBUTE_8} Is this information up-to-date and accurate?)

Please fill in at least one answer.

The Authorized Representative (also referred to as “Certifying Official” or “Fiscal Agent”) is the person legally responsible for this NHE grant. This contact person will receive the Grant Award Notification (GAN), communication e-mails from the G5 system, and updates from the Department.

2. The Name and Contact Information for the Authorized Representative on record is:

{TOKEN:ATTRIBUTE_9} {TOKEN:ATTRIBUTE_10}

{TOKEN:ATTRIBUTE_12}

{TOKEN:ATTRIBUTE_13}

{TOKEN:ATTRIBUTE_14} {TOKEN:ATTRIBUTE_15} ,
{TOKEN:ATTRIBUTE_16}

Phone Number:

{TOKEN:ATTRIBUTE_17} E-Mail

Address: {TOKEN:ATTRIBUTE_11}

Is this information up-to-date and accurate?

*

Choose one of the following answers

Please choose **only one** of the following:

Yes

No

Choose one of the following answers.

2a. If your answer to the above question is “No,” please provide the updated contact information for the Authorized Representative below.

Note: Please note that all changes in the Authorized Representative require prior approval from the NHE Program Office. If you are changing the name of the Authorized Representative, please attach a current resume to the “Other Attachments” section of this report.

Only answer this question if the following conditions are met:

Answer was 'No ' at question '3 [Q3]' (The Authorized Representative (also referred to as “Certifying Official” or “Fiscal Agent”) is the person legally responsible for this NHE grant.

This contact person will receive the Grant Award Notification (GAN), communication e-mails from the G5 system, and updates from the Department. 2. The Name and Contact

Information for the Authorized Representative on record is: {TOKEN:ATTRIBUTE_9}

{TOKEN:ATTRIBUTE_10} {TOKEN:ATTRIBUTE_12} {TOKEN:ATTRIBUTE_13}

{TOKEN:ATTRIBUTE_14} {TOKEN:ATTRIBUTE_15} , {TOKEN:ATTRIBUTE_16}

Phone Number: {TOKEN:ATTRIBUTE_17} E-Mail Address: {TOKEN:ATTRIBUTE_11} Is this information up-to-date and accurate?)

Please fill in at least one answer.

3. If applicable, please upload any supporting documentation, such as resumes for requested changes in the persons fulfilling the role of Project Director or Authorized Representative.

A maximum of 2 files can be uploaded to this question. The maximum file size allowed is 10,240 KB. Allowed file types include .png, .gif, .doc, .odt, .jpg, .pdf, .png, and .jpeg.

Please upload at most 2 files

Kindly attach the aforementioned documents along with the survey

Please either attach a file to this question or click "Next" to continue with the survey.

Budget & Indirect Cost Information

This section is to be completed by your organization's Project Director and Business Office, when appropriate.

4. Are you claiming indirect costs under this grant? *

Check all that apply

Please choose **all** that apply:

Yes

No

Other:

Please select one answer.

4a. If your answer to the above question is "Yes," please check the box to indicate which of the following applies to your grant.

Please use the comment boxes to the right of the choices to provide any additional information.

Only answer this question if the following conditions are met:

Answer was at question '6 [Q5]' (4. Are you claiming indirect costs under this grant?)

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

My organization has a current, negotiated Indirect Cost Rate Agreement approved by the Federal Government.

My organization 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).

My organization is funded under a Restricted Rate program and is using a restricted indirect cost rate that either is included in my organization's approved Indirect Cost Rate Agreement or complies with 34 CFR 76.564(c)(2).

Other:

Please choose at least one answer.

4b. If your organization has a current, negotiated Indirect Cost Rate agreement approved by the Federal Government, please complete the following information.

If your Indirect Cost Rate Agreement (ICRA) is currently not in your grant file in G5, please attach your ICRA to the "Other Attachments" section of this APR.

Only answer this question if the following conditions are met:

Answer was at question '7 [Q6]' (4a. If your answer to the above question is "Yes," please check the box to indicate which of the following applies to your grant. Please use the comment boxes to the right of the choices to provide any additional information.)

Please complete all required information.

5. Please complete the table below with your budget information for this performance period. If there is a \$0 balance for a budget category, or anticipated carryover, please enter 0.

Note: The "Grand Total" should add up to the total amount of your FY 2021 award. We recommend that you initially complete calculations in Microsoft Excel or another spreadsheet software, then transfer to this survey.

Please do **not** use commas or dollar signs in your entry (the totals will not calculate correctly if there are non-numeric characters).

Please provide your *best* estimate for any projected expenditures and/or carryover for the remainder of the fiscal year.

Note: If your anticipated carryover is 70% or more of your award, please attach a justification for the carryover to the end of this section.

