

# U.S. DEPARTMENT OF EDUCATION

**OMB Approval No.: 1840-0777 Expiration Date: TBD**

## Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)

**Annual Performance Report for Partnership and State Projects**

**COVER SHEET**

1. PR/Award Number:

(Located in block 5 of your grant award notification) (Funding Year)

1. Name of Grantee:
2. Address:
3. Name of Project Director/Contact Person: Telephone Number: Fax: E-mail Address:
4. Name of Authorized Representative: Telephone Number: E-mail Address:
5. Report Period: to

Month/Day/Year Month/Day/Year

We certify that to the best of our knowledge, the information reported herein is accurate and complete.

Name of Project Director (Print)

Name of Authorizing Representative (Print)

Signature and Date

Signature and Date

By signing this application, you certify that the statements herein are true, complete and accurate to the best of your knowledge. You are aware that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

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# INSTRUCTIONS:

Section 75.720 of Education Department General Administrative Regulations (EDGAR) requires Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) State and Partnership grantees to submit an Annual Performance Report (APR). The U.S. Department of Education (Department) uses APRs to help determine if projects are making substantial progress in accomplishing the goals and objectives of the project. Continuation funding is based on, in part, grantees making annual substantial progress. For the purpose of Department reporting under 34 CFR 75.110, APR data is also used to assess the GEAR UP program as a whole.

The APR consists of a cover sheet and six sections. The cover sheet must be completed and signed by the project director and the authorized representative and returned to the Department along with the six sections on or before the due date. A separate announcement including these instructions and the due date will be emailed to each grantee annually. Grantees are expected to complete all questions in the APR except when otherwise stated. Please define all terms specific to your program and spell out all acronyms the first time they are used.

|  |  |
| --- | --- |
| Reporting Period | Relevant Sections |
| **New Grantee (Year 1)**From start date of performance period to March 31 | If you are reporting on your first year of implementation, the reporting period includes the time period from the beginning of the grant through March 31st of the current calendar year.Example:For new awards issued in FY 2021, the reporting period will be from October 2021 to March 31, 2022. | Sections I, II, IV, V, and VI |
| **Continuing Grantee (Years 2 thru 6 or 7)**From the beginning to end of the previous academic school year | If you are reporting on years two through six or seven, your reporting period is the prior academic school year, which would traditionally include the fall, spring, and summer term of the prior academic school year. | Sections I, II, IV, V, and VI |

|  |  |
| --- | --- |
| Budget Period | Relevant Section |
| **New and Continuing Grantee (Years 1 thru 6/7)**From the beginning to the end of the budget reporting period | The budget reporting period is consistent with the annual budget periods established by your new and continuation Grant Award Notification (GAN). New and continuing grantees must report on actual and anticipated expenditures, as well as anticipated carryover. | Section III |

# SECTION I: EXECUTIVE SUMMARY

The mission of the GEAR UP program is to significantly increase the number of students from low-income backgrounds who are prepared to enter and succeed in postsecondary education. Please provide a brief description (no more than 1350 words, or approximately three pages) of the current status of your project. Describe the extent to which you have implemented all program activities and components planned for this reporting period, highlighting your major outcomes, successes, and challenges as they pertain to:

1. Improving the academic performance of GEAR UP students;
2. Increasing educational expectations of participating students and their parents, guardians, or family members;
3. Improving knowledge regarding postsecondary education preparation and financing for students and their parents, guardians, or family members; and
4. Working to improve high school graduation and postsecondary enrollment rates.
5. What aspects of your program do you think are most successful (have the greatest impact)? Why?

# SECTION II: ADMINISTRATIVE INFORMATION

1. Describe any significant changes in your project design since the approval of your grant application that did not require prior approval from the Department- e.g*.*, changing from individual tutoring to group tutoring or placing more emphasis on enrichment activities rather than remediation (no more than 1,000 words, or approximately two pages.)

Note: Changes that require prior approval from the Department should be submitted directly to your program specialist and not through your APR.

