

INSTRUCTIONS

BEFORE YOU BEGIN, PLEASE READ THE *DEAR COLLEAGUE LETTER*, THE *INSTRUCTIONS FOR GRANT PERFORMANCE REPORTING (ED 524B)*, AND THE *STATEWIDE FAMILY ENGAGEMENT CENTERS ANNUAL PERFORMANCE REPORT GUIDE*.

PLEASE NOTE: DO NOT USE YOUR WEB BROWSER'S BACK BUTTON AT ANY POINT WHILE COMPLETING THIS FORM. ONLY USE THE "NEXT" OR "PREV" BUTTONS AT THE BOTTOM OF EACH PAGE OF THE FORM.

ALSO, IF YOU START THE FORM AND THEN NEED TO PAUSE AND COMPLETE IT AT A LATER TIME, THE FORM WILL SAVE YOUR POSITION AT THE MOST RECENTLY COMPLETED PAGE, I.E. THE MOST RECENT POINT AT WHICH YOU CLICKED THE "NEXT" BUTTON. YOU WILL NOT BE ABLE TO SAVE IN THE MIDDLE OF A PAGE.

PUBLIC 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 1810-0750.

Public reporting burden for this collection of information is estimated to average 30 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit under 2 CFR 200.328.

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 School Choice and Improvement Programs, Office of Elementary and Secondary Education, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202, beth.yeh@ed.gov, (202) 205-5798 directly.

* 1. Which section would you like to work on first?

- | | |
|--|--|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Partnerships |
| <input type="radio"/> Executive Summary | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> Budget |

Cover Sheet

2. Please provide your PR/Award Number

3. What is the title of your project?

4. Grantee Name

5. Do you affirm that you are aware of federal and state data security and student privacy regulations?

- Yes
 No
 Not Applicable

6. Have you received your annual certification of Institutional Review Board (IRB) approval?

- Yes
 No
 Not Applicable

7. What was the amount of your **federal** grant fund budget expenditures for the **current grant period**?

Please do not include any non-numeric characters in your answer.

8. What was the amount of your **federal** grant fund budget expenditures for the **previous grant period**?

Please do not include any non-numeric characters in your answer.

9. FIFTH-YEAR APR ONLY:

What was the amount of your **federal** grant fund budget expenditures for the **entire grant period**?

Please do not include any non-numeric characters in your answer.

10. What was the amount of your **non-federal** grant fund budget expenditures for the **current grant period**?

Please do not include any non-numeric characters in your answer.

11. What was the amount of your **non-federal** grant fund budget expenditures for the **previous grant period**?

Please do not include any non-numeric characters in your answer.

12. FIFTH-YEAR APR ONLY:

What was the amount of your **non-federal** grant fund budget expenditures for the **entire grant period**?

Please do not include any non-numeric characters in your answer.

13. Are you claiming indirect costs?

Yes

No

Cover Sheet Continued

14. Please indicate which of the following applies to your grant?

- The grantee has an Indirect Cost Rate Agreement approved by the Federal Government
- The grantee is not a State, local government, or Indian tribe, and is using the de minimus rate of 10% of modified total direct costs (MTDC) in compliance with 2 CFR 200.414(f)
- The grantee is funded under a Restricted Rate Program and is using a restricted indirect cost rate that either: is included in its approved Indirect Cost Rate Agreement; or complies with 34 CFR 76.564(c)(2).
- The grantee is funded under a Training Rate Program and: is recovering indirect cost using 8 percent of MTDC in compliance with 34 CFR 75.562(c)(2); or is recovering indirect costs using its actual negotiated indirect cost rate reflected in 9(b).

Cover Sheet Continued

15. What is the start date of the indirect cost agreement?

Date / Time

Date

MM/DD/YYYY

16. What is the end date of the indirect cost agreement?

Date / Time

Date

MM/DD/YYYY

17. What is the indirect cost rate?

Cover Sheet Continued

* 18. Please select the name of this section to confirm that you have completed it.