*

Only numbers may be entered in these fields.

	FY 2022 Approved Budget (plus carryover from prior year)	FY 2022 Actual Expenditures (from 09/01/2021 - 05/31/2022)	FY 2022 Planned Expenditures (from 06/03/2022 - 8/31/2022)	Requested Carryover into FY 2023 (starting 5/31/2022)
Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fringe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	FY 2022 Approved Budget (plus carryover from prior year)	FY 2022 Actual Expenditures (from 05/01/2021 - 02/28/2022)	FY 2022 Planned Expenditures (from 03/1/2022 - 4/30/2022)	Requested Carryover into FY 2023 (starting 5/01/2022)
Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indirect Costs (if Applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure all boxes are completed with either a number or, if there is no balance, 0.

6. Budget Narrative: Please describe the major ways in which you have expended your grant award this year (in Personnel, Fringe, Travel, Equipment, Supplies, Contractual, and Construction categories, if applicable). In addition, and if applicable, please explain how you plan on expending any funding until the end of your performance period (on 08/31/2022).

Please limit your response to fewer than 500 words. We recommend drafting your narrative in a word processing software and then copying-and-pasting the text into this survey after you are finished. If you wish to provide additional information or supplementary materials for review, please attach these documents as PDFs when prompted at the end of this budget section.

*

Please write your answer here:

Please enter a 300-500 word budget narrative into the section above.

7. Are you requesting carry over of funds into the next performance period (starting 09/01/2022)? *

Check all that apply

Please choose **all** that apply:

Yes No

Please select at least one answer.

Yes

No

7a. If you answered "Yes" to the previous question, please enter the amount you are requesting to carry over into the next performance period.

Note: A projected or estimated carryover is sufficient at this juncture. If your carryover amount changes, please email the NHE program office with a revised justification and carryover amount.

Only answer this question if the following conditions are met:

Answer was at question '11 [Q10]' (7. Are you requesting carry over of funds into the next performance period (starting 09/01/2022)?)

Please write your answer here:

7b. If you are planning on requesting carryover of FY 2022 funds, please provide a short (250-500 word) justification for the carryover, as well as a brief plan for how you plan to accelerate activities in FY 2023 in order to reach the goals & objectives of your project, as outlined in your funded application.

Note: We recommend drafting this response in a word processing software and then copying-and-pasting the text into the box below. Please limit your response to no more than 500 words.

Only answer this question if the following conditions are met:

Answer was at question '11 [Q10]' (7. Are you requesting carry over of funds into the next performance period (starting 9/1/2022)?)

Please write your answer here:

8. If applicable, please upload any budget-related supporting documentation, such as an updated Indirect Cost Rate agreement, additional budget narrative(s), and/or supplemental carryover justification. You are able to upload a maximum of two files.

Note: The maximum file size allowed is 10,240 KB. Allowable file types include .png, .doc, .jpg, .pdf, .png, and .jpeg.

Please upload at most 2 files

Kindly attach the aforementioned documents along with the survey

Please either finish uploading files or click "Next" to continue with the survey.

Performance Information

This section is to be completed by the grant's Project Director and/or Evaluator, when appropriate.

9. My project includes a service delivery or instructional component that provides educational, development, or training services directly to students, teachers, parents, or another group. *

Check all that apply

Please select one answer

Please choose **all** that apply:

Yes No

Please select one answer.

10. If you answered "Yes" to the question above, please enter the total number of participants served in each demographic listed during the reporting period (09/01/2021-05/31/2022).

Example: The Reading Foundation's tutoring program served a total of 80 parents and 80 third graders in the summer and 120 sixth graders in the fall, so the Reading Foundation's Project Director should enter 80 next to "Parents/Caregivers," 80 next to "Elementary Students," and 120 next to "Middle School Students."

If your project does not work with a particular demographic, please leave that row blank.

Note: If your project works with another demographic other than the groups listed, please enter the data for that group in the "Other" category and specify the group served in the next question.

Only answer this question if the following conditions are met:

Answer was at question '15 [Q14]' (9. My project includes a service delivery or instructional component that provides educational, development, or training services directly to students, teachers, parents, or another group.)

Only numbers may be entered in these fields.