1. Describe the most significant barriers or challenges that were encountered while implementing and/or administering your project. Please describe what steps you have taken to address these barriers and challenges (no more than 1,000 words, or approximately two pages).
2. Please provide any additional information about your project that you think would be helpful to the Department in evaluating your performance or understanding the contents of your annual report (no more than 500 words, or approximately one page).
3. Please list the names and titles of key personnel, mark the source of payment (GEAR UP Federal funds or non-Federal funds), and the percentage of time each individual spends working on the grant. (If the percentage of time is not available, you may indicate the number of hours that individual was paid with GEAR UP funds instead.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Names** | **Titles** | **% of Time** | **Federal (Mark x)** | **Non-Federal (Mark x)** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. Describe any changes to key personnel of this grant that have come about over the past year, including changes in titles, changes in percentage of time that a person is devoting to the project, hiring of a key staff person, departure of a key staff person, or addition or elimination of a position (no more than 500 words, or approximately one page).

Note: Do not request changes of key personnel or the addition/elimination of position(s) here. As required by the Uniform Guidance (200.308(c)(ii)), that type of request is a change that requires prior approval by the Department before the personnel action is taken and must be addressed separately from this report. Your response here should be a summary of approved and completed changes that have taken place during this reporting period.

1. Please complete the following table. List all partners and indicate with an “**X**” whether they are original partners listed in the application or new partners added during implementation. If any of these partners have become inactive and are no longer participating in the grant, please indicate this with an **“X”** in the column provided. If a partner is new, indicate with an **“X”** if you have provided the program office with a Partner Identification Form and Cost Share Worksheet to update the application. Rows can be added to this table if you have more partners.

Note: Do not request changes of grant partners here. As required by the Uniform Guidance (200.308(c)(i) and (c)(vii)), that type of request is a change that requires prior approval by the Department and must be addressed separately from this report. Your response here should be a summary of approved and completed changes that have taken place during this reporting period.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Partner Name** | **Original** | **New** | **Inactive** | **Submitted Partner Identification Form and Cost Share Worksheet** | **Type of Partner (IHE)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

Please indicate the type of partner from the following options and enter the letter(s) in the column provided:

**CBO**=Community-Based Organization; **NPO**=Not-For-Profit Organization, non-CBO; **FBO**=Faith-based Organization; **HBCU**=Historically Black College or University; **TCCU**=American Indian Tribally Controlled College or University; **HSI**=Hispanic Serving Institution; **IHE**=Institution of Higher Education; **SCH**=School; **LEA**=School District; **ACY**=State Agency; **BUS**=Business; **PO**=Professional Organization; **O**=Other Type of Organization

# SECTION III: FISCAL MANAGEMENT

1. In the following table, please provide information about your actual and anticipated Federal expenditures for the ***current budget period***. The current budget period can be found in Section 6 of your current Grant Award Notification (GAN). You do not need to fill in the shaded boxes, but please indicate total amounts in line E for all columns. **If this is the first award year of your grant, the reporting period includes the time period from the beginning of your grant through March 31st of the current calendar year.**

**Federal Budget Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Total Federal Funds Awarded for Current Budget Period (See Current GAN)** | **Carryover Funds Available (Include Funds Carried Over from Previous Budget Period(s))** | **Actual Federal Expenditures for Current Budget Period from GAN Start Date thru March of APR****Submission Year** | **Anticipated Federal Expenditures from April to Current Budget Period End Date** | **Anticipated Carryover to Next Budget Period (if applicable)** |
| **1. Salaries and Wages** |  |  |  |  |  |
| **2. Employee Benefits** |  |  |  |  |  |
| **3. Travel** |  |  |  |  |  |
| **4. Materials & Supplies** |  |  |  |  |  |
| **5. Consultants & Contracts** |  |  |  |  |  |
| **6. Other** |  |  |  |  |  |
| **A. Total Direct****Costs (Lines 1-6)** |  |  |  |  |  |
| **B. Total Indirect Costs** |  |  |  |  |  |
| **C. Equipment** |  |  |  |  |  |
| **D. Scholarships/ Tuition****Assistance** |  |  |  |  |  |
| **E. Total Costs (A+B+C+D)** |  |  |  |  |  |

1. Budgetary Modifications. If you are not expending Federal or non-Federal funds as originally planned for the current budget period, please provide an explanation. Describe how you plan to expend any carryover funds and/or how you plan to meet your matching requirements (no more than 500 words, or approximately one page).
2. Matching Contributions. In the following table, provide information about your actual and anticipated non-Federal matching contributions for the ***current budget period*.** The current budget period can be found in Section 6 of your current Grant Award Notification (GAN). **If this is the first award year of your grant, the reporting period includes the time period from the beginning of your grant through March 31st of the current calendar year.**

