**Education Stabilization Fund- Elementary and Secondary School Emergency Relief Fund**

**(ESSER I/ESSER II/ARP ESSER) Recipient Data Collection Form**

## **ESSER Reporting Form**

State ID:\_\_\_\_\_\_

State Educational Agency: \_\_\_\_\_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_\_\_\_

ESSER I PR/Award number: \_\_\_\_\_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_\_\_\_

ESSER II PR/Award number: \_\_\_\_\_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_\_\_\_

ARP ESSER PR/Award number:\_\_\_\_\_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_\_\_

State Director: \_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_

Position: \_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_(editable)

Office: \_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_(editable)

Mailing Address: \_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_(editable)

Telephone: \_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_(editable)

Email address: \_<auto fill from G5>\_\_\_\_\_\_\_\_\_\_

## **Instructions**: *States that received Elementary and Secondary School Emergency Relief funds under the Coronavirus Aid, Relief, and Economic Security (CARES) Act (ESSER I), the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (ESSER II), or the American Rescue Plan Act (ARP ESSER) should fill out this form. To fulfill the annual ESSER fund reporting requirements, answer all questions based on the reporting period shown in the Annual Reporting table below.*

# Definitions

These definitions are provided for the purposes of this reporting activity.

**ARP** - American Rescue Plan Act of 2021

**ARP ESSER** - Elementary and Secondary School Emergency Relief fund authorized under section 2001 of the American Rescue Plan Act of 2021

**Awarded-** An SEA awards funds when it makes a subgrant to an LEA or, in the case of the SEA Reserve, when it enters into a subgrant or contract with a subrecipient.

**CARES** (ESSER I) - Coronavirus Aid, Relief, and Economic Security Act

**CRRSA** (ESSER II**) -** Coronavirus Response and Relief Supplemental Appropriations

**ESSER I**- (CARES) Elementary and Secondary School Emergency Relief fund authorized under Section 18003 of Division B

of the Coronavirus Aid Relief, and Economic Security (CARES) Act

**ESSER II**- (CRRSA) Elementary and Secondary School Emergency Relief fund authorized under Section 313 of the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act

**Evidence-based-** The ARP Act defines the term “evidence-based” as having the meaning in section 8101(21) of the ESEA. Accordingly, “evidence-based” includes several tiers of evidence. Specifically, “evidence-based,” when used with respect to an SEA, LEA, or school activity, means an activity, strategy, or intervention that:

• Demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on—

-Strong evidence from at least one well-designed and well-implemented experimental

study (“tier 1”);

-Moderate evidence from at least one well-designed and well-implemented quasi experimental study (“tier 2”); or

-Promising evidence from at least one well-designed and well-implemented correlational

study with statistical controls for selection bias (“tier 3”); or

• Demonstrates a rationale based on high-quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes and includes ongoing efforts to examine the effects of such activity, strategy, or intervention (“tier 4”).

Given the novel context created by the COVID-19 pandemic, an activity need not have generated such evidence during the COVID-19 pandemic to be considered evidence-based.

**Expended-** The actual spending of money; an outlay. For purposes of this reporting, reimbursements that are made in the current reporting period that reimburse expenditures made prior to the start of the reporting period and on or after March 13, 2020, are considered “expenditures” for this reporting period.

**Full-Service Community School-** The term ‘‘full-service community school’’ means a public elementary school or secondary school that—participates in a community-based effort to coordinate and integrate educational, developmental, family, health, and other comprehensive services through community-based organizations and public and private partnerships; and provides access to such services in school to students, families, and the community, such as access during the school year (including before- and after-school hours and weekends), as well as during the summer.

**G5-** U.S. Department of Education’s grant management and payment system

**LEA-** Local Educational Agency

**Planned Uses of Funds-** Remaining funds that have been earmarked or budgeted for specific purposes are considered “Planned Uses” of Remaining Funds. The Department acknowledges these plans may change; please provide the State’s most current information regarding budgeted or earmarked uses of remaining funds.

**Qualified Educator -** For the purposes of this document “qualified” means an educator has met all requirements to earn a state license or certification in the area they are assigned to teach (and does not include substitute or provisional license or certification).

**Remaining Funds-** The balance remaining after all expenditures through the end of the reporting period have been subtracted from the total award.

**SEA-** State Educational Agency

**SEA Reserve funds-** An SEA may reserve 10 percent or less of its ESSER I and II grants (the “SEA Reserve”), to address emergency needs as determined by the SEA resulting from COVID-19, which may be addressed through the use of subgrants or contracts, and up to ½ of 1 percent of its total ESSER I and II award for administrative costs, which must come from the SEA reserve. An SEA must reserve at least 7 percent of its ARP ESSER award for mandatory set-asides for evidence-based interventions, as described below, and up to 3 percent for emergency needs as determined by the SEA (the “SEA Reserve”). An SEA may also reserve up to ½ of 1 percent of its total ARP ESSER award for administrative costs, which must come from the 3 percent for emergency needs.

**State–** The 50 States, the District of Columbia, and the Commonwealth of Puerto Rico

Reporting Periods

Annual Reporting:  This report should be completed based on activities in each State’s Fiscal Year 2021 for ESSER I, ESSER II and ARP ESSER, respectively. States whose fiscal year starts prior to October 1 should report only on ESSER I activities from October 1, 2020 through the end of the State Fiscal Year 2021. Due dates will be determined close to the date of publication of the final template in the Federal Register.

**ESSER I under the Coronavirus Aid, Relief, and Economic Security (CARES) Act**

|  |  |
| --- | --- |
| **Annual Report** | **Applicable Reporting Period** |
| Year 2 Annual Report | October 1, 2020 - End of State Fiscal Year 2021 |
| Year 3 Annual Report | State Fiscal Year 2022 |
| Year 4 Annual Report | State Fiscal Year 2023\* |

**ESSER II under the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act**

|  |  |
| --- | --- |
| **Annual Report** | **Applicable Reporting Period** |
| Year 1 Annual Report | State Fiscal Year 2021 |
| Year 2 Annual Report | State Fiscal Year 2022 |
| Year 3 Annual Report | State Fiscal Year 2023 |
| Year 4 Annual Report | State Fiscal Year 2024\* |

**ARP ESSER under the American Rescue Plan (ARP) Act**

|  |  |
| --- | --- |
| **Annual Report** | **Applicable Reporting Period** |
| Year 1 Annual Report | State Fiscal Year 2021 |
| Year 2 Annual Report | State Fiscal Year 2022 |
| Year 3 Annual Report | State Fiscal Year 2023 |
| Year 4 Annual Report | State Fiscal Year 2024 |
| Year 5 Annual Report | State Fiscal Year 2025\* |

\*Note: Annual performance reports are required until all funds have been liquidated. Given the variation in State Fiscal Year closes and the rate at which states and subgrantees expend funds, some states may be required to submit an additional annual report(s) to cover activities that occur between the close of State Fiscal Year 2023 and the end of the respective grant period for ESSER I, ESSER II and/or ARP ESSER.