Children Ages 0-4 (Early Childhood)	<input type="text"/>
Elementary Students (Kindergarten-5th Grade)	<input type="text"/>
Middle School Students (6th - 8th Grade)	<input type="text"/>
High School Students (9th-12th Grade)	<input type="text"/>
Postsecondary Students	<input type="text"/>

Parents and/or Caregivers	
Culture Bearers/Elders	
Teachers/Educators	
Other Group (Please Specify)	

10a. Please specify the group of participants served in the "Other" category:

Only answer this question if the following conditions are met:

Answer was NOT " " at question '16 [Q15]' (10. If you answered "Yes" to the question above, please enter the total number of participants served in each demographic listed during the reporting period (09/01/2021 - 05/31/2022). Example: The Reading Foundation's tutoring program served a total of 80 parents and 80 third graders in the summer and 120 sixth graders in the fall, so the Reading Foundation's Project Director should enter 80 next to "Parents/Caregivers," 80 next to "Elementary Students," and 120 next to "Middle School Students." If your project does not work with a particular demographic, please leave that row blank. Note: If your project works with another demographic other than the groups listed, please enter the data for that group in the "Other" category and specify the group served in the next question.)

Please write your answer here:

Please fill in a response to the question above.

10b. If your project provides direct services or instructional hours, please enter the total number of service delivery, instructional, and/or contact hours that each participant received, on average, from 09/01/2021-05/31/2022.

Please also briefly describe the frequency, duration and type of services that were provided to the participants (e.g., tutoring that occurred 1x a week for 3 hours a day from June-January, half-day preschool that occurred daily for 3 months, 3 hours of professional development 3x a semester, 30 min parenting classes that occurred 3 times over the course of the project period).

Example: The Reading Foundation provided 30 hours of in-classroom instructional support to each of their high schoolers in the fall. This support was provided 2 hours a week for 15 weeks. Next to "High School Students," under "Total," the project director should enter "30." Under "Frequency and Duration," they should enter "2 hours a week, for 15 weeks." Under "Comments," the Project Director should enter "in-classroom support."

If a certain group is not applicable to your project, please leave that row blank.

Only answer this question if the following conditions are met:

Answer was at question '15 [Q14]' (9. My project includes a service delivery or instructional component that provides educational, development, or training services directly to students, teachers, parents, or another group.)

	Total Service Delivery Hours that Each Participant Received, On Average (e.g., 10)	Frequency and Duration of Service Delivery (e.g., 1 hour a week for 10 weeks)	Type of Services (e.g., internship hours, counseling sessions, risk screening, remote math support)	Comments (Optional)
Children ages 0-4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elementary Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle School Students (6th-8th Grade)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School Students (9th-12th Grade)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postsecondary Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parents and/or Caregivers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Culture Bearers/Elders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teachers/Educators	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Group (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Please confirm the performance measures we have on file for your project:

- {TOKEN:ATTRIBUTE_18}
- {TOKEN:ATTRIBUTE_19}
- {TOKEN:ATTRIBUTE_20}
- {TOKEN:ATTRIBUTE_21}
- {TOKEN:ATTRIBUTE_22}
- {TOKEN:ATTRIBUTE_23}
- {TOKEN:ATTRIBUTE_24}
- {TOKEN:ATTRIBUTE_25}
- {TOKEN:ATTRIBUTE_26}
- {TOKEN:ATTRIBUTE_27}
- {TOKEN:ATTRIBUTE_31}
- {TOKEN:ATTRIBUTE_32}
- {TOKEN:ATTRIBUTE_33}
- {TOKEN:ATTRIBUTE_34}
- {TOKEN:ATTRIBUTE_35}
- {TOKEN:ATTRIBUTE_36}
- {TOKEN:ATTRIBUTE_37}
- {TOKEN:ATTRIBUTE_38}
- {TOKEN:ATTRIBUTE_39}
- {TOKEN:ATTRIBUTE_40}
- {TOKEN:ATTRIBUTE_41}
- {TOKEN:ATTRIBUTE_42}

These performance measures are up-to-date and accurate (please use the comments boxes to provide any additional information).

*

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

Yes

No

Please select one answer.

11b. If you answered No above, please enter the correct performance measures and/or any revisions to the performance measures that have occurred during implementation.

Please note that all revisions to performance measures should receive prior approval from the NHE program office and should not change the scope or objectives of your project as stated in your funded application. NHE staff will review the changes that you propose below and will notify you if the changes are approved.

Only answer this question if the following conditions are met:

Answer was at question '19 [Q18]' (11. Please confirm the performance measures we have on file for your project: {TOKEN:ATTRIBUTE_18} {TOKEN:ATTRIBUTE_19} {TOKEN:ATTRIBUTE_20} {TOKEN:ATTRIBUTE_21} {TOKEN:ATTRIBUTE_22} {TOKEN:ATTRIBUTE_23} {TOKEN:ATTRIBUTE_24} {TOKEN:ATTRIBUTE_25} {TOKEN:ATTRIBUTE_26} {TOKEN:ATTRIBUTE_27} {TOKEN:ATTRIBUTE_31} {TOKEN:ATTRIBUTE_32} {TOKEN:ATTRIBUTE_33} {TOKEN:ATTRIBUTE_34} {TOKEN:ATTRIBUTE_35} {TOKEN:ATTRIBUTE_36} {TOKEN:ATTRIBUTE_37} {TOKEN:ATTRIBUTE_38} {TOKEN:ATTRIBUTE_39} {TOKEN:ATTRIBUTE_40} {TOKEN:ATTRIBUTE_41} {TOKEN:ATTRIBUTE_42} These performance measures are up- to-date and accurate (please use the comments boxes to provide any additional information).)