## Non-Federal Matching Budget Summary

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Matching Contributions Proposed for Current Budget Period (See Current GAN)** | **Actual Matching Contributions for Current Budget Period from GAN Start Date thru March of APR****Submission Year** | **Anticipated Matching Contributions from April to Current Budget Period End Date** |
| **1. Salaries and Wages** |  |  |  |
| **2. Employee Benefits** |  |  |  |
| **3. Travel** |  |  |  |
| **4. Materials & Supplies** |  |  |  |
| **5. Consultants & Contracts** |  |  |  |
| **6. Other** |  |  |  |
| **A. Total Direct Costs (Lines 1-6)** |  |  |  |
| **B. Total Indirect Costs** |  |  |  |
| **C. Equipment** |  |  |  |
| **D. Scholarships/Tuition Assistance** |  |  |  |
| **E. Total Costs (A+B+C+D)** |  |  |  |

***If you requested a match reduction in your original application, please check the box.***

1. Previous Budget Periods. In the following table, please provide information regarding: a) the actual total Federal expenditures and b) the actual total non-Federal contributions for ***completed budget periods***. Actual expenditures are a final account of all funds obligated for previous budget periods.

Note: First year grantees do not need to fill out this table.

|  |  |  |
| --- | --- | --- |
| **Budget Period** | **(a) Actual Total****Federal Expenditures** | **(b) Actual Total****Matching Contributions** |
| Year 1 |  |  |
| Year 2 |  |  |
| Year 3 |  |  |
| Year 4 |  |  |
| Year 5 |  |  |
| Year 6 |  |  |
| Year 7 |  |  |
| Total |  |  |

1. Indirect Cost Agreement. Indirect cost reimbursement on a training grant is limited to the recipient’s actual indirect costs (see EDGAR section 75.562), as determined by its negotiated indirect cost agreement, or eight percent of the modified total cost base, whichever amount is less. In order to claim an indirect cost on next year’s budget, the grantee must provide information on their current agreement. **Check one of the three options.**
	1.  Current Indirect Cost Agreement: Effective date of agreement: Beginning date: , Ending date: , Current rate:
	2.  Requesting Indirect Cost Agreement: If you have requested an indirect cost agreement but have not received one, you should provide your program officer with evidence of your contact with the cognizant agency and their response. If a negotiated indirect cost agreement was not awarded, a grantee using the training rate of eight percent is required to have documentation available for audit that shows that its indirect rate equals or exceeds the eight percent. Please indicate whether your program officer has documentation of your attempt to secure an indirect cost agreement: Yes  No 
	3. Do not claim indirect cost.
2. Scholarship Component. If you have a GEAR UP scholarship component, as defined by Section 404E of the Higher Education Act of 1965, as amended (HEA), please fill out 6a-6c. If you are a State that was granted an exception under Section 404E(b)(2), please fill out only 6d. All other grantees can move on to Section IV.
3. Scholarship Funds. Please report on all Federal and non-Federal funds reserved and held for GEAR UP scholarships and the disbursement of those scholarship funds to eligible students. This data should be reflective of scholarship activity during this reporting period. States must report, annually to the Secretary, information on Federal and non-Federal reserved funds held for GEAR UP scholarships and the disbursement of these funds to eligible students until these funds are fully expended or returned to the Secretary. Scholarship funds are subject to audit or monitoring by authorized representatives throughout

the life of the fund. When entering the numbers of students in the “Total” column, please provide an unduplicated number.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Federal Scholarships** | **Non-Federal Scholarships** | **Total** |
| 1. Amount of funds reserved for students |  |  |  |
| 2. Number of students for whom funds were reserved |  |  |  |
| 3. Amount of funds disbursed to students |  |  |  |
| 4. Number of students receiving disbursements |  |  |  |

Note: Grantees must hold in reserve scholarship funds of at least the minimum required scholarship amount multiplied by the estimated number of eligible students. However, this does not apply to grantees that were given an exception to the required funding allocation. States must return to the Secretary any Federal scholarship funds that are not used by an eligible student within six years of the student’s scheduled completion of secondary school or have not been redistributed to the other eligible students.

1. Funding Allocation. Please outline in the table below the amount and percentage of Federal funds that were expended on scholarships (either reserved or disbursed) and activities during the reporting period.

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Percentage** |
| **Activities** | $ |  |
| **Scholarships** | $ |  |

1. Location of Scholarship Funds. If you have not yet disbursed scholarship awards, please provide in the table below (1) the organization’s information relative to where scholarship funds are held pending distribution to former GEAR UP students (e.g., are the funds in an interest-bearing account?) and (2) how the funds will be disbursed.

|  |  |  |
| --- | --- | --- |
| **Organization Name** | **Address (Street, City, State, Zip Code)** | **Contact Person’s Name,****Phone Number and Email** |
|  |  |  |
|  |  |  |
| **Do you have a contractual agreement with the organization? Yes or No** |
| **How will the funds be disbursed?** |

1. ***OPTIONAL:*** States Granted Exceptions to the Scholarship Component. Did your State disburse non- Federal scholarship funding to students during the reporting year and if so, to how many students?

# SECTION IV: STUDENTS’ DEMOGRAPHIC DATA

## Number of Participating Students

* 1. Does your State or partnership grant serve students under the GEAR UP **cohort** approach? If yes, complete the table below. If no, skip to question #2.

## Participant Distribution by Grade and Status (Cohort Students)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade Level** | **(a) # of GEAR UP Students Proposed** | **(b) # of Continuing GEAR UP Students** | **(c) # of New GEAR UP Students** | **(d) # of GEAR UP Students who Withdrew** | **(e) # of GEAR UP Students who Dropped****Out** | **(f) # of Active GEAR UP Students [(b)+(c)]** | **(g) # of Total GEAR UP Students [(b)+(c)+****(d)+(e)]** |
| K-4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 1st Year of PSE |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

1. The total number of unduplicated students proposed to participate in the GEAR UP cohort(s) during the reporting period, as expressed in your approved GEAR UP application, or as amended with the approval of the Department of Education.
2. The total number of unduplicated students participating in the GEAR UP cohort(s) during the reporting period, who also previously participated in GEAR UP during any prior reporting period. For cohort students who were promoted ahead of their expected grade level, repeated their grade level, or were demoted to a lower grade level, please count them as continuing students.
3. The total number of unduplicated students participating in the GEAR UP cohort(s) during the reporting period who did not participate in any prior reporting period, i.e., new students.
4. The total number of unduplicated students who withdrew from the GEAR UP cohort(s) during the reporting period for any school-recognized reason, but will not be defined as a “dropout.” This may include students who transferred to a school not served by GEAR UP, students who left to be homeschooled, other educational transfers, students who passed away, or a temporary school- recognized absence.
5. The total number of unduplicated students who withdrew from the GEAR UP cohort(s) during the reporting period and are recognized as “drop-outs,” as they are no longer enrolled in school and

have not graduated from high school or completed a State or district-approved educational program.

1. The total number of unduplicated students who participated in the GEAR UP cohort(s) who are considered “active” as of the end of the reporting period [the sum of columns (b) and (c)].
2. The total number of unduplicated students who participated in the GEAR UP cohort(s), regardless of their status as of the end of the reporting period [the sum of columns (b) through (e)].
	1. Does your State grant serve **priority** students under the GEAR UP priority student approach? If yes, complete the table below. If no, skip to section 3.

## Participant Distribution by Grade and Status (Priority Students)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade Level** | **(a) # of GEAR UP Students Proposed** | **(b) # of Continuing GEAR UP Students** | **(c) # of New GEAR UP Students** | **(d) # of GEAR UP Students who Withdrew** | **(e) # of GEAR UP Students who Dropped****Out** | **(f) # of Active GEAR UP Students [(b)+(c)]** | **(g) # of Total GEAR UP Students [(b)+(c)+****(d)+(e)]** |
| K-4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 1st Year of PSE |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

* + 1. The total number of unduplicated students proposed to participate in the GEAR UP cohort(s) during the reporting period, as expressed in your approved GEAR UP application, or as amended with the approval of the Department of Education.
		2. The total number of unduplicated students participating in the GEAR UP cohort(s) during the reporting period, who also previously participated in GEAR UP during any prior reporting period. For priority students who were promoted ahead of their expected grade level, repeated their grade level, or were demoted to a lower grade level, please count them as continuing students.
		3. The total number of unduplicated students participating in the GEAR UP cohort(s) during the reporting period who did not participate in any prior reporting period, i.e., new students.
		4. The total number of unduplicated students who withdrew from the GEAR UP cohort(s) during the reporting period for any school-recognized reason, but will not be defined as a “dropout.” This may include students who transferred to a school not served by GEAR UP, students who left to be homeschooled, other educational transfers, students who passed away, or a temporary school- recognized absence.
		5. The total number of unduplicated students who withdrew from the GEAR UP cohort(s) during the reporting period and are recognized as “drop-outs,” as they are no longer enrolled in school and have not graduated from high school or completed a state or district-approved educational program.
		6. The total number of unduplicated students who participated in the GEAR UP cohort(s) who are considered “active” as of the end of the reporting period [the sum of columns (b) and (c)].
		7. The total number of unduplicated students who participated in the GEAR UP cohort(s), regardless of their status as of the end of the reporting period [the sum of columns (b) through (e)].

## Participant Distribution by Ethnic Background

* 1. The following table regarding the ethnicity/race background of GEAR UP students is mandatory and will be used by the Department in reporting on the ethnicity/race characteristics of students participating in the program. The ethnicity/race categories used in this section are consistent with the Department’s policy on the collection of racial and ethnic information. These categories are defined as follows:

**Ethnicity**

**Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

**Race**

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, and the Philippine Islands.

**Black or African American** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii or other pacific islands such as Samoa and Guam.

**White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Two or more races**

**Ethnicity and/or race unknown**

|  |  |
| --- | --- |
| **Race and Ethnicity** | **Number of Students** |
| Hispanic or Latino of any race |  |
| American Indian or Alaska Native, non-Hispanic/Latino |  |
| Asian, non-Hispanic/Latino |  |
| Black or African American, non-Hispanic/Latino |  |
| Native Hawaiian or Other Pacific Islander, non-Hispanic/Latino |  |
| White, non-Hispanic/Latino |  |
| Two or more races, non-Hispanic/Latino |  |
| Race and/or ethnicity unknown |  |
| **Total** |  |

**Participation by Gender**

* 1. Please complete the following table regarding the gender of GEAR UP students.

|  |  |
| --- | --- |
| **Gender** | **Unduplicated Number of GEAR UP Students** |
| Male |  |
| Female |  |
| **Total** |  |

## Participants with Limited English Proficiency

* 1. Please complete the following table indicating the unduplicated number of GEAR UP students with Limited English Proficiency served by your project during the reporting period.

For the purposes of this table, Limited English Proficiency means a person whose native language is other than English and who has sufficient difficulty speaking, reading, writing, or understanding the English language to deny that individual the opportunity to learn successfully in classrooms in which English is the language of instruction.

If this information is unavailable, please explain (no more than 500 words, or approximately one page):

|  |  |
| --- | --- |
|  | **Unduplicated Number of GEAR UP Students** |
| GEAR UP Students with Limited English Proficiency |  |

## Participants with Individualized Education Programs (IEPs) as Required by the Individuals with Disabilities in Education Act, as amended (IDEA)

* 1. Please complete the following table indicating the unduplicated number of GEAR UP students with Individualized Education Programs.

If this information is unavailable, please explain (no more than 500 words, or approximately one page):

|  |  |
| --- | --- |
|  | **Unduplicated Number of GEAR UP Students** |
| GEAR UP Students with Individualized Education Programs |  |

## Participants Who Meet Unique Priority Student Designations

* 1. If you are implementing a State project with a priority students model, please mark in the table below the type(s) of priority or disconnected students the project served during the reporting period.

|  |  |
| --- | --- |
| **Mark (x)** | **Type of Priority/Disconnected Student** |
|  | Free or reduced-priced lunch |
|  | State program funded in part by the Temporary Assistance for Needy Families (TANF) program |
|  | State program funded in part by foster care |
|  | Homeless |
|  | Students with disabilities |
|  | Otherwise considered to be a disconnected student (please specify the type of student below): |

## Homeless and Foster Care Students

* 1. Please complete the following table indicating the unduplicated number of GEAR UP students who have been identified as homeless (as defined by the McKinney-Vento Homeless Assistance Act) or were in foster care (as defined by Title IV of the Social Security Act).

If this information is unavailable, please explain (no more than 500 words, or approximately one page):

|  |  |
| --- | --- |
| **Homeless and Foster Care Students** | **Unduplicated Number of GEAR UP Students** |
| GEAR UP Students who were identified as homeless |  |
| GEAR UP Students who were in foster care |  |

# SECTION V: OBJECTIVES AND SERVICES

## Objectives

1. Please complete the table below: a) list approved objectives from your grant application and/or approved modified objectives and provide baseline data where applicable; b) list the activities, outreach, and support services that were conducted to accomplish objectives; c) indicate if objectives have been met (e.g., yes/no/partially); and d) describe your progress in achieving objectives or the required action(s) necessary to improve results.

|  |  |  |  |
| --- | --- | --- | --- |
| **(A)****Objectives:** | **(B)****Activities, Outreach and Support Services:** | **(C)****Results:** | **(D)****Progress/Required Action:** |
| Example: 1. Enrollment in 7th grade pre- algebra, 8th grade algebra, and 8th grade advanced science classes will increase by 5% by next year.Baseline: Pre-algebra 7th grade -- 10% Algebra 8th grade -- 5%Adv. Sci. 8th grade -- 20% | Example: Instructional support services, staff development to improve instruction, and articulation with elementary schools |  | Examples:Progress. Enrollment changes from 2008/09 to 2009/10: 1) 7th grade pre- algebra: +65%Required Action.Add science component to after school tutoring program. |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

## Activities/Services

1. What is the total, unduplicated number of students that actively participated in one or more GEAR UP activities during the reporting period?
2. What is the total, unduplicated number of educators that actively participated in one or more GEAR UP activities during the reporting period?
3. What is total, unduplicated number of students with parents, guardians, or other family members that actively participated in one or more GEAR UP activities during the reporting period?
4. What is the total number of GEAR UP participants served during the reporting period by another federally funded program?

|  |  |
| --- | --- |
| **Federally Funded Program** | **Number of GEAR UP Participants** |
| Upward Bound (UB) ***(OPTIONAL)*** |  |
| Upward Bound Math-Science (UBMS) ***(OPTIONAL)*** |  |
| Veterans Upward Bound (VUB) ***(OPTIONAL)*** |  |
| Talent Search (TS) ***(OPTIONAL)*** |  |
| Served by more than one other federally funded program |  |
| Other: |  |

1. In the following table, please list the activities/services that were implemented during the reporting period by your project in accordance with required activities under the GEAR UP statute.

|  |  |
| --- | --- |
| **Required Statutory Activities/Services** | **Summarize the Primary Activities/Services Provided During the Reporting Period** |
| Provided information regarding financial aid for postsecondary education |  |
| Encouraged student enrollment in rigorous or challenging curricula and coursework |  |
| Improved the number of participating students who obtain a secondary school diploma |  |
| Improved the number of participating students who complete applications for and enroll in a program of postsecondary education |  |

1. ***OPTIONAL:*** Mark the activities/services in the table below that your project implemented for students who were enrolled in secondary education.

|  |  |  |  |
| --- | --- | --- | --- |
| **Mark (x)** | **Secondary Education Activities/Services** | **Unduplicated Number of GEAR UP Students****who Participated in the Activity** | **Sum Total of Hours that GEAR UP****Students Participated in the Activity** |
|  | FAFSA completion |  |  |
|  | College visit/college student shadowing |  |  |
|  | Tutoring/homework assistance |  |  |
|  | Job site visit/job shadowing |  |  |
|  | Summer programs |  |  |
|  | Educational field trips |  |  |
|  | Workshops |  |  |
|  | Dual or concurrent enrollment programs |  |  |
|  | Supporting the development or implementation of rigorous academic curricula, which may include college preparatory, Advanced Placement (AP), or International Baccalaureate (IB) programs, and providing participating students access to rigorous core academic courses that reflect challenging State academic standards |  |  |
|  | Special programs or tutoring in science, technology, engineering, or math |  |  |
|  | Intensive extended school day or school year |  |  |
|  | Activities focused on career and technical education or apprenticeships |  |  |
|  | Other (please specify) |  |  |

1. ***OPTIONAL:*** Mark the activities/services in the table below that your project implemented for students who were enrolled in their first academic year of postsecondary education.

|  |  |  |  |
| --- | --- | --- | --- |
| **Mark (x)** | **Postsecondary Education Activities/Services** | **Unduplicated Number of GEAR UP Students who Participated in****the Activity** | **Sum Total of Hours that GEAR UP Students Participated****in the Activity** |
|  | Orientation services, including an introduction to on-campus services and resources |  |  |
|  | On-going counseling to students either in person or through electronic or other means of correspondence |  |  |
|  | Assistance with postsecondary education course selection |  |  |
|  | Assistance with choosing and declaring an academic major |  |  |
|  | Assistance with academic, social, and personal areas of need |  |  |
|  | Referrals to providers of appropriate services |  |  |
|  | Tutoring, mentoring, and supplemental academic support |  |  |
|  | Assistance with financial career counseling and advising servicesplanning |  |  |
|  | Advice about transferring to other schools |  |  |
|  | Other (please specify) |  |  |

1. Please complete the following table by identifying (a) the total unduplicated number of 12th Grade GEAR UP students from the reporting period; (b) the total unduplicated number of 12th grade students who completed the Free Application for Federal Student Aid (FAFSA) by June 30th of the reporting period; and (c) if applicable, the total unduplicated number of GEAR UP students for whom data were not available.

|  |  |  |
| --- | --- | --- |
| **(a) Total Unduplicated Number of 12th Grade GEAR UP Students Served During the Reporting Period** | **(b) Total Unduplicated Number of 12th Grade GEAR UP Students who Completed the FAFSA by June 30th** | **(c) Total Unduplicated Number of GEAR UP Students, FAFSA Data Not Available** |
|  |  |  |

## Target Schools Served

1. Please list all of the schools participating in your GEAR UP project. A participating school is a partner school identified in your GEAR UP application or a school in which GEAR UP activities are provided. Please include all schools you identified in your application, including their NCES school ID codes, even if they do not yet have students participating in GEAR UP (e.g., if the GEAR UP

cohort consists of 7th graders, please list the GEAR UP high school(s) that the students will attend). In appropriate boxes, indicate all relevant grade levels separated by commas (e.g., 6, 7, and 8).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of School** | **City** | **State** | **Zip Code** | **Type of School (e.g., middle****school)** | **Grade Levels Served** | **NCES ID #** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Public Housing Projects Served

1. If your project is serving a public housing authority, please provide the name(s) of the public housing project(s). Indicate grade levels separated by commas (e.g*.*, 6, 7, and 8).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Public Housing Project** | **Grade Levels Served** | **City** | **State** | **Zip Code** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Core Activities Provided to Parents, Guardians, and Family Members

1. In the following table, place an “X” in the first column next to the types of activities provided by your project with GEAR UP Federal or matching funds during the reporting period. For each type of activity provided, indicate (a) the unduplicated number of students whose parents, guardians, or family members participated in the activity during the reporting period; and (b) the sum total of hours that parents, guardians, and family members participated in the activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Mark (x)** | **Type of Activity** | **(a) Unduplicated Number of GEAR UP****Students whose Parents, Guardians, or Family Members Participated in the Activity** | **(b) Sum Total of Hours that GEAR UP Parents, Guardians, or Family Members****Participated in the Activity** |
|  | Workshops on college preparation/ financial aid |  |  |
|  | Counseling/advising |  |  |
|  | College visits |  |  |
|  | Family events |  |  |
|  | Other (please specify) |  |  |

## Professional Development Activities Provided to Educators

1. ***OPTIONAL:*** Please complete the following table indicating professional development provided to educators as part of your approved project design during the reporting period. Indicate the unduplicated number of educators who participated in GEAR UP-sponsored professional development, and include all educators who directly benefited from GEAR UP-sponsored professional development.

|  |  |
| --- | --- |
| **Type of Activity** | **Unduplicated Number of Educators** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## The following activities are for State Grantees only:

1. In the following table, place an “X” in the first column next to the types of activities provided by your State project with GEAR UP Federal or matching funds during the reporting period.

|  |  |
| --- | --- |
| **Mark (x)** | **Activities/Services** |
|  | Provided technical assistance to secondary schools and GEAR UP partnership grantees |
|  | Provided professional development for GEAR UP partnership grantees |
|  | Disseminated information on the use of scientifically valid research and best practices to improve services for eligible students |
|  | Aligned efforts in the State to prepare eligible students to attend and succeed in postsecondary education |
|  | Disseminated information on effective coursework and support services |
|  | Worked to align State academic standards and curricula with the expectations of postsecondary institutions and employers |
|  | Developed alternatives to traditional secondary school |
|  | Other (please specify) |

1. In the following table, please list the types of state-wide initiatives implemented by your State project with GEAR UP Federal or matching funds during the reporting period.

|  |
| --- |
| **State-wide Initiatives** |
|  |
|  |
|  |
|  |
|  |
|  |

Please indicate the amount of funding allocated to State-wide initiatives in the reporting year.

# SECTION VI: GEAR UP STUDENT OUTCOMES

1. Secondary Course Enrollment: Please complete the following table indicating the number of GEAR UP students who have successfully enrolled in the courses identified, for the prior academic year. The names for math classes can vary among schools. Classify courses based on the content of the course. “Advanced Placement” classes are courses designed to prepare students for the Advanced Placement Exams. Some examples of a Rigorous Class can be an AP or IB Class, an Honors Class or one of the required Secondary Classes needed for entrance into Postsecondary Education. This list is not all inclusive. Grantees in their first year do not need to complete this question. Enter the numbers in the grade level the cohort was in when the student enrolled in the course.

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade student was in when course was taken** | **Pre-algebra or equivalent** | **Algebra I or equivalent** | **At least one rigorous class (e.g., Advanced Placement, International Baccalaureate Class, Honors Class…etc.)** |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| **Total** |  |  |  |

1. Secondary Course Completion: Please complete the following table indicating the number of GEAR UP students who have successfully completed the courses identified, for the prior academic year. The names for math classes can vary among schools. Classify courses based on the content of the course. “Advanced Placement” classes are courses designed to prepare students for the Advanced Placement Exams. Some examples of a Rigorous Class can be an AP or IB Class, an Honors Class or one of the required Secondary Classes needed for entrance into Postsecondary Education. This list is not all inclusive. Grantees in their first year do not need to complete this question. Enter the numbers in the grade level the cohort was in when the course was completed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade student was in when course was completed** | **Pre-algebra or equivalent** | **Algebra I or equivalent** | **At least one rigorous class (e.g., Advanced Placement, International Baccalaureate Class, Honors Class…etc.)** |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| **Total** |  |  |  |

1. ***OPTIONAL:*** Postsecondary Course Enrollment. Please complete the following table indicating the number of GEAR UP students who enrolled in postsecondary institutions that are listed as Partners to your GEAR UP project. How many GEAR UP students from your project that enrolled in a Partnering postsecondary institution(s) completed non-credit bearing remedial courses relative to first academic year of postsecondary education.

|  |  |
| --- | --- |
| Number of postsecondary students |  |
| Number of postsecondary students enrolled in non-credit bearing remedial courses |  |

1. Educational Progress by GEAR UP Students: Please complete the table below indicating educational progress of current GEAR UP students. Where available, use standardized test scores to determine whether a student is performing at or above grade level. New grantees in their first year of implementation should not complete the two columns on performance. Enter the numbers in the row that coincides with the grade the students were in during the prior school year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Grade** | **Number of Students Proficient or Above on State Assessment for English/Language Arts*****(OPTIONAL)*** | **Number of Students Proficient or Above on State Assessment for Mathematics*****(OPTIONAL)*** | **Number of Students Taking the PSAT or PLAN by the end of 10th Grade** | **Number of Students Taking ACT or SAT Exam by the end of 11th Grade** |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| **Total** |  |  |  |  |

Note: Grantees will have to report on high school graduation and college enrollment data in the Financial Status and Program Performance Final Report.

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 1840-0777. Public reporting burden for this collection of information is estimated to average 10 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 (Higher Education Act of 1965, as amended, Title IV, Part A, Subpart 2, Chapter 2). If you have comments or concerns regarding the status of your individual submission of this form, please contact your assigned GEAR UP Program Specialist. [Note: Please do not return the completed formto your program specialist.]