# Section 1- State Fiscal Year

**1.1** Enter the **close** of the SEA’s state fiscal year in MM/DD format: \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Annual Report** | **Applicable Reporting Period** |
| CARES Year 2 Annual Report | October 1, 2020 - <auto-fill> , 2021 |
| CRRSA Year 1 Annual Report | <auto-calculate>, 2020 - <auto-fill> , 2021 |
| ARP Year 1 Annual Report | <auto-calculate>, 2020 - <auto-fill> , 2021 |

# Section 2- Overall ESSER Fund Grants for SEA

## **2.1 Total SEA Grant**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ESSER I (CARES Act)** | **ESSER II (CRRSAA)** | **ARP ESSER** |
| a. The total grant amount **allocated** to the State Educational Agency (SEA)[[1]](#footnote-2) | <auto fill from G5> | <auto fill from G5> | <autofill from G5> |
| b. The total amount of the grant **expended** by the SEA and all State subrecipients in the **prior reporting period.** |  |  |  |
| c. The total amount of the grant **expended** by the SEA and all State subrecipients in **this reporting period**. |  |  |  |
| d. The total amount of **remaining grant funds**  *Subtract all expenditures (rows b and c) from the total grant amount (row a).* |  | <auto fill from G5>-b2 | <auto fill from G5>-b3 |
| e. Amount of remaining funds planned for specific purpose (see definition of planned uses of remaining funds) |  |  |  |

# Sub-Section 2- ESSER SEA Reserve

## **2.2a SEA Reserve**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ESSER I (CARES Act)** | **ESSER II (CRRSAA)** | **ARP ESSER** |
| a. The total amount **reserved** by the SEA  (*This value may not exceed 10% of the value reported in Section 2.1a for the associated fund)* | *This value may not exceed 10% of the value reported in Section 2.1a for ESSER I* | *This value may not exceed 10% of the value reported in Section 2.1a for ESSER II* | *This value may not exceed 10%, and must not be less than 7%, of the value reported in Section 2.1a for ARP ESSER* |
| b. The total amount the SEA **reserved** for implementation of evidence-based interventions aimed specifically at addressing learning loss, such as summer learning, extended day, comprehensive afterschool programs, or extended year programs |  |  | *This value must be at least 5% of the value reported in Section 2.1a for ARP ESSER* |
| c. The total amount **reserved** for the allocation of evidence-based summer enrichment programs |  |  | *This value must be at least 1% of the value reported in Section 2.1a for ARP ESSER and in addition to any amount reported in 1.2b for summer enrichment programs* |
| d. The total amount **reserved** for the allocation of evidence-based comprehensive afterschool programs |  |  | *This value must be at least 1% of the value reported in Section 2.a for ARP ESSER and in addition to any amount reported in 1.2b for comprehensive afterschool programs* |
| e. The total amount the SEA **reserved** for administrative costs | *(This value may not exceed ½ of 1% of the value reported in Section 2.a for ESSER I)* | *(This value may not exceed ½ of 1% of the value reported in Section 2.a for ESSER II)* | *(This value may not exceed 1/2 of 1% of the value reported in Section 2.a for ARP ESSER)* |
| f. The total amount the SEA **reserved** for emergency needs | *(This value may not exceed 10% of the value reported in Section 2.a for ESSER I)* | *(This value may not exceed 10% of the value reported in Section 2.a for ESSER II)* | *(This value may not exceed 3% of the value reported in Section 2.a for ARP ESSER)* |

**2.2b SEA Expenditures of SEA Reserve**

Excluding SEA Reserve Awards made to subgrantees, did the SEA expend any ESSER funds directly from its SEA Reserve? Y/N

<*skip logic; If Y, then*>

Indicate the total ***expended directly***by the SEA of SEA Reserve funds in the table below. If the SEA did not directly expend funds in a given category, enter “$0” in that cell.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **ESSER I (CARES Act)** | **ESSER II (CRRSAA)** | **ARP ESSER** | | | |
| **Learning Loss Activities**  **Set-Aside** | **Summer Enrichment Set-Aside** | **Afterschool Programs Set-Aside** | **Emergency Needs and/or Administrative Costs** |
| 1. The total amount of SEA Reserve the SEA ***expended directly*** in the ***prior*** reporting period[[2]](#footnote-3) |  |  |  |  |  |  |
| b. The total amount of SEA Reserve the SEA expended directly in the current reporting period |  |  |  |  |  |  |

**2.2c**. Please describe the specific initiatives and services provided by the SEA using the ARP ESSER SEA Reserve funds during the applicable reporting period.

|  |  |  |  |
| --- | --- | --- | --- |
| *(3,000 character limit)* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2.2d SEA Interventions to Address Learning Loss**

Did the SEA directly administer any activities or interventions to address learning loss and/or meet the needs of students disproportionately impacted by the COVID-19 pandemic? Y/N

<*Beginning in CARES Year 4, CRRSA & ARP Year 3,* *skip logic; If Y, then 2.2e (see Appendix):>*

## Sub-Section 3: ESSER I, ESSER II & ARP ESSER SEA Reserve (Up to 10% of total allocation, respectively)

**2.3a SEA Reserve Awards** **& Direct Expenditures**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **ESSER I (CARES Act)** | **ESSER II (CRRSAA)** | **ARP ESSER** | | | |
| **Learning Loss Activities**  **Set-Aside** | **Summer Enrichment Set-Aside** | **Afterschool Programs Set-Aside** | **Other SEA Reserve** |
| a. Did the SEA award **SEA Reserve Funds** to local educational agencies (LEAs) in the current reporting period? | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| b. Did the SEA award **SEA Reserve Funds** to non-LEA entities in the current reporting period? | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |

**2.3b SEA: Identifying Students for Support**

|  |
| --- |
| Did the SEA use any of the following strategies to identify, or require LEAs or other subgrantees to identify for the use of SEA Reserve awards, which students were disproportionately impacted by the COVID-19 pandemic? Y/N  *<skip logic; if yes>*  Indicate which strategies were used to identify students disproportionately impacted by the COVID-19 pandemic *(Mark Y/N to each)* |
| 1. Student demographic data, such as FRPL eligibility or English learner status 2. Student academic outcome data, such as academic data from state or local assessments 3. Other student outcome data, such as data on students’ school experiences and social and emotional wellbeing 4. Data on the number of days of in-person instruction missed during the 2019-2020 and 2020-2021 school years and/or participation rates in remote instruction when offered during school building closures 5. Opportunity to learn data, such as access to technology and access to educators, school counselors, and other support staff 6. State administrative data, such as unemployment claims 7. Health data, such as local COVID-19 infection rates or hospitalizations due to COVID-19 8. Stakeholder input 9. Other *(Please specify):* *(1,500 character limit)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**2.3c** How did the SEA allocate ARP ESSER SEA Reserve funds to ensure support for students disproportionately impacted by the COVID-19 pandemic? *(Please describe the formula or decision-making rubric to allocate funds)*

|  |  |  |  |
| --- | --- | --- | --- |
| *(3,000 character limit)* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2.4 ESSER I SEA Reserve Funds**

Name of LEA awarded **ESSER I SEA Reserve** Funds: <Auto-fill ~~from FFATA~~>

DUNS #: <Auto-fill ~~from FFATA~~>

UNIQUE ENTITY ID (SAM):

NCES LEA ID: <Auto-fill from CCD>

Total amount awarded to the LEA from the ESSER I SEA Reserve:

**2.4a ESSER I SEA Reserve Awards to LEAs**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ESSER I SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total amount awarded to the LEA from the ESSER I SEA Reserve[[3]](#footnote-4)** | **Total amount expended by the LEA from the ESSER I SEA Reserve in this reporting period** | **Uses of ESSER I SEA Reserve funds (Y/N)** | | | |
| **Addressing Physical Health and Safety** | **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **Mental Health Supports for Students and Staff** | **Operational Continuity and Other Uses** |
|  |  |  |  |  |  |  |  |  |  |

**2.4b Planned Uses of Remaining ESSER I SEA Reserve Awards to LEAs**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ESSER I SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total ESSER I SEA Reserve Expenditures in Prior Reporting Period** | **Remaining SEA Reserve Funds**  <Auto-fill from above & cell to left> | **Planned Uses of Remaining ESSER I SEA Reserve funds (% of Remaining Funds)**  **Note: Categories must sum to 100% of Remaining Funds** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  | |  | **~~<auto-calculated>~~** |

**ESSER I SEA Reserve Funds to non-LEA entities**

<skip logic, if “Did the SEA award ESSER I Reserve Funds to any entities other than LEAs = ‘Y’, then present autofills and table below:>

Name of non-LEA entity awarded **ESSER I SEA Reserve** Funds: <Auto-fill ~~from FFATA~~>

DUNS #: <Auto-fill ~~from FFATA~~>

UNIQUE ENTITY ID (SAM):

NCES LEA ID: <Auto-fill from CCD>

Total amount awarded to the non-LEA from the ESSER I SEA Reserve:

**2.4c ESSER I SEA Reserve Awards to Non-LEAs**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of non-LEA awarded ESSER I SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **Total amount awarded to the non-LEA from the ESSER I SEA Reserve[[4]](#footnote-5)** | **Total amount expended by the non-LEA from the ESSER I SEA Reserve in this reporting period** | **Uses of ESSER I SEA Reserve funds (Y/N)** | | | |
| **Addressing Physical Health and Safety** | **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **Mental Health Supports for Students and Staff** | **Operational Continuity and Other Uses** |
|  |  |  |  |  |  |  |  |  |

**2.4d Planned Uses of Remaining ESSER I SEA Reserve Awards to Non-LEAs**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of non-LEA awarded ESSER I SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **Total ESSER I SEA Reserve Expenditures in Prior Reporting Period** | **Remaining ESSER I SEA Reserve Funds**  <Auto-fill from above & cell to left> | **Planned Uses of Remaining ESSER I SEA Reserve funds (% of Remaining Funds)**  **Note: Categories must sum to 100% of Remaining Funds** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  |  | **~~<auto-calculated>~~** |

**Sub-Section 2.5: ESSER II SEA Reserve Funds**

Name of LEA awarded **ESSER II SEA Reserve** Funds: <Auto-fill ~~from FFATA~~>

DUNS #: <Auto-fill ~~from FFATA~~>

UNIQUE ENTITY ID (SAM):

NCES LEA ID: <Auto-fill from CCD>

Total amount awarded to the LEA from the ESSER II SEA Reserve:

**2.5a ESSER II SEA Reserve Awards to LEAs**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ESSER II SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total amount awarded to the LEA from the ESSER II SEA Reserve** | **Total amount expended by the LEA from the ESSER II SEA Reserve** | **Uses of ESSER II SEA Reserve funds (Y/N)** | | | |
| **Addressing Physical Health and Safety** | **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **Mental Health Supports for Students and Staff** | **Operational Continuity and Other Uses** |
|  |  |  |  |  |  |  |  |  |  |

**2.5b Planned Uses of Remaining ESSER II SEA Reserve Awards to LEAs**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ESSER II SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Remaining ESSER II SEA Reserve Funds**  <Auto-fill from above> | **Planned Uses of Remaining ESSER II SEA Reserve funds (% of Remaining Funds)**  **Note: Categories must sum to 100% of Remaining Funds** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  |  | **~~<auto-calculated>~~** |

**ESSER II SEA Reserve Funds to non-LEA entities:**

*<skip logic, if “Did the SEA award ESSER II Reserve Funds to any entities other than LEAs = ‘Y’, then present autofills and table below:>*

Name of non-LEA awarded **ESSER II SEA Reserve** Funds: <Auto-fill ~~from FFATA~~>

DUNS #: <Auto-fill ~~from FFATA~~>

UNIQUE ENTITY ID (SAM):

NCES LEA ID: <Auto-fill from CCD>

Total amount awarded to the non-LEA from the ESSER II SEA Reserve:

**2.5c ESSER II SEA Reserve Awards to Non-LEAs**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of non-LEA awarded ESSER II SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **Total amount awarded to the non-LEA from the ESSER II SEA Reserve** | **Total amount expended by the non-LEA from the ESSER II SEA Reserve** | **Uses of ESSER II SEA Reserve funds (Y/N)** | | | |
| **Addressing Physical Health and Safety** | **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **Mental Health Supports for Students and Staff** | **Operational Continuity and Other Uses** |
|  |  |  |  |  |  |  |  |  |

**2.5d Planned Uses of Remaining ESSER II SEA Reserve Awards to Non-LEAs**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of non-LEA awarded ESSER II SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **Remaining ESSER II SEA Reserve Funds**  <Auto-fill from above> | **Planned Uses of Remaining ESSER II SEA Reserve funds (% of Remaining Funds)**  **Note: Categories must sum to 100% of Remaining Funds** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  | **~~<auto-calculated>~~** |

**Sub-Section 2.6: ARP ESSER SEA Reserve Funds**

Name of LEA awarded **ARP ESSER SEA Reserve** Funds: <Auto-fill ~~from FFATA~~>

DUNS #: <Auto-fill ~~from FFATA~~>

UNIQUE ENTITY ID (SAM):

NCES LEA ID: <Auto-fill from CCD>

Total amount awarded to the LEA from the ARP ESSER SEA Reserve: <auto-calculate from table 2.6a>

**2.6a ARP ESSER SEA Reserve Awards to LEAs**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ARP ESSER SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total Amount Awarded from ARP ESSER SEA Reserve Fund** | | | | **Total Amount Expended from ARP ESSER SEA Reserve Fund** | | | |
| 1. **Learning Loss Activities Set-Aside** | 1. **Summer Enrichment Set-Aside** | 1. **Afterschool Programs Set-Aside** | 1. **Other SEA Reserve Award** | 1. **Learning Loss Activities Set-Aside** | 1. **Summer Enrichment Set-Aside** | 1. **Afterschool Programs Set-Aside** | 1. **Other SEA Reserve Award** |
|  |  |  |  |  |  |  |  |  |  |  |  |

*<skip logic, if 1d>0 in table above, then present autofills and table below:>*

Name of LEA awarded **ARP ESSER** **SEA Reserve** Funds: <Auto-fill ~~from FFATA~~>

DUNS #: <Auto-fill ~~from FFATA~~>

UNIQUE ENTITY ID (SAM):

NCES LEA ID: <Auto-fill from CCD>

Total amount awarded to the LEA from the ARP ESSER SEA Reserve:

**2.6b ARP ESSER SEA Reserve Awards – Other Use**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ARP ESSER SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total amount reserved by the LEA from the ARP ESSER SEA Reserve – “other”**  **<Auto-fill from 1d above>** | **Total amount expended by the LEA from the ARP ESSER SEA Reserve – “other”**  **<Auto-fill from 2d above>** | **Uses of ARP ESSER SEA Reserve funds (Y/N)** | | | |
| **Addressing Physical Health and Safety** | **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **Mental Health Supports for Students and Staff** | **Operational Continuity and Other Uses** |
|  |  |  |  |  |  |  |  |  |  |

**2.6c Planned Uses of Remaining ARP ESSER SEA Reserve Awards – Other Use**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ARP ESSER SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Remaining ARP ESSER SEA Reserve Funds - Other**  <Auto-fill from above> | **Planned Uses of Remaining ARP ESSER SEA Reserve funds (% of Remaining Funds)**  ***(Note: Categories must sum to 100% of Remaining “Other SEA Reserve” Funds)*** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  |  | **~~<auto-calculated>~~** |

**ARP ESSER SEA Reserve Funds to non-LEA entities:**

*<skip logic, if “Did the SEA award ARP ESSER Reserve Funds to any entities other than LEAs = ‘Y’, then present autofills and table below:>*

Name of non-LEA entity awarded **ARP ESSER SEA Reserve** Funds: <Auto-fill ~~from FFATA~~>

DUNS #: <Auto-fill ~~from FFATA~~>

UNIQUE ENTITY ID (SAM):

Total amount awarded to the non-LEA from the ARP ESSER SEA Reserve:

**2.6d ARP ESSER SEA Reserve Awards to non-LEAs**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of non-LEA awarded ARP ESSER SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **Total Amount Awarded from ARP ESSER SEA Reserve Fund** | | | | **Total Amount Expended from ARP ESSER SEA Reserve Fund** | | | |
| 1. **Learning Loss Activities Set-Aside** | 1. **Summer Enrichment Set-Aside** | 1. **Afterschool Programs Set-Aside** | 1. **Other SEA Reserve Award** | 1. **Learning Loss Activities Set-Aside** | 1. **Summer Enrichment Set-Aside** | 1. **Afterschool Programs Set-Aside** | 1. **Other SEA Reserve Award** |
|  |  |  |  |  |  |  |  |  |  |  |

*<skip logic, if 3d>0 in table above, then present autofills and table below:>*

Name of non-LEA awarded **ARP ESSER** **SEA Reserve** Funds: <Auto-fill ~~from FFATA~~>

DUNS #: <Auto-fill ~~from FFATA~~>

UNIQUE ENTITY ID (SAM):

Total amount awarded to the non-LEA from the ARP ESSER SEA Reserve:

