Indian Education Professional Development Program

Data Collection System

Grantee Reporting Form

OMB Paperwork Reduction 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 collection is 1810-0698. Public reporting burden for this collection of information is estimated to average 60 minutes 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 mandatory per Title VI of the Elementary and Secondary Education Act, 20 USC §7442, and its corresponding regulations at 34 CFR Part 263. 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 Angela Hernandez, Education Program Specialist, Office of Indian Education, U.S. Department of Education, 400 Maryland Ave SW, Room 3W248, Washington, DC 20202 or email Angela.Hernandez @ed.gov.

Privacy Act Notice

The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you. The authority for collecting the requested information about the participant is section 7122 of the Elementary and Secondary Education Act of 1965, as amended. We request the participant's information pertinent to the Indian Education Professional Development Program (PDP) grant received whether provided by the participant, grantee, or other entity, including social security number and other personally identifiable information (PII), under this authority in order to accurately track the participant's records and to differentiate the participant's financial obligation from other participants who may have the same name. The participant's participation in the PDP is voluntary, but you must provide the requested information, including the participant's PII, in order for the participant to participate in the PDP. The information will be used to ensure that recipients of scholarships provided with funds meet specific statutory and regulatory requirements, including service obligation fulfillment or repayment of financial obligation.

The information in the participant's records may be disclosed to third parties as authorized under routine uses in the appropriate systems of records, either on a case-by-case basis, or, if the Department has complied with the computer matching requirements of the Privacy Act, under a computer matching agreement.

The routine uses of this information include sending the information, in the event of litigation, to the Department of Justice (DOJ), a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may also send this information to law enforcement agencies if the information is relevant to any enforcement, regulatory, investigative, or prosecutorial responsibility within the receiving entity's jurisdiction. We may send information to the Department of Treasury and to credit agencies to verify the identity and location of the participant and to the Department of Treasury, collection agencies, and employers of the participant in

order to service or collect on the debt. We may send information to members of Congress if you or the participant asks them to help you with questions related to this Program. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. If necessary for the Department to obtain advice from the DOJ, we can disclose information to the DOJ. We may disclose information to the DOJ or the Office of Management and Budget (OMB) to help us determine whether the Freedom of Information Act requires the disclosure of particular records. We can disclose records to contractors if we contract with an entity to perform functions that require the disclosure of the records. Disclosures may also be made to qualified researchers under Privacy Act safeguards. Finally, disclosures may be made to OMB as necessary under the requirements of the Credit Reform Act.

26456.1

Rules of Behavior for Department of Education-Sponsored Website

The Indian Education Professional Development Program Data Collection System (PDPDCS) is an online data collection system designed to facilitate administration of the Indian Education PDP. This system collects employment and contact information about participants to verify the fulfillment of their service payback agreements. Verifying payback requires collecting personally identifying information from grantees, participants, and employers. This data collection has been authorized by section 7122 of the Elementary and Secondary Education Act of 1965, as amended, and its corresponding regulations, 34 CFR Part 263, Subpart A.

Users of the PDPDCS must agree to certain conditions and agree to act to insure the accuracy and confidentiality of the information stored by the PDPDCS. Violation of this policy will result in suspension of grantee access to the PDPDCS.

Users representing grantees agree to:

- Maintain requested grant information, including grant contact information, and
- Maintain PDPDCS accounts established to collect grant, grantee and participant information by:

    o   Protecting account login names and passwords;
    o   Submitting participant information as requested by PDPDCS;
    o   Reviewing participant information for accuracy; and
    o   Protecting the confidentiality of personally identifying information requested by PDPDCS.

By agreeing to these Rules of Behavior, grantee representatives agree to maintain the confidentiality of this information.

☐ **I agree to the terms.**

Grantee Reporting Form Instructions

Please complete the following questions for each participant in your grant-supported training program.

You will only need to enter information for **Sections A through F** once for each participant. If you have completed an electronic Service Payback Agreement, the information in Sections A-C will be pre-filled. You will need to make changes whenever the reported information has changed. Required items are marked with an asterisk.

You must enter information for **Section G** each time a participant has a change in status.

All changes in participant status (e.g., recruitment, leave of absence, military deployment, training completion, exiting without completion) must be entered in the PDPDCS within 7 business days of the change in status or by the end of the month in which the change occurred.

You must enter the cumulative total number of months the participant has been enrolled in the training program along with the cumulative total allowable training costs at the end of each semester in **Section H**. Final totals must be entered when the participant leaves the program. This information will be visible to the participant so he/she can see their service payback obligation amounts as they are incurred.