Please write your answer here:

Please describe any updates and/or revisions to your performance measures above.

12. Performance Data: For each performance measure below, please enter the following information in the corresponding columns:

Column A: Targets. The target you intend to reach for this measure, along with deadline to accomplish this target. This could be expressed as a raw number, fraction, ratio, and/or a percentage. (e.g., 20 parents by Year 1, 30% of students by Year 2, 5 out of 6 teachers by Year 3)

Column B: Baseline. Any baseline data you have collected at the start of your project (column B) [if no baseline data was collected or is available, please write N/A];

Column C: Current Data. The number, fraction, ratio, and/or percentage that represents your current progress with this performance measure (e.g., 10 parents, 65% of students, 3 out of 6 teachers).

*

	Column A: Target (Expressed as a %, raw number, fraction, or ratio. Please include deadline, e.g., 12 students by Year 1)	Column B: Baseline Data (If Available)	Column C: Current Performance Data
{TOKEN:ATTRIBUTE_18}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_19}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_20}	<input type="text"/>	<input type="text"/>	<input type="text"/>

{TOKEN:ATTRIBUTE_21}			
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	Column A: Target (Expressed as a %, raw number, fraction, or ratio. Please include deadline, e.g., 12 students by Year 1)	Column B: Baseline Data (If Available)	Column C: Current Performance Data
{TOKEN:ATTRIBUTE_22}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_23}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_24}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_25}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_26}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_27}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_31}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_32}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_33}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_34}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_35}	<input type="text"/>	<input type="text"/>	<input type="text"/>
{TOKEN:ATTRIBUTE_36}	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Column A: Target (Expressed as a %, raw number, fraction, or ratio. Please include deadline, e.g., 12 students by Year 1)	Column B: Baseline Data (If Available)	Column C: Current Performance Data
{TOKEN:ATTRIBUTE_37}	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure all boxes in the table above are completed with either a number or "N/A."

13. Please use the space below to provide any additional context for your performance data, or explain any missing or unavailable data:

Please write your answer here:

14. Project Accomplishments: Please describe the major activities and milestones your staff has completed this year, as well as any notable gains in the knowledge or skills or your project participants.

Please limit your response to 500 words. We recommend that you draft your response in a word processing software (e.g. Microsoft Word), and then copy-and-paste your response into the space below.

*

Please write your answer here:

Please enter your project narrative in the text box above.

15. Project Challenges: Please share any obstacles or challenges that have hindered your ability to accomplish your original project goals and activities (including extenuating circumstances brought about by COVID-19), as well as any workarounds or creative solutions that your staff has implemented to circumvent these challenges.

Please limit your response to 500 words. We recommend that you draft your response in a word processing software (e.g. Microsoft Word), and then copy-and-paste your text into the space below.

*

Please write your answer here:

Please enter your project narrative in the text box above.

Other Attachments (Optional)

If applicable, please attach any other documents you wish the NHE team to review to this section. You may upload a maximum of 4 documents.

16. Please upload any supplementary documents for your project here. These could include evaluation reports, additional data collection documents, student work products, or curriculum or assessment samples.

You may upload a maximum of four documents. The maximum file size allowed is 10,240 KB. Allowable file types include .png, .gif, .doc, .odt, .jpg, .pdf, .png, and .jpeg.

Please upload at most 4 files

Kindly attach the aforementioned documents along with the survey

Please either upload supplementary materials above or click "Next" to continue with the survey.

Attestation & Signature

This section is to be completed by the Fiscal Agent/Certifying Official for this grant.

In order to submit your report, the Authorized Representative must type their name and select the date where indicated; by doing so, the Authorized Representative attests to the best of my knowledge and belief that the information entered on this form are 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 and in accordance with all applicable Federal laws and regulations, as they become effective. 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 3801-3812).

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.

Please select **Agree** or **Disagree** and type your name:

*

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

Agree

Disagree

Please enter the date: *

Please enter a date:

Please select today's date.

Thank you for completing the Native Hawaiian Education Annual Performance Report! The NHE team will review and be in touch with any questions and/or next steps, including approval on revisions to budget and/or performance measures.

If you have any questions in the meantime, please email Hawaiian@ed.gov.

18.03.2022 – 23:59

Submit your survey.

Thank you for completing this survey.