**2.6e ARP ESSER SEA Reserve Awards – Other Use**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of non-LEA awarded ARP ESSER SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **Total amount reserved by the non-LEA from the ARP ESSER SEA Reserve – “other”**  **<Auto-fill from 3d above>** | **Total amount expended by the non-LEA from the ARP ESSER SEA Reserve – “other”**  **<Auto-fill from 4d above>** | **Uses of ARP ESSER SEA Reserve funds (Y/N)** | | | |
| **Addressing Physical Health and Safety** | **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **Mental Health Supports for Students and Staff** | **Operational Continuity and Other Uses** |
|  |  |  |  |  |  |  |  |  |

**2.6f Planned Uses of Remaining ARP ESSER SEA Reserve Awards – Other Use**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of non-LEA awarded ARP ESSER SEA Reserve funds** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **Remaining ARP ESSER SEA Reserve Funds - Other**  <Auto-fill from above> | **Planned Uses of Remaining ARP ESSER SEA Reserve funds (% of Remaining Funds)**  ***(Note: Categories must sum to 100% of Remaining “Other SEA Reserve” Funds)*** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  | **~~<auto-calculated>~~** |

# Section 3- Mandatory Subgrants to LEAs

## Subsection A – ESSER Mandatory Subgrants to LEAs, (at least 90% of the ESSER I, ESSER II, and ARP ESSER awards, respectively)

3.a Provide the amount of the mandatory subgrant awarded to each LEA from the ESSER I, ESSER II, and ARP ESSER awards, respectively:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  | **ESSER I (CARES)** | **ESSER II (CRRSAA)** | **ARP ESSER** |
| **LEA Name** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total mandatory subgrant amount awarded to LEA[[5]](#footnote-6)** | **Total mandatory subgrant amount awarded to LEA** | **Total mandatory subgrant amount awarded to LEA** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## 

## Subsection B – ESSER Mandatory Subgrants to LEAs, (at least 90% of the ESSER I, ESSER II, and ARP ESSER awards, respectively) – Use of Funds Detail[[6]](#footnote-7)

**3.b1** Provide the amount of the LEA expenditures by ESSER Subgrant fund and expenditure category for the current reporting period. (*If the SEA operates as a unitary system then report for the entire SEA. The total amount reported for subgrant amounts to LEAs may not exceed the total grant amount (Section 1, Question 1.1a) minus total amount reserved (Section 2, Question 1.2a))*

**Report any expenditure ONLY ONCE** in the table below; All cells in each column should sum to the total expended by the LEA (or unitary SEA) in this reporting period. Please use the most appropriate and most specific applicable expenditure category/object for each expenditure. See Appendix, Question 3.b2 for examples of expenditures that should be counted within the four main expenditure categories.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | | |  | **ESSER I (CARES Act)** | **ESSER II (CRRSAA)** | **ARP ESSER** | |
| **LEA name** | **DUNS#** | | **UNIQUE ENTITY ID (SAM)** | | **NCES ID#** | **Activities** | | **Total Amount Expended by Activity[[7]](#footnote-8)** | **Total Amount Expended by Activity** | **Total Amount Expended by Activity** | **Total Amount Expended toward required set-aside to address learning loss**  *(this amount will be* **exclusive** *of the amount reported in the preceding column; report each expenditure in* ***only*** *one of the two ARP ESSER columns)* |
|  |  | |  | |  | **Addressing Physical Health and Safety** | | *Auto-calculate from rows a-i below* | *Auto-calculate from rows a-i below* | *Auto-calculate from rows a-i below* | *Auto-calculate from rows a-i below* |
| 1. Personnel Services – Salaries | |  |  |  |  |
| 1. Personnel Services -- Benefits | |  |  |  |  |
| 1. Purchased Professional and Technical Services | |  |  |  |  |
| 1. Purchased Property Services | |  |  |  |  |
| 1. Other Purchased Services | |  |  |  |  |
| 1. Supplies | |  |  |  |  |
| 1. Property | |  |  |  |  |
| 1. Debt Service and Miscellaneous | |  |  |  |  |
| 1. Other Items | |  |  |  |  |
| **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | | *Auto-calculate from rows j-r below* | *Auto-calculate from rows j-r below* | *Auto-calculate from rows j-r below* | *Auto-calculate from rows j-r below* |
| 1. Personnel Services – Salaries | |  |  |  |  |
| 1. Personnel Services -- Benefits | |  |  |  |  |
| 1. Purchased Professional and Technical Services | |  |  |  |  |
| 1. Purchased Property Services | |  |  |  |  |
|  | | 1. Other Purchased Services | |  |  |  |  |
| 1. Supplies | |  |  |  |  |
| 1. Property | |  |  |  |  |
| 1. Debt Service and Miscellaneous | |  |  |  |  |
| 1. Other Items | |  |  |  |  |
| **Mental Health Supports for Students and Staff** | | *Auto-calculate from rows s-aa below* | *Auto-calculate from rows s-aa below* | *Auto-calculate from rows s-aa below* | *Auto-calculate from rows s-aa below* |
| 1. Personnel Services – Salaries | |  |  |  |  |
| 1. Personnel Services -- Benefits | |  |  |  |  |
| 1. Purchased Professional and Technical Services | |  |  |  |  |
| 1. Purchased Property Services | |  |  |  |  |
| 1. Other Purchased Services | |  |  |  |  |
| 1. Supplies | |  |  |  |  |
| 1. Property | |  |  |  |  |
| 1. Debt Service and Miscellaneous | |  |  |  |  |
| 1. Other Items | |  |  |  |  |
| **Operational Continuity and Other Allowed Uses** | | *Auto-calculate from rows bb-jj below* | *Auto-calculate from rows bb-jj below* | *Auto-calculate from rows bb-jj below* | *Auto-calculate from rows bb-jj below* |
| 1. Personnel Services – Salaries | |  |  |  |  |
| 1. Personnel Services -- Benefits | |  |  |  |  |
| 1. Purchased Professional and Technical Services | |  |  |  |  |
| 1. Purchased Property Services | |  |  |  |  |
| 1. Other Purchased Services | |  |  |  |  |
| 1. Supplies | |  |  |  |  |
|  |  | |  | |  | 1. Property | |  |  |  |  |
|  |  | |  | |  | 1. Debt Service and Miscellaneous | |  |  |  |  |
|  |  | |  | |  | 1. Other Items | |  |  |  |  |

**3.b3** **Planned Uses of Remaining ESSER I Funds**

What are the LEA’s planned uses of remaining **ESSER I mandatory subgrant funds**? *(Provide the percentage of remaining funds planned for the below expenditure categories.*

*All categories must sum to 100% of remaining ESSER I mandatory subgrant funds.)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ESSER I Mandatory LEA Subgrant** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total ESSER I Expenditures in Prior Reporting Period** | **Remaining ESSER I Funds**  <Auto-fill from above & column to left> | **Planned Uses of Remaining ESSER I Mandatory Subgrant Funds** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  |  |  |  |

**3.b4 Planned Uses of Remaining ESSER II Funds**

What are the LEA’s planned expenditures of remaining **ESSER II mandatory subgrant funds**? *(Provide the percentage of remaining funds planned for the below expenditure categories.*

*All categories must sum to 100% of remaining ESSER I mandatory subgrant funds.)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ESSER II Mandatory LEA Subgrant** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Remaining ESSER II Funds**  <Auto-fill from above> | **Planned Uses of Remaining ESSER II Mandatory Subgrant Funds** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  |  |  |

**3.b5 Planned Uses of Remaining ARP ESSER Funds**

What are the LEA’s planned uses of remaining **ARP ESSER mandatory subgrant funds**? *(Provide the percentage of remaining funds planned for the below expenditure categories.*

*All categories must sum to 100% of remaining ESSER I mandatory subgrant funds.)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA awarded ARP ESSER Mandatory LEA Subgrant** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Remaining ARP ESSER Funds**  <Auto-fill from above> | **Planned Uses of Remaining ARP ESSER Mandatory Subgrant Funds** | | | | |
| **% Remaining Funds Planned for**  **Addressing Physical Health and Safety** | **% Remaining Funds Planned for**  **Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for  Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for**  **Operational Continuity and Other Uses** | **% Remaining Funds**  **Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  |  |  |

**3.b6 Maintaining Safe In-Person Instruction**

Did the LEA expend ESSER funds on any of the items below in ***the current reporting period*** *(note, ESSER refers to ESSER I, ESSER II, and ARP ESSER funds and includes* ***both mandatory subgrants and SEA Reserve subgrants****)*: *(Mark Y/N for each)*

Promoting vaccination

Consistent and correct mask use

Physical distancing

Screening testing to promptly identify cases, clusters, and outbreaks

Ventilation

Handwashing and respiratory etiquette

Staying home when sick and getting tested

Contact tracing

Cleaning and disinfection

**3.b7 ESSER Funds to Provide Internet Access**

Did this LEA use ESSER to provide home Internet access for any students in the ***current reporting period***?  *(ESSER refers to ESSER I, ESSER II and ARP ESSER awards and includes* ***both mandatory subgrants and SEA Reserve subgrants****)*

|  |  |  |
| --- | --- | --- |
| **Did this LEA use ESSER funds to provide home Internet access for any students? (Y/N)** | **If yes, what types of home Internet services were provided by the district using ESSER funds? Internet Service type:** | **Yes/No** |
|  | 1. Mobile hotspots with paid data plans |  |
| 1. Internet connected devices with paid data plans |  |
| 1. District pays for the cost of home Internet subscription for student |  |
| 1. District provides home Internet access through a district-managed wireless network |  |
| 1. Other *(Please specify):* \_\_\_\_\_\_\_\_\_\_\_ |  |

**3.b8 Reengaging Students**

*Provide a response for all LEAs that received ESSER I, ESSER II or ARP ESSER funds.*

Did the LEA seek to reengage students with poor attendance or participation? (*Mark Y or N)*

Y/N

<*skip logic: if Y, then:>*

**3.b9 Reengaging Students Activities**

How did the LEA seek to reengage students with poor attendance or participation? Please answer *regardless* of whether ESSER funds were used for this purpose. *(Mark Y/N for each)*

Direct outreach to families

Engaging the school district homeless liaison

Partnering with community-based organizations

Offering home internet service and/or devices

Implementing new curricular strategies to improve student engagement

Offering credit recovery and/or acceleration strategies

Other *(please describe): \_(1500 character limit)\_\_\_\_\_\_\_\_\_\_\_\_*

**3.b10 LEA Hiring and Retention of Specific Positions with ESSER I, ESSER II, and/or ARP ESSER LEA Mandatory and SEA Reserve Funds**

*(Note: this question is* ***optional*** *for the ARP ESSER Years 1 and 2 annual performance report; this question will be* ***required beginning in Year 3*** *of annual performance reporting for ARP ESSER.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEA Name** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total Amount Expended for These Staff *(cumulative across all ESSER funds)*** | Indicate the total number of ***these specific positions*** supported with any of the ESSER funds for the following positions for the reporting period. Support indicates salaries and/or benefits were partially or fully paid with ESSER funds. *(Note, ESSER refers to ESSER I, ESSER II, and ARP ESSER funds and includes both mandatory subawards and SEA Reserve awards)* |
|  |  |  |  |  | \_\_\_Special educators and related service personnel  \_\_\_Paraprofessionals  \_\_\_Bilingual or English as a second language educators  \_\_\_School counselors, school psychologists and/or social workers  \_\_\_Nurses  \_\_\_Short term contractors  \_\_\_Classroom educators, not covered by previous categories  \_\_\_Support personnel, not covered by previous categories  \_\_\_Administrative staff, not covered by previous categories |

Subsection C –Allocation of ESSER Resources within LEA

**3.c** Did this LEA allocate some portion of ESSER funds to schools in this reporting period? *Note, ESSER refers to ESSER I, ESSER II, and ARP ESSER funds and includes both mandatory subawards and SEA Reserve awards* Y/N

*<skip logic; if yes then>*

How did this LEA allocate ESSER funds? Mark ‘Y/N’ to indicate whether the below criteria were used to allocate ESSER funds to schools. For example, if the LEA allocated funds using a weighted formula of total number of enrollments *and* total number of enrolled students with disabilities, the LEA should mark ‘Y’ to rows ***a*** and ***b*** below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEA Name** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | Criteria Used to Allocate Funds to Schools Within LEA  (Y/N) |
|  |  |  |  | 1. Flat amount per school or per pupil 2. Number or proportion of students at the school with specific curricular needs, such as students with disabilities or English language learners 3. Number or proportion of students at the school who are eligible for Free or Reduced-Price Lunch and/or other indicators of low-income background 4. Measure(s) of lost instructional time (“learning loss”) 5. Stakeholder or community input 6. Title I status 7. Other data (please specify) (*1500 character limit*) |

## Subsection D– ARP ESSER Mandatory Subgrants to LEAs, Reserve to Address Impact of Learning Loss

**3.d1** The total amount reserved by the LEA to address the impact of learning loss (*note: this value must be at least 20% of the value reported in 3a for ARP ESSER)*

**3.d2:** Total expenditures of ARP ESSER LEA Reserve in this reporting period:

**3.d3** Which activities or interventions did the LEA implement to satisfy the LEA’s mandatory set-aside requirements of ARP ESSER funds, which respond to students’ academic, social, and emotional needs and address the disproportionate impact of COVID-19 on underserved student groups, including each major racial and ethnic group, children from low-income families, children with disabilities, English learners, migratory students, students experiencing homelessness, youth in foster care, and other groups disproportionately impacted by the pandemic that have been identified by the SEA (e.g., youth involved in the criminal justice system, students who have missed the most in-person instruction during the 2019-2020 and 2020-2021 school years, students who did not consistently participate in remote instruction when offered during school building closures, and LGBTQ+ students):

*(Mark Y/N for each)*

1. Summer learning or summer enrichment
2. Afterschool programs
3. Extended instructional time (school day, school week, or school year)
4. Tutoring
5. Additional classroom teachers
6. Other additional staffing and/or activities to assess and support social-emotional well-being (excluding mental health supports), for students, educators and/or families
7. Other additional staffing and/or activities to assess and support mental health needs, for students, educators and/or families
8. Other additional staffing and/or activities to identify and/or respond to unique student needs and/or provide targeted support for vulnerable students (including low-income children or students, students with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and children and youth in foster care)
9. Universal screening, academic assessments, and intervention data systems, such as early warning systems and/or opportunity to learn data systems.
10. Improved coordination of services for students with multiple types of needs, such as full-service community schools or improved coordination with partner agencies, such as foster care services
11. Early childhood programs
12. Curriculum adoption and learning materials
13. Core staff capacity building / training to increase instructional quality and advance investments in talent pipelines for teachers and/or classified staff
14. Other *(Please specify):*\_*(1,500 character limit)\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Note that beginning in Year 3 of ARP ESSER annual performance reporting, subgrantees must provide expenditure detail (the amount expended by activity) rather than marking Y/N.*

**3.d4** Please describe how the selected activities or interventions address the disproportionate impact of COVID-19 on each listed underserved student groups, including each major racial and ethnic group, children from low-income families, children with disabilities, English learners, migratory students, students experiencing homelessness, youth in foster care, and other groups disproportionately impacted by the pandemic that have been identified by the SEA.

|  |  |  |  |
| --- | --- | --- | --- |
| *(3,000 character limit)* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Subsection C. Access to select staff, SY 2020-21

**4.c1** Please provide the count of FTE staff assigned to serve each school in this LEA, regardless of funding source, as of September 30, 2020. For example, if one full-time nurse is shared equally by five schools within an LEA, allocate 0.2 FTE to each school served. These data will be merged with school membership data to calculate staff-to-student ratios for the 2020-21 school year.

*(Note: this question is* ***optional*** *for Years 1 and 2 of ARP annual performance reporting; this question will be* ***required beginning in Year 3*** *of annual performance reporting for ARP ESSER.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEA NAME** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **School Name**  **(within LEA)** | Count FTE by Staff Type (to the nearest tenth) |
| <Populated from previous question responses> | <Populated from previous responses> |  | <Populated from previous responses> | Pre-populated | |  |  | | --- | --- | | Staff Type | FTE | | Special educators and related service personnel, including paraprofessionals |  | | Bilingual educators or English as a second language educators |  | | School counselors, social workers, or school psychologists |  | | Nurses |  | |

# Section 5- Full-Time Equivalent (FTE) Positions

**[Note to reviewers: these questions will be appended to the LEA and non-LEA entities tables above in the online data collection tool.]**

**5.a** Provide the number of full-time equivalent (FTE) positions for the LEA, or non-LEA Entity as of the listed reporting dates. *(The number of FTE positions includes all staff regardless of whether the position is funded by Federal, State, local, or other funds—and equals the sum of the number of full-time positions plus the full-time equivalent of the number of part-time positions.)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA/non-LEA Entity** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Full-time equivalent (FTE) positions as of September 30, 2018** | **Full-time equivalent (FTE) positions as of September 30, 2019** | **Full-time equivalent (FTE) positions as of March 13, 2020** | **Full-time equivalent (FTE) positions on September 30, 2020** | **Full-time equivalent (FTE) positions on September 30, 2021\*** |
| <Pre-populate LEA and non-LEA Entity from data provided in previous tables> | <Pre-populate from data provided in previous tables> |  | <Populated from previous responses> | <Pre-populate from data provided in prior year reporting if applicable> | <Pre-populate from data provided in prior year reporting if applicable> | <Pre-populate from data provided in prior year reporting if applicable> | <Pre-populate from data provided in prior year reporting if applicable> |  |
| **…** |  |  |  |  |  |  |  |  |

\*Subgrantees will provide the FTE information for September 30 of the most current year in each annual performance report.

# Section 6- Maintenance of Equity

As a condition of receiving funds under ARP ESSER, each SEA and LEA that receives ARP ESSER funds must comply with the applicable maintenance of equity requirements. For more information on these requirements, please refer to ED guidance (link to [Maintenance of Equity FAQ](https://oese.ed.gov/files/2021/08/Maintenance-of-Equity-updated-FAQs_final_08.06.2021.pdf)). Please provide the following information to meet the current FY 2022 annual reporting requirement. SEAs will be required to provide additional information in subsequent reporting years on how the State maintained equity. Data reported in this section will be used to assess the extent to which each State has maintained equity.

**SEA Maintenance of Equity**

1. The statewide per-pupil amount of State funds allocated or appropriated to all LEAs in the State in FY 2021: $\_\_\_\_\_\_\_\_
2. The statewide per-pupil amount of State funds allocated or appropriated to all LEAs in the State in FY 2022: $\_\_\_\_\_\_\_\_
3. Per-pupil reduction of overall State funds for FY 2022 *(Note: If the per-pupil amount for FY 2022 is less than FY 2021, the difference is the amount by which the SEA has reduced its per-pupil amount of State funds to LEAs in FY 2022. If an SEA increases or maintains per-pupil funding to all LEAs in FY 2022, then for the purposes of determining whether the SEA has maintained fiscal equity for its high-need LEAs, the reduction is zero.):* \_\_\_\_\_\_ (Auto-calculated)
4. Provide the per-pupil amount of State funding appropriated or allocated by state fiscal year for each high-need LEA as identified by the SEA. SEAs are expected to provide the following data for the same high-need LEAs that it reported baseline and initial Maintenance of Equity data to Department in 2021. To the extent that the State has updated data or information, a State may update that information below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of High-Need LEA** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID** | **Per-pupil amount of State funding *FY 2021*** | **Per-pupil amount of State funding FY 2022** | **High-need LEA per-pupil reduction in State funds** | **Did the State maintain equity for this high-need LEA?** |
|  |  |  |  |  |  | *(Auto-calculated)* | *(Auto-calculated)* |

1. Provide the per-pupil amount of State funding appropriated or allocated by state fiscal year for each highest-poverty LEA as identified by the SEA. SEAs are expected to provide the following data for the same highest-poverty LEAs that it reported baseline and initial Maintenance of Equity data to the Department in 2021. If the State has updated or made changes to the data, please reflect those changes below. Data collected here will be considered the final record of note and will override data provided previously to the Department.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Highest-Poverty LEA** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID** | **Per-pupil amount of State funding in *FY 2019*** | **Per-pupil amount of State funding FY 2022** | **Highest-poverty LEA per-pupil reduction in State funds** | **Did the State maintain equity for this highest-poverty LEA?** |
|  |  |  |  |  |  | (*Auto-calculated*) | *(Auto-calculated)* |

**Student Outcomes**

The U.S. Department of Education will append the most recent and certified submission of LEA and SEA data (with disaggregation by subpopulation) from existing collections as detailed below:

|  |  |
| --- | --- |
| **Metric Category** | **Specific Metric(s)** |
| Engagement and Participation | 1. % participating in math, English language arts/reading and science assessment (where available) 2. % participating in English language proficiency assessment (where available) 3. Average daily attendance 4. Chronic absenteeism 5. Rates of suspension (including in-school suspensions) and expulsion 6. Incidences of bullying and harassment |
| Student Learning and Progression | 1. Assessment data (where available), specifically % proficient in math, English language arts/reading, and science 2. FAFSA completion rate 3. 4-year adjusted cohort graduation rate (where available) 4. Rates of college, career, and civic readiness (where available) |

**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 1810-0749. Public reporting burden for this collection of information is estimated to average 140 hours per SEA response and 140 hours per LEA response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Under the PRA, participants are required to respond to this collection to obtain or retain a benefit. 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, please contact Joanne Bogart, US. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202.

## Appendix: Preview Questions – Required ***Beginning*** in Year 4 of CARES, Year 3 of CRRSA and ARP ESSER Annual Performance Reporting

## SEA Interventions and Participation

**2.2e SEA Interventions and Participation (Skip this question if the response to 2.2d is N).**  
How did this SEA use ESSER (ESSER I, ESSER II and/or ARP ESSER SEA Reserve funds) to support learning recovery or acceleration for student groups who were disproportionately impacted by the COVID-19 pandemic? Mark Y/N to each activity below; if an activity was offered by the SEA, provide the number of eligible students in the State and the number of students that participated.

*(Note: this question is* ***preview*** *for CARES annual performance report Year 2 and 3 / CRRSA & ARP ESSER annual performance reports Years 1 and 2.*

*This question will be* ***required*** *beginning with the CARES annual performance report Year 4/ CRRSA & ARP ESSER annual performance reports Year 3).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Methods/Intervention  Y/N** | **(If Yes, then) Capacity and Participation** | | |
| 1. Evidence-based summer learning or summer enrichment programs | Is this program available to all enrolled students? Y/N  If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_  Total ***unique*** headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:  ***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. | | |
| **Student Profile**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students in subgroup** | **# Eligible students in subgroup participating** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Evidence-based afterschool programs | Is this program available to all students? Y/N  If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_  Total ***unique*** headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:  ***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. | | |
| **Student Profile**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students in subgroup** | **# Eligible students in subgroup participating** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Extended Instructional Time (including extended school day or school week or school year) | ~~Is this program available to all students? Y/N~~  ~~If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_~~  ~~Total~~ ***~~unique~~*** ~~headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that~~ ***~~participated~~*** ~~in this activity:~~  ***~~Eligible~~*** ~~refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity.~~  Is extended instructional time in place at all schools within the state? Y/N  <skip logic; if yes, skip to item d, evidence-based high-dosage tutoring>  If no, indicate the unique headcount of students enrolled in schools within the state with mandatory extended instructional time: \_\_\_\_\_\_\_\_\_\_  Indicate the number students from that student group enrolled in schools with extended instructional time: | | |
| **Student Profile**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **~~# Enrolled eligible Students in subgroup~~**  **# Students Enrolled in Schools with (Mandatory) Extended Instructional Time** | **~~# Eligible students in subgroup participating~~**  [Remove Column] |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Evidence-based high dosage tutoring | Is this program available to all students? Y/N  If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_  Total ***unique*** headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:  ***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. | | |
| **Student Profile**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students in subgroup** | **# Eligible students in subgroup participating** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Early childhood education program expansion or enhancement | ~~Is this program available to all students? Y/N~~  ~~If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_~~  ~~Total~~ ***~~unique~~*** ~~headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that~~ ***~~participated~~*** ~~in this activity:~~  ***~~Eligible~~*** ~~refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity.~~  Did this SEA expand or enhance its early childhood program? Mark Y/N to each below.   1. Expand Y/N 2. Enhance Y/N   <Skip logic: if “Expand”=Y, then:> How many *additional* students or slots were funded with ESSER I, ESSER II or ARP ESSER in the most recent school year? Please include students or slots that were fully and partially funded with ESSER I, ESSER II, or ARP ESSER funds.  \_\_\_\_\_\_\_\_\_  Total ***unique*** headcount of students enrolled in an early childhood education program within the state: \_\_\_\_\_\_\_\_\_\_  Indicate the number of students from each student group enrolled in an early childhood education program within the state below. | | |
| **Student Profile**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled ~~eligible~~ Students in subgroup** | **~~# Eligible students in subgroup participating~~**  [Remove Column] |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English language learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Full-Service Community Schools | How many new or additional full-service community schools were launched using these funds in this ~~LEA~~ state? \_\_\_\_\_  How many current full-service community schools received additional services and/or support using these funds? \_\_\_\_\_  What is the total enrollment in full-service community schools supported with ESSER funds within this ~~LEA~~ state? \_\_\_\_ | | |
| 1. Purchasing educational technology | Was educational technology purchased for all students? Y/N  If no, indicate the number of students for whom educational technology was purchased \_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***received or were directly supported by*** the educational technology:  ***Eligible*** refers to students within the student group who meet eligibility criteria for the educational technology, such as belonging to the appropriate grade and/or having a specific need for the educational technology. | | |
| **Student Profile**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students in subgroup** | **# Eligible students in subgroup receiving or supported by the education technology** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English language learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

## LEA Interventions and Participation

## Subsection B: Activities by subpopulations

**4.b1** How did this LEA use ESSER (ESSER I, ESSER II and/or ARP ESSER) funds to support learning recovery or acceleration for student groups who were disproportionately impacted by the COVID-19 pandemic? *(Note, ESSER refers to ESSER I, ESSER II, and ARP ESSER funds and includes both mandatory subawards and SEA Reserve awards. If this LEA provided an activity or support to all students* ***and*** *additional or supplemental services/activities targeted specific student groups, please answer yes to the activity “for all students” and select the student group for whom additional support/access was provided.)*

*(Note: this question is* ***preview*** *for CARES annual performance report Year 2 and 3 / CRRSA & ARP ESSER annual performance reports Years 1 and 2.*

*This question will be* ***required*** *beginning with the CARES annual performance report Year 4/ CRRSA & ARP ESSER annual performance reports Year 3).*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LEA** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Methods/Intervention  Y/N** | **(If Yes, then) Capacity and Participation** | | |
| <Populated from previous question responses> | <Populated from previous responses> |  | <Populated from previous responses> | 1. Evidence-based summer learning or summer enrichment programs | Is this program available to all students? Y/N  If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_  Total ***unique*** headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:  ***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. | | |
| **Student Group**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup participating** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Evidence-based afterschool programs | Is this program available to all students? Y/N  If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_  Total ***unique*** headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:  ***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. | | |
| **Student Group**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup participating** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English language learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Extended Instructional Time (including extended school day or school week or school year) | ~~Is this program available to all students? Y/N~~  ~~If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_~~  ~~Total~~ ***~~unique~~*** ~~headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that~~ ***~~participated~~*** ~~in this activity:~~  ***~~Eligible~~*** ~~refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity.~~  Is extended instructional time in place at all schools within the LEA? Y/N  <skip logic; if Yes, skip to item 4, evidence-based high-dosage tutoring>  If no, indicate the unique headcount of students enrolled in schools within the LEA with mandatory extended instructional time: \_\_\_\_\_\_\_\_\_\_  Indicate the number students from that student group enrolled in schools with extended instructional time: | | |
| **Student Group**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **~~# Enrolled eligible Students at LEA in subgroup~~**  #Students Enrolled in Schools with (Mandatory) Extended Instructional Time | **~~# Eligible students in subgroup participating~~**  **[Remove Column]** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English language learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Evidence-based high dosage tutoring | Is this program available to all students? Y/N  If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_  Total ***unique*** headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:  ***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. | | |
| **Student Group**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup participating** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English language learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Early childhood education program expansion or enhancement | ~~Is this program available to all students? Y/N~~  ~~If no, indicate the number of students this program serves at full capacity: \_\_\_\_\_\_\_\_\_\_~~  ~~Total~~ ***~~unique~~*** ~~headcount of students that participated in this activity: \_\_\_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that~~ ***~~participated~~*** ~~in this activity:~~  ***~~Eligible~~*** ~~refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity.~~  Did this LEA expand or enhance its early childhood program? Mark Y/N to each below.   1. Expand Y/N 2. Enhance Y/N   <Skip logic: if “Expand”=Y, then:> How many *additional* students or slots were funded with ESSER I, ESSER II or ARP ESSER in the most recent school year? Please include students or slots that were fully and partially funded with ESSER I, ESSER II, or ARP ESSER funds.  \_\_\_\_\_\_\_\_\_  Total ***unique*** headcount of students enrolled in an early childhood education program within the LEA: \_\_\_\_\_\_\_\_\_\_  Indicate the number of students from each student group enrolled in an early childhood education program within the LEA below. | | |
| **Student Group**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **~~# Enrolled eligible Students at LEA in subgroup~~**  # Enrolled Students | **~~# Eligible students in subgroup participating~~**  **[Remove Column]** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English language learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Full-Service Community Schools | How many new or additional full-service community schools were launched using these funds in this LEA? \_\_\_\_\_  How many current full-service community schools received additional services and/or support using these funds? \_\_\_\_\_  What is the total enrollment in full-service community schools supported with ESSER funds within this LEA? \_\_\_\_ | | |
| 1. Purchasing educational technology | Was educational technology purchased for all students? Y/N  If no, indicate the number of students for whom educational technology was purchased \_\_\_\_\_\_\_\_  Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***received or were directly supported by*** the educational technology:  ***Eligible*** refers to students within the student group who meet eligibility criteria for the educational technology, such as belonging to the appropriate grade and/or having a specific need for the educational technology. | | |
| **Student Group**  *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup receiving or supported by the education technology** |
| 1. Students with one or more disabilities |  |  |
| 1. Low-income students |  |  |
| 1. English language learners |  |  |
| 1. Students in foster care |  |  |
| 1. Migratory students |  |  |
| 1. Students experiencing homelessness |  |  |
| 1. American Indian or Alaska Native |  |  |
| 1. Asian |  |  |
| 1. Black or African American |  |  |
| 1. Hispanic/Latino |  |  |
| 1. Native Hawaiian or Other Pacific Islander |  |  |
| 1. White |  |  |
| 1. Two or more races |  |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

## **4.b2 Total LEA Student Enrollment by Demographic Subgroup**

Indicate the total number of enrolled students within the LEA by each student group below. Students should be counted in all student groups to which they belong. Please use the same methodology to identify student counts as used to report enrollment data to EdFacts.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEA** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Student Group** | **Count Enrolled Students at LEA** |
|  |  |  |  | 1. Students with one or more disabilities |  |
| 1. Low-income students |  |
| 1. English learners |  |
| 1. Students in foster care |  |
| 1. Migratory students |  |
| 1. Students experiencing homelessness |  |
| 1. American Indian or Alaska Native |  |
| 1. Asian |  |
| 1. Black or African American |  |
| 1. Hispanic/Latino |  |
| 1. Native Hawaiian or Other Pacific Islander |  |
| 1. White |  |
| 1. Two or more races |  |
| 1. Other student subpopulation (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Total *Unique* Headcount of Enrolled Students** *(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* |  |

## Use of Funds Detail for Prospective Reporting

Note: Grantees will complete question 3.b2 *in addition* to question 3.b1 beginning in Year 4 of CARES annual performance reporting, Year 3 of CRRSA and ARP annual performance reporting.

**3.b2** Provide the amount of the LEA expenditures by ESSER Subgrant fund and activity for the current reporting period. (*If the SEA operates as a unitary system then report for the entire SEA. The total amount reported for subgrant amounts to LEAs may not exceed the total grant amount (Section 1, Question 1.1a) minus total amount reserved (Section 2, Question 1.2a))*

**Report any expenditure ONLY ONCE** in the table below; All cells in each column should sum to the total expended by the LEA (or unitary SEA) in this reporting period. Please use the most appropriate and most specific applicable activity for each expenditure.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | | |  | **ESSER I (CARES Act)** | **ESSER II (CRRSAA)** | **ARP ESSER** | |
| **ARP ESSER LEA name** | **DUNS#** | | **UNIQUE ENTITY ID (SAM)** | | **NCES ID#** | **Activities** | | **Total Amount Expended by Activity**[**[1]**](https://gbc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DUS&rs=en%2DUS&actnavid=eyJjIjo1NjkzMDM4ODJ9&wopisrc=https%3A%2F%2Fusdedeop.sharepoint.com%2Fteams%2FOPEPDOCDO-CARES_implementation_internal%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F62ffef92caee4200a062f0170824c83e&wdlor=c616F5897%2d7A80%2d49A7%2d9D6A%2d96DB094F2047&wdenableroaming=1&mscc=1&hid=1A070DA0-901B-C000-ACB3-7002F1E5E1CB&wdorigin=Other&jsapi=1&jsapiver=v1&newsession=1&corrid=ee4ae551-0be2-9494-c63a-22f68abcf8cd&usid=ee4ae551-0be2-9494-c63a-22f68abcf8cd&sftc=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&preseededsessionkey=e5b5b756-b5b2-8be3-8061-f755489f7d30&preseededwacsessionid=ee4ae551-0be2-9494-c63a-22f68abcf8cd&rct=Medium&ctp=LeastProtected#_ftn1) | **Total Amount Expended by Activity** | **Total Amount Expended by Activity** |
|  |  | |  | |  | **Addressing Physical Health and Safety** | |
| 1. Building and facilities upgrades and maintenance, including ventilation systems and new construction | |  |  |  |
| 1. Assistance with meals for students | |  |  |  |
| 1. Cleaning and/or sanitization supplies | |  |  |  |
| 1. Temporary classroom space to support social distancing | |  |  |  |
| 1. Temporary or additional transportation services to support social distancing to and from school | |  |  |  |
| 1. Capacity-building to improve disaster preparedness and response efforts, including coordination with State, local, Tribal, and territorial public health departments, and other relevant agencies to improve coordinated responses to prevent, prepare for, and respond to COVID-19 | |  |  |  |
| 1. Other health protocols ***not listed above*** and aligned to guidance from the Centers for Disease Control and Prevention (CDC) such as: vaccines for staff and/or students, COVID-19 testing for staff and/or students, contact-tracing, masks | |  |  |  |
| **Meeting Students’ Academic, Social, Emotional, and Other Needs Excluding Mental Health Supports** | |
| 1. Extended learning and/or summer learning | |  |  |  |
| 1. High-dosage intensive tutoring | |  |  |  |
| 1. Additional staffing and/or activities to identify and/or respond to unique student needs and/or provide targeted support for underserved student groups, including each major racial and ethnic group, children from low-income families, children with disabilities, English learners, LGBTQ+ students, migratory students, students experiencing homelessness, youth in foster care, and other groups disproportionately impacted by the pandemic that have been identified by the SEA | |  |  |  |
|  | | 1. Universal screening, academic assessments, and intervention data systems, such as early warning systems and/or opportunities to learn data systems | |  |  |  |
| 1. Improved coordination of services for students with multiple types of needs, such as full-service community schools or improved coordination with partner agencies, such as the foster care services | |  |  |  |
| 1. Early Childhood Programs | |  |  |  |
| 1. Hardware and software | |  |  |  |
| 1. Wi-Fi, broadband, or other connectivity | |  |  |  |
| 1. Curriculum adoption and learning materials | |  |  |  |
|  |  | |  | 1. Core staff capacity building / training to increase instructional quality and advance equity | |  |  |  |
| 1. Investments in talent pipelines for teachers and/or classified staff | |  |  |  |
| **Mental Health Supports for Students and Staff** | |
| 1. Additional staffing and/or activities to assess and support social-emotional well-being, including mental health, for students, educators and/or families | |  |  |  |
| **Operational Continuity and Other Allowed Uses** | |
| 1. Any activity not described above that is authorized by the McKinney-Vento Homeless Assistance Act | |  |  |  |
| 1. Any activity not described above that is authorized by the Elementary and Secondary Education Act of 1965 | |  |  |  |
| 1. Any activity not described above that is authorized by the Individuals with Disabilities Education Act | |  |  |  |
| 1. Any activity not described above that is authorized by the Adult Education and Family Literacy Act | |  |  |  |
| 1. Any activity not described above that is authorized by the Carl D. Perkins Career and Technical Education Act of 2006 | |  |  |  |
| 1. Other activities ***not described above*** that are necessary to maintain the operation of and continuity of services in local educational agencies and continuing to employ existing staff of the local educational agency | |  |  |  |

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 1810-0749.  Public reporting burden for this collection of information is estimated to average 140 hours per SEA response and 140 hours per LEA response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  Under the PRA, participants are required to respond to this collection to obtain or retain a benefit.  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, please contact Joanne Bogart, US. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202.

1. Row a should reflect the total award to the SEA under the respective Act (CARES, CRRSAA or ARP), inclusive of any changes to the total award that may have occurred within or outside of the current reporting period. For example, if an SEA received $1M in total ESSER I /CARES funds in the first reporting period, and no changes were made to the total allocation to the SEA through the end of the current reporting period, the SEA should report $1M in row a, ESSER I column. If the total allocation to the state was reduced by $200K, and regardless of whether that reduction occurred in reporting period 1 or period 2, the SEA should report $800K in row a, ESSER I column. [↑](#footnote-ref-2)
2. Note: Row *a* will only be completed by grantees in Year 2 of CARES annual performance reporting; in Year 3 and onward, grantees may skip item *a.* [↑](#footnote-ref-3)
3. This value a should reflect the total award under the CARES Act, inclusive of any changes to the total award that may have occurred within or prior to the current reporting period. For example, if an LEA received $1M in total ESSER I /CARES SEA Reserve funds in the first reporting period, and no changes were made to the total SEA Reserve allocation to the LEA through the end of the current reporting period, the LEA should report $1M. If the total allocation to the LEA was reduced by $200K, and regardless of whether that reduction occurred in reporting period 1 or period 2, the LEA should report $800K. [↑](#footnote-ref-4)
4. This value a should reflect the total award under the CARES Act, inclusive of any changes to the total award that may have occurred within or prior to the current reporting period. For example, if a non-LEA received $1M in total ESSER I /CARES SEA Reserve funds in the first reporting period, and no changes were made to the total SEA Reserve allocation to the non-LEA through the end of the current reporting period, the non-LEA should report $1M. If the total allocation to the non-LEA was reduced by $200K, and regardless of whether that reduction occurred in reporting period 1 or period 2, the non-LEA should report $800K. [↑](#footnote-ref-5)
5. This value a should reflect the total award under the CARES Act, inclusive of any changes to the total award that may have occurred within or prior to the current reporting period. For example, if an LEA received $1M in total ESSER I /CARES mandatory subgrant funds in the first reporting period, and no changes were made to the total mandatory subgrant allocation to the LEA through the end of the current reporting period, the LEA should report $1M. If the total mandatory subgrant allocation to the LEA was reduced by $200K, and regardless of whether that reduction occurred in reporting period 1 or period 2, the LEA should report $800K. [↑](#footnote-ref-6)
6. For CARES Year 4, CRRSA Year 3 and ARP Year 3 reporting, questions 3.b1 will supplemented by question 3.b2 in the appendix. [↑](#footnote-ref-7)
7. This value should reflect ***only*** expenditures made in the current reporting period. [↑](#footnote-ref-8)