You will only need to enter information for **Section I** when the participant exits your program.

Data Entry Information

You will be logged out of the system after 30 minutes of inactivity. A warning message will appear after 25 minutes of inactivity.

Pending records are those that are saved for later and can be edited. You must ensure that all information is accurate and complete before submitting a record. Once a record is submitted for a participant who has exited or completed a program, it *CANNOT* be edited. To edit submitted records for exited or completed participants, please contact the PDPDCS Helpdesk at 1-888-884-7110 or paybackobligations@ed.gov.

Grant Award Number: [PRE-FILLED]

* Required fields necessary to submit a record.

A. Identifying Information

*First Name _____ Middle Name _____ ***Last Name** _____

Maiden Name, if applicable: _____

*Social Security Number _____ -- _____ -- _____

*Date of Birth _____

*Primary E-mail Address _____

*Verify Primary E-mail Address _____

Alternative E-mail Address _____

Verify Alternative E-mail Address _____

B. Contact Information   26456.1

Primary Address

*Address _____

_____

*City _____ ***State** _____ ***Zip Code** _____

*Home Phone _____ Cell Phone _____

Secondary Address

Address _____

_____

City _____ State _____ Zip Code _____

Other Phone _____

C. Alternate Contact Information   26456.1

Address and contact information for a relative or other person through which PDPDCS may contact the participant, if necessary.

First Name _____ Last Name _____

E-mail Address _____

Verify Primary E-mail Address _____

Address _____

_____

City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____

D. Service Payback Agreement

A. Please download the Service Payback Agreement

[INSERT LINK TO FILE FOR DOWNLOAD].

Complete form and obtain signatures. All participants must sign a Service Payback Agreement prior to receiving grant funds.

B. Please upload a copy of the completed and signed Service Payback Agreement.

File to upload:_____

Download previously uploaded Service Payback Agreement [link to agreement, if uploaded]

You may upload an electronic copy of the signed service payback agreement or you may mail or fax the document to the PDPDCS Help Desk at 1600 Research Blvd., RB 2268, Rockville, MD, 20850 or 888-252-6960.

Depending on the file size of the attachment, the upload process may take up to several minutes. Acceptable file types include .doc, .docx., and .pdf. Please note that file names or titles cannot have spaces. You may use underscores (e.g., John_Doe_service_payback_agreement.doc).

E. Training Prior to Entry into Project Training

*1. Check the degree(s) or certificate(s) or endorsement(s) the participant held when he/she entered this grant-supported training (check all that apply):

☐ High school diploma or equivalency [If only degree, go to Section F]

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Educational Specialist

☐ Doctoral Degree

☐ Postdoctoral Degree

☐ State, Tribal or Professional Credential/Certificate

☐ State-Issued Endorsement

☐ Grantee-Issued Endorsement

*2. If the participant was granted a degree/certificate/endorsement prior to entry into this grant-supported training, the area(s) was (check all that apply):

☐ Related to education

☐ Outside the field of education [If only response selected, go to Section F]

*3. If the participant was granted a degree/certificate/endorsement within the field of education prior to entry into this grant-supported training, select the specific area(s) of education: (check all that apply):

General Area of Education

☐ Administration

☐ Elementary Education

☐ Secondary Education

☐ Special Education

Subject Area

☐ Arts and Music

☐ Bilingual or English as a Second Language

☐ Early Childhood Education

☐ English or Language Arts

☐ Language Education (Native/Heritage/World Language)

☐ Health or Physical Education

☐ Mathematics or Computer Science

☐ Natural Sciences

☐ Social Sciences

☐ Career or Technical Education

☐ Other (please specify) _____

F. Project Training Information

*1. Date Participant Started Project Training: _____ (mm/dd/yyyy)

*2. Please enter the participant's enrollment status during the most recent school term in which the participant was taking courses as part of the program:

    ○ Full-time student (i.e., carries a full course load as defined by your institution, and is not employed more than 20 hours/week)

    ○ Full-time student (i.e., carries a full course load as defined by your institution, and is employed 20+ hours/week)

    ○ Part-time student (i.e., anything less than full-time)

G. Participant Status

Please indicate the appropriate program status of the participant below.

*1. Select the most appropriate option below.