Cover Sheet

Cover Sheet Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q18 }}
{{ Q40 }}
{{ Q82 }}
{{ Q97 }}
{{ Q144 }}
{{ Q149 }}
{{ Q159 }}
{{ Q172 }}

* 19. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Executive Summary | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> Budget |
| <input type="radio"/> Partnerships | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Executive Summary

20. Please enter the number of parents participating in the specific type of SFEC activities described in GPRA Measure 1 below, if that number is available.

Please note that for the purposes of this question parents can be counted more than once if they participate in more than one of these types of activities, **so long as they participate in multiple distinct/different activities.**

GPRA Measure 1: The number of parents who are participating in SFEC activities designed to provide them with the information necessary to understand their annual school report cards and other opportunities for engagement under section 1116 and other related ESEA provisions.

21. Please enter the number of activities you have led under GPRA Measure 2, if that number is available.

GPRA Measure 2: The number of high-impact activities or services provided to build a statewide infrastructure for systemic family engagement that includes support for SEA- and LEA-level leadership and capacity-building.

*Please see the APR Guide for a definition of "high-impact activities or services."

22. Please enter the number of activities you have led under GPRA Measure 3, if that number is available.

GPRA Measure 3: The number of high-impact activities or services implemented to ensure that parents are trained and can effectively engage in activities that will improve student academic achievement, to include an understanding of how they can support learning in the classroom with activities at home or outside the school generally, as well as how they can participate in State and local decision-making processes.

*Please see the APR Guide for a definition of "high-impact activities or services."

23. GPRA MEASURE 4, NUMERATOR

Please enter the number of parents and families receiving SFEC services who report having enhanced capacity to work with schools and service providers effectively in meeting the academic and developmental needs of their children.

GPRA Measure 4: The percentage of parents and families receiving SFEC services who report having enhanced capacity to work with schools and service providers effectively in meeting the academic and developmental needs of their children.

24. GPRA MEASURE 4, DENOMINATOR

Please enter the number of parents and families receiving any type of SFEC services.

GPRA 5 AND GPRA 6 BELOW ARE FOR GRANTS AWARDED AFTER 2019

25. Please enter the number of activities you have led under GPRA Measure 5, if that number is available.

GPRA Measure 5: The number of high-impact activities or services implemented to ensure that LEA, school, and community-based organization staff are trained and can effectively engage in activities with families that will improve student academic achievement, to include an understanding of how they can support families with activities at home or outside the school generally, as well as how they can help families participate in state and local decision-making processes.

*Please see the APR Guide for a definition of "high-impact activities or services."

26. GPRA MEASURE 6, NUMERATOR

Please enter the number of LEA and school staff receiving SFEC services who report having enhanced capacity to work with families effectively in meeting the academic and developmental needs of their children.

GPRA Measure 6: The percentage of LEA and school staff receiving SFEC services who report having enhanced capacity to work with families effectively in meeting the academic and developmental needs of their children."

27. GPRA MEASURE 6, DENOMINATOR

Please enter the number of LEA and school staff receiving any type of SFEC services.

28. Required: Please upload supporting documentation.

Please upload a single Word or PDF document with a short summary of progress, a description of work aligned with the GPRA measures, and an explanation of how you calculated your GPRA measures. The file name should be in the following format: Grantee Name_Reporting Period_Executive Summary Supporting Documentation.

In addition, you can also choose to include other supporting information in the same document as your summary and GPRA measure explanations. Examples of these optional additional types of documentation include attendance sheets at SFEC activities, documentation of services provided to parents, and documentation of parents' reports of enhanced capacity.

Choose File

Choose File

No file chosen

29. Have you received points for any Competitive Preference Priorities (CPP)?

- 2018/2019 Grantee - Yes
- 2022 Grantee - Yes
- 2023 Grantee - Yes
- No

Executive Summary: Competitive Preference Priorities - 2018 Grantees

30. Please discuss any progress on your evidence-based direct services (CPP1(a)).

31. Please discuss any progress on your evidence-based strategies for promoting literacy (CPP1(b)).

32. Please discuss any progress on your educational choice efforts (CPP2).

Executive Summary: Competitive Preference Priorities - 2022 & 2023 Grantees

33. Please discuss any progress on your evidence-based activities (CPP1).

34. Please discuss any progress on conducting community asset-mapping and needs assessments that may include an assessment of the extent to which students, including subgroups of students, have become disengaged from learning, including students not participating in in-person or remote instruction, and specific strategies for reengaging and supporting students and their families (CPP2(a)).

35. Please discuss any progress on providing resources and supports to meet the basic, fundamental, health and safety needs of students and educators (CPP2(b)).

36. Please discuss any progress on addressing students' social, emotional, mental health, and academic needs through approaches that are inclusive with regard to race, ethnicity, culture, language, and disability status (CPP2(c)).

37. Please discuss any progress on promoting educational equity and adequacy in resources and opportunity for underserved students (CPP3(a)).

38. Please discuss any progress on examining the sources of inequity and inadequacy and implementing responses (CPP3(b)).

39. Please discuss any progress on taking a systemic evidence-based approach to improving outcomes for underserved students in the following priority area:

Establishing cross-agency partnerships, or community-based partnerships with local nonprofit organizations, businesses, philanthropic organizations, or others, to meet family well-being needs (CPP4).

Executive Summary Continued

* 40. Please select the name of this section to confirm that you have completed it.

Executive Summary

Executive Summary Continued

The complete form consists of the following eight sections:

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- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

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{{ Q40 }}
{{ Q82 }}
{{ Q97 }}
{{ Q144 }}
{{ Q149 }}
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{{ Q172 }}

* 41. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> Budget |
| <input type="radio"/> Partnerships | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Project Objective One

42. Please enter your first project objective

* 43. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- GPRA Measure 5
- GPRA Measure 6
- Not related to a GPRA measure

44. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)

Performance Measure 2 (description)

Performance Measure 3 (description)

Performance Measure 4 (description)

Performance Measure 5 (description)

Performance Measure 6 (description)

Performance Measure 7 (description)

Performance Measure 8 (description)

Performance Measure 9 (description)

Performance Measure 10 (description)

45. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

If your target and actual data are numeric counts, then please provide the count. If your

target and actual data are percentages, then please provide the percentage.

For "N/A", please enter 999.

Target 1 (performance
measure 1)

Actual Performance
Data 1 (performance
measure 1)

Target 2 (performance
measure 2)

Actual Performance
Data 2 (performance
measure 2)

Target 3 (performance
measure 3)

Actual Performance
Data 3 (performance
measure 3)

Target 4 (performance
measure 4)

Actual Performance
Data 4 (performance
measure 4)

Target 5 (performance
measure 5)

Actual Performance
Data 5 (performance
measure 5)

Target 6 (performance
measure 6)

Actual Performance
Data 6 (performance
measure 6)

Target 7 (performance
measure 7)

Actual Performance
Data 7 (performance
measure 7)

Target 8 (performance
measure 8)

Actual Performance
Data 8 (performance
measure 8)

Target 9 (performance
measure 9)

Actual Performance
Data 9 (performance
measure 9)

Target 10

(performance measure
10)

Actual Performance

Data 10 (performance
measure 10)

46. Do you have any additional project objectives to report?

Yes

No

Project Objective Two

47. Please enter your second project objective

* 48. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- GPRA Measure 5
- GPRA Measure 6
- Not related to a GPRA measure

49. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)

Performance Measure 2 (description)

Performance Measure 3 (description)

Performance Measure 4 (description)

Performance Measure 5 (description)

Performance Measure 6 (description)

Performance Measure 7 (description)

Performance Measure 8 (description)

Performance Measure 9 (description)

Performance Measure 10 (description)

50. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

If your target and actual data are numeric counts, then please provide the count. If your

target and actual data are percentages, then please provide the percentage.

For "N/A", please enter 999.

Target 1 (performance
measure 1)

Actual Performance
Data 1 (performance
measure 1)

Target 2 (performance
measure 2)

Actual Performance
Data 2 (performance
measure 2)

Target 3 (performance
measure 3)

Actual Performance
Data 3 (performance
measure 3)

Target 4 (performance
measure 4)

Actual Performance
Data 4 (performance
measure 4)

Target 5 (performance
measure 5)

Actual Performance
Data 5 (performance
measure 5)

Target 6 (performance
measure 6)

Actual Performance
Data 6 (performance
measure 6)

Target 7 (performance
measure 7)

Actual Performance
Data 7 (performance
measure 7)

Target 8 (performance
measure 8)

Actual Performance
Data 8 (performance
measure 8)

Target 9 (performance
measure 9)

Actual Performance
Data 9 (performance
measure 9)

Target 10

(performance measure
10)

Actual Performance

Data 10 (performance
measure 10)

51. Do you have any additional project objectives to report?

Yes

No

Project Objective Three

52. Please enter your third project objective

* 53. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- GPRA Measure 5
- GPRA Measure 6
- Not related to a GPRA measure

54. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)

Performance Measure 2 (description)

Performance Measure 3 (description)

Performance Measure 4 (description)

Performance Measure 5 (description)

Performance Measure 6 (description)

Performance Measure 7 (description)

Performance Measure 8 (description)

Performance Measure 9 (description)

Performance Measure 10 (description)

55. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

If your target and actual data are numeric counts, then please provide the count. If your

target and actual data are percentages, then please provide the percentage.

For "N/A", please enter 999.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10

(performance measure
10)

Actual Performance

Data 10 (performance
measure 10)

56. Do you have any additional project objectives to report?

Yes

No

Project Objective Four

57. Please enter your fourth project objective

* 58. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- GPRA Measure 5
- GPRA Measure 6
- Not related to a GPRA measure

59. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)

Performance Measure 2 (description)

Performance Measure 3 (description)

Performance Measure 4 (description)

Performance Measure 5 (description)

Performance Measure 6 (description)

Performance Measure 7 (description)

Performance Measure 8 (description)

Performance Measure 9 (description)

Performance Measure 10 (description)

60. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

If your target and actual data are numeric counts, then please provide the count. If your

target and actual data are percentages, then please provide the percentage.

For "N/A", please enter 999.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10

(performance measure
10)

Actual Performance

Data 10 (performance
measure 10)

61. Do you have any additional project objectives to report?

Yes

No

Project Objective Five

62. Please enter your fifth project objective

* 63. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- GPRA Measure 5
- GPRA Measure 6
- Not related to a GPRA measure

64. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)

Performance Measure 2 (description)

Performance Measure 3 (description)

Performance Measure 4 (description)

Performance Measure 5 (description)

Performance Measure 6 (description)

Performance Measure 7 (description)

Performance Measure 8 (description)

Performance Measure 9 (description)

Performance Measure 10 (description)

65. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

If your target and actual data are numeric counts, then please provide the count. If your

target and actual data are percentages, then please provide the percentage.

For "N/A", please enter 999.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10

(performance measure
10)

Actual Performance

Data 10 (performance
measure 10)

66. Do you have any additional project objectives to report?

Yes

No

Project Objective Six

67. Please enter your sixth project objective

* 68. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- GPRA Measure 5
- GPRA Measure 6
- Not related to a GPRA measure

69. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)

Performance Measure 2 (description)

Performance Measure 3 (description)

Performance Measure 4 (description)

Performance Measure 5 (description)

Performance Measure 6 (description)

Performance Measure 7 (description)

Performance Measure 8 (description)

Performance Measure 9 (description)

Performance Measure 10 (description)

70. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

If your target and actual data are numeric counts, then please provide the count. If your

target and actual data are percentages, then please provide the percentage.

For "N/A", please enter 999.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10

(performance measure
10)

Actual Performance

Data 10 (performance
measure 10)

71. Do you have any additional project objectives to report?

Yes

No

Project Objective Seven

72. Please enter your seventh project objective

* 73. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- GPRA Measure 5
- GPRA Measure 6
- Not related to a GPRA measure

74. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)

Performance Measure 2 (description)

Performance Measure 3 (description)

Performance Measure 4 (description)

Performance Measure 5 (description)

Performance Measure 6 (description)

Performance Measure 7 (description)

Performance Measure 8 (description)

Performance Measure 9 (description)

Performance Measure 10 (description)

75. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

If your target and actual data are numeric counts, then please provide the count. If your

target and actual data are percentages, then please provide the percentage.

For "N/A", please enter 999.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10

(performance measure
10)

Actual Performance

Data 10 (performance
measure 10)

76. Do you have any additional project objectives to report?

Yes

No

Project Objective Eight

77. Please enter your eighth project objective

* 78. Which GPRA measure(s) is/are this project objective aligned with?

Select all that apply

- GPRA Measure 1
- GPRA Measure 2
- GPRA Measure 3
- GPRA Measure 4
- GPRA Measure 5
- GPRA Measure 6
- Not related to a GPRA measure

79. Please list the names/descriptions of each of the performance measures under this project objective.

Performance Measure 1 (description)

Performance Measure 2 (description)

Performance Measure 3 (description)

Performance Measure 4 (description)

Performance Measure 5 (description)

Performance Measure 6 (description)

Performance Measure 7 (description)

Performance Measure 8 (description)

Performance Measure 9 (description)

Performance Measure 10 (description)

80. Please list all of the numeric targets and corresponding actual performance data for each of the performance measures under this project objective.

If your target and actual data are numeric counts, then please provide the count. If your

target and actual data are percentages, then please provide the percentage.

For "N/A", please enter 999.

Target 1 (performance measure 1)

Actual Performance Data 1 (performance measure 1)

Target 2 (performance measure 2)

Actual Performance Data 2 (performance measure 2)

Target 3 (performance measure 3)

Actual Performance Data 3 (performance measure 3)

Target 4 (performance measure 4)

Actual Performance Data 4 (performance measure 4)

Target 5 (performance measure 5)

Actual Performance Data 5 (performance measure 5)

Target 6 (performance measure 6)

Actual Performance Data 6 (performance measure 6)

Target 7 (performance measure 7)

Actual Performance Data 7 (performance measure 7)

Target 8 (performance measure 8)

Actual Performance Data 8 (performance measure 8)

Target 9 (performance measure 9)

Actual Performance Data 9 (performance measure 9)

Target 10
(performance measure
10)

Actual Performance
Data 10 (performance
measure 10)

Project Objectives Continued

81. Have you provided complete data on your performance measures for the current grant year?

By "data," we mean performance measure targets and evidence for meeting those targets.

- Yes
- No
- If you have not provided complete data, when will the data be available and submitted to the Department?
Please enter the date in the following format: MM/DD/YYYY.

Project Objectives Continued

* 82. Please select the name of this section to confirm that you have completed it.

Project Objectives

Project Objectives Continued

The complete form consists of the following eight sections:

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- Budget

You have completed the following sections:

{{ Q18 }}
{{ Q40 }}
{{ Q82 }}
{{ Q97 }}
{{ Q144 }}
{{ Q149 }}
{{ Q159 }}
{{ Q172 }}

* 83. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Executive Summary | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> Budget |
| <input type="radio"/> Partnerships | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Participating School Districts and Schools

84. Below, please enter the following information for each of the school districts you are working with: District Name; NCES ID; Indication of whether you have an MOU with the district.

District One Name

District One NCES ID

District One MOU?
Please enter "Yes" or "No".

District Two Name

District Two NCES ID

District Two MOU?
Please enter "Yes" or "No".

District Three Name

District Three NCES ID

District Three MOU?
Please enter "Yes" or "No".

District Four Name

District Four NCES ID

District Four MOU?
Please enter "Yes" or "No".

District Five Name

District Five NCES ID

District Five MOU?
Please enter "Yes" or "No".

District Six Name

District Six NCES ID

District Six MOU?
Please enter "Yes" or "No".

District Seven Name

District Seven NCES ID

District Seven MOU?
Please enter "Yes" or "No".

District Eight Name

District Eight NCES ID

District Eight MOU?
Please enter "Yes" or
"No".

District Nine Name

District Nine NCES ID

District Nine MOU?
Please enter "Yes" or
"No".

District Ten Name

District Ten NCES ID

District Ten MOU?
Please enter "Yes" or
"No".

85. Do you have any additional participating districts to report?

Yes

No

Participating School Districts and Schools Continued

86. Below, please enter the following information for each of the school districts you are working with: District Name; NCES ID; Indication of whether you have an MOU with the district.

District Eleven Name

District Eleven NCES ID

District Eleven MOU?
Please enter "Yes" or "No".

District Twelve Name

District Twelve NCES ID

District Twelve MOU?
Please enter "Yes" or "No".

District Thirteen Name

District Thirteen NCES ID

District Thirteen MOU? Please enter "Yes" or "No".

District Fourteen Name

District Fourteen NCES ID

District Fourteen MOU? Please enter "Yes" or "No".

District Fifteen Name

District Fifteen NCES ID

District Fifteen MOU?
Please enter "Yes" or "No".

District Sixteen Name

District Sixteen NCES ID

District Sixteen MOU?
Please enter "Yes" or "No".

District Seventeen Name

District Seventeen
NCES ID

District Seventeen
MOU? Please enter
"Yes" or "No".

District Eighteen
Name

District Eighteen
NCES ID

District Eighteen
MOU? Please enter
"Yes" or "No".

District Nineteen
Name

District Nineteen
NCES ID

District Nineteen
MOU? Please enter
"Yes" or "No".

District Twenty Name

District Twenty NCES
ID

District Twenty MOU?
Please enter "Yes" or
"No".

87. Do you have any additional participating districts to report?

Yes

No

Participating School Districts and Schools Continued

88. Below, please enter the following information for each of the school districts you are working with: District Name; NCES ID; Indication of whether you have an MOU with the district.

District Twenty-One Name

District Twenty-One NCES ID

District Twenty-One MOU? Please enter "Yes" or "No".

District Twenty-Two Name

District Twenty-Two NCES ID

District Twenty-Two MOU? Please enter "Yes" or "No".

District Twenty-Three Name

District Twenty-Three NCES ID

District Twenty-Three MOU? Please enter "Yes" or "No".

District Twenty-Four Name

District Twenty-Four NCES ID

District Twenty-Four MOU? Please enter "Yes" or "No".

District Twenty-Five Name

District Twenty-Five NCES ID

District Twenty-Five MOU? Please enter "Yes" or "No".

District Twenty-Six Name

District Twenty-Six NCES ID

District Twenty-Six MOU? Please enter "Yes" or "No".

District Twenty-Seven
Name

District Twenty-Seven
NCES ID

District Twenty-Seven
MOU? Please enter
"Yes" or "No".

District Twenty-Eight
Name

District Twenty-Eight
NCES ID

District Twenty-Eight
MOU? Please enter
"Yes" or "No".

District Twenty-Nine
Name

District Twenty-Nine
NCES ID

District Twenty-Nine
MOU? Please enter
"Yes" or "No".

District Thirty Name

District Thirty NCES
ID

District Thirty MOU?
Please enter "Yes" or
"No".

89. If you have additional participating districts to report, please upload either a single Word or PDF document which lists all of the district names, their NCES IDs, and whether you have an MOU with the district.

Choose File

Choose File

No file chosen

Participating School Districts and Schools Continued

90. Below, please enter the following information for each of the schools you are working with: School Name; NCES ID; Indication of whether you have an MOU with the school.

School One Name

School One NCES ID

School One MOU?
Please enter "Yes" or "No".

School Two Name

School Two NCES ID

School Two MOU?
Please enter "Yes" or "No".

School Three Name

School Three NCES ID

School Three MOU?
Please enter "Yes" or "No".

School Four Name

School Four NCES ID

School Four MOU?
Please enter "Yes" or "No".

School Five Name

School Five NCES ID

School Five MOU?
Please enter "Yes" or "No".

School Six Name

School Six NCES ID

School Six MOU?
Please enter "Yes" or "No".

School Seven Name

School Seven NCES ID

School Seven MOU?
Please enter "Yes" or "No".

School Eight Name

School Eight NCES ID

School Eight MOU?

Please enter "Yes" or
"No".

School Nine Name

School Nine NCES ID

School Nine MOU?

Please enter "Yes" or
"No".

School Ten Name

School Ten NCES ID

School Ten MOU?

Please enter "Yes" or
"No".

91. Do you have any additional participating schools to report?

Yes

No

Participating School Districts and Schools Continued

92. Below, please enter the following information for each of the school districts you are working with: School Name; NCES ID; Indication of whether you have an MOU with the school.

School Eleven Name

School Eleven NCES ID

School Eleven MOU?
Please enter "Yes" or "No".

School Twelve Name

School Twelve NCES ID

School Twelve MOU?
Please enter "Yes" or "No".

School Thirteen Name

School Thirteen NCES ID

School Thirteen MOU?
Please enter "Yes" or "No".

School Fourteen Name

School Fourteen NCES ID

School Fourteen MOU?
Please enter "Yes" or "No".

School Fifteen Name

School Fifteen NCES ID

School Fifteen MOU?
Please enter "Yes" or "No".

School Sixteen Name

School Sixteen NCES ID

School Sixteen MOU?
Please enter "Yes" or "No".

School Seventeen Name

School Seventeen NCES ID

School Seventeen
MOU? Please enter
"Yes" or "No".

School Eighteen Name

School Eighteen NCES
ID

School Eighteen
MOU? Please enter
"Yes" or "No".

School Nineteen Name

School Nineteen NCES
ID

School Nineteen
MOU? Please enter
"Yes" or "No".

School Twenty Name

School Twenty NCES
ID

School Twenty MOU?
Please enter "Yes" or
"No".

93. Do you have any additional participating schools to report?

Yes

No

Participating School Districts and Schools Continued

94. Below, please enter the following information for each of the school districts you are working with: School Name; NCES ID; Indication of whether you have an MOU with the school.

School Twenty-One Name

School Twenty-One NCES ID

School Twenty-One MOU? Please enter "Yes" or "No".

School Twenty-Two Name

School Twenty-Two NCES ID

School Twenty-Two MOU? Please enter "Yes" or "No".

School Twenty-Three Name

School Twenty-Three NCES ID

School Twenty-Three MOU? Please enter "Yes" or "No".

School Twenty-Four Name

School Twenty-Four NCES ID

School Twenty-Four MOU? Please enter "Yes" or "No".

School Twenty-Five Name

School Twenty-Five NCES ID

School Twenty-Five MOU? Please enter "Yes" or "No".

School Twenty-Six Name

School Twenty-Six NCES ID

School Twenty-Six MOU? Please enter "Yes" or "No".

School Twenty-Seven
Name

School Twenty-Seven
NCES ID

School Twenty-Seven
MOU? Please enter
"Yes" or "No".

School Twenty-Eight
Name

School Twenty-Eight
NCES ID

School Twenty-Eight
MOU? Please enter
"Yes" or "No".

School Twenty-Nine
Name

School Twenty-Nine
NCES ID

School Twenty-Nine
MOU? Please enter
"Yes" or "No".

School Thirty Name

School Thirty NCES ID

School Thirty MOU?
Please enter "Yes" or
"No".

95. If you have additional participating schools to report, please upload either a single Word or PDF document which lists all of the school names, their NCES IDs, and whether you have an MOU with the school.

Choose File

Choose File

No file chosen

Participating School Districts and Schools Continued

96. Please combine all of the MOUs that you have signed with any and all school districts and schools into one Word or PDF document. The resulting document should contain all of the current MOUs with your district and school partners.

Then, please upload this Word or PDF document.

Please upload all MOUs in a single Word or PDF document. The file name should be in the following format:

Grantee Name_Reporting Year_District-School MOUs

Choose File

Choose File

No file chosen

Participating School Districts and Schools Continued

* 97. Please select the name of this section to confirm that you have completed it.

Participating School Districts and Schools

Participating School Districts and Schools Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q18 }}
{{ Q40 }}
{{ Q82 }}
{{ Q97 }}
{{ Q144 }}
{{ Q149 }}
{{ Q159 }}
{{ Q172 }}

* 98. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Executive Summary | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Project Objectives | <input type="radio"/> Budget |
| <input type="radio"/> Partnerships | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Partnership One

99. Please provide the name of your first partner.

100. What type of partner is this?

101. Is this partner also a subcontractor?

- Yes
 No

102. Do you have an MOU with this partner?

- Yes
 No

Partnership One Continued

103. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership One Continued

104. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

105. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

Direct

In-Kind

106. What performance measures did this partner's work relate to? Please list all the measures that apply.

107. Do you have any additional partnerships to report?

- Yes
- No

Partnership Two

108. Please provide the name of your second partner.

109. What type of partner is this?

110. Is this partner also a subcontractor?

Yes

No

111. Do you have an MOU with this partner?

Yes

No

Partnership Two Continued

112. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership Two Continued

113. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

114. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

Direct

In-Kind

115. What performance measures did this partner's work relate to? Please list all the measures that apply.

116. Do you have any additional partnerships to report?

- Yes
- No

Partnership Three

117. Please provide the name of your third partner.

118. What type of partner is this?

119. Is this partner also a subcontractor?

- Yes
 No

120. Do you have an MOU with this partner?

- Yes
 No

Partnership Three Continued

121. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership Three Continued

122. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

123. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

Direct

In-Kind

124. What performance measures did this partner's work relate to? Please list all the measures that apply.

125. Do you have any additional partnerships to report?

- Yes
- No

Partnership Four

126. Please provide the name of your fourth partner.

127. What type of partner is this?

128. Is this partner also a subcontractor?

- Yes
 No

129. Do you have an MOU with this partner?

- Yes
 No

Partnership Four Continued

130. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership Four Continued

131. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

132. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

Direct

In-Kind

133. What performance measures did this partner's work relate to? Please list all the measures that apply.

134. Do you have any additional partnerships to report?

- Yes
- No

Partnership Five

135. Please provide the name of your fifth partner.

136. What type of partner is this?

137. Is this partner also a subcontractor?

- Yes
 No

138. Do you have an MOU with this partner?

- Yes
 No

Partnership Five Continued

139. Please upload the MOU.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Partner Name MOU

Choose File

Choose File

No file chosen

Partnership Five Continued

140. What type of contribution did the partner make? Select all that apply.

Please see the APR Guide for examples of these types of contributions.

- Service
- Expertise
- Funds
- Materials

Please describe the partner's contribution in services, expertise, funds, and/or materials.

141. What was the monetary value of the partner's contribution?

Please do not include any non-numeric characters in your answer.

Direct

In-Kind

142. What performance measures did this partner's work relate to? Please list all the measures that apply.

143. If you have additional partners to report, please upload a Word or PDF document which provides an answer to each question on the previous four survey pages for each one of your additional partners.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Period_Additional Partnership Information

Choose File

Choose File

No file chosen

Partnerships Continued

* 144. Please select the name of this section to confirm that you have completed it.

Partnerships

Partnerships Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q18 }}

{{ Q40 }}

{{ Q82 }}

{{ Q97 }}

{{ Q144 }}

{{ Q149 }}

{{ Q159 }}

{{ Q172 }}

* 145. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Executive Summary | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Project Objectives | <input type="radio"/> Budget |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Advisory Committee Members

146. How many members do you have on your advisory committee as of the end of the reporting period?

147. How many advisory committee members belong to each of the following categories?

Each member can only be in one of these categories.

The sum of the categories must equal the number you entered for the previous question.

Parent representatives?

Education professionals with expertise in disadvantaged children

Representatives of elementary and secondary institutions, including students

Representatives from an SEA or an LEA

Community partners (e.g. other youth/family serving non-profit)?

Members of the business/corporate sector?

Part of local government?

Other

148. How many times did the advisory committee meet during the grant year?

Advisory Committee Members Continued

* 149. Please select the name of this section to confirm that you have completed it.

Advisory Committee Members

Advisory Committee Members Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q18 }}
{{ Q40 }}
{{ Q82 }}
{{ Q97 }}
{{ Q144 }}
{{ Q149 }}
{{ Q159 }}
{{ Q172 }}

* 150. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Partnerships |
| <input type="radio"/> Executive Summary | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Project Objectives | <