○ The participant is still enrolled in project training. [Go to Section G, Item 2 and then Section J]

○ The participant is taking a leave of absence. [Go to Section G, Item 2 and then Section J]

○ The participant is on active military deployment. [Go to Section G, Item 2 and then Section J]

○ The participant has completed project training. [Go to Section H]

○ The participant has exited project training prior to completion. [Go to Section H and the Section I1 and I2, skip I3 to I5]

*2. Date Participant Expected to Complete: _____ (mm/dd/yyyy) [Go to Section H]

26456.1

H. Service Payback Information

Below you must enter the service payback details for the participant. This information is critical to tracking service payback fulfillment. Please report cumulative totals.

*1. Total number of months participant was enrolled in training as of <PREFILL CURRENT DATE>(Round to the nearest whole month):_____

*2. Total allowable training costs as of <PREFILL CURRENT DATE>:

Type of Expense	Cost (round to nearest whole dollar)
Tuition, Books, and Fees	$
Stipend (i.e., costs related to room, personal living expenses, and/or board)	$
Dependent Allowance	$
Supplies (non-technology)	$
Technology (i.e., computers, and related items)	$
Required Program Travel	$
Miscellaneous (explain)	$
TOTAL	**$[Sum of above]**

☐ **Check this box if the cumulative totals above represent the final amounts for this participant. This box should only be checked if the participant has completed the program or exited the program prior to completion.**

[AFTER COMPLETING SECTION H, IF RESPONSE TO SECTION G, ITEM 1 WAS ONE OF THE FIRST THREE OPTIONS THEN SKIP SECTION I.]

I. Participant Exit Information

*1. Please enter the date of exit/graduation/completion: _____ (mm/dd/yyyy)

*2. Select the primary subject area emphasized in training (check all that apply)**:**

General Area of Education

☐ Administration

☐ Elementary Education

☐ Secondary Education

☐ Special Education

Subject Area

○ Arts and Music

○ Bilingual or English as a Second Language

○ Early Childhood Education

○ English or Language Arts

○ Language Education (Native/Heritage/World Languages)

○ Health or Physical Education

○ Mathematics or Computer Science

○ Natural Sciences

○ Social Sciences

○ Career or Technical Education

○ Other (please specify) _____

[IF SECTION G, ITEM 1 IS OPTION 4, DISPLAY ITEMS BELOW. ELSE GO TO SECTION J.]

*3. Check the degree(s) or certificate(s) or endorsement(s) the participant received as a result of completing this grant-supported training (check all that apply):

☐ Associate's Degree [Go to Section I, Question 4]

☐ Bachelor's Degree [Go to Section I, Question 4]

☐ Master's Degree [Go to Section I, Question 4]

☐ Educational Specialist [Go to Section I, Question 4]

☐ Doctoral Degree [Go to Section I, Question 4]

☐ Postdoctoral Degree [Go to Section I, Question 4]

☐ State, Tribal or Professional Credential/Certificate [Go to Section I, Question 5]

☐ State-issued Endorsement [Go to Section I, Question 5]

☐ Grantee-issued Endorsement [Go to Section I, Question 5]

[IF BOTH A "GO TO QUESTION 4" AND "GO TO QUESTION 5" ANSWER IS CHECKED, DISPLAY BOTH QUESTIONS 4 AND 5]

*4. Select the major field of study associated with the participant's degree: (select all that apply):

General Area of Education

☐ Administration

☐ Elementary Education

☐ Secondary Education

☐ Special Education

Subject Area

☐ Arts and Music

☐ Bilingual or English as a Second Language

☐ Early Childhood Education

☐ English or Language Arts

☐ Language Education (Native/Heritage/World Languages)

☐ Health or Physical Education

☐ Mathematics or Computer Science

☐ Natural Sciences

☐ Social Sciences

☐ Career or Technical Education

☐ Other (please specify) _____

*5. Select the area of certification attained by the participant after project training: (select all that apply):

General Area of Education

☐ Administration

☐ Elementary Education

☐ Secondary Education

☐ Special Education

Subject Area

☐ Arts and Music

☐ Bilingual or English as a Second Language

☐ Early Childhood Education

☐ English or Language Arts

☐ Language Education (Native/Heritage/World Languages)

☐ Health or Physical Education

☐ Mathematics or Computer Science

☐ Natural Sciences

☐ Social Sciences

☐ Career or Technical Education

☐ Other (please specify) _____

J. Information Verification and Submission

You must check the box below to submit the record or save the record for later.

☐ Yes, all information available for this participant has been entered. I certify that all of the information I have provided is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined in an amount not less than $5,000 and not greater than $10,000, plus 3 times the amount of damages the Government sustains due to my false statement. - False Claims Act, 31 USC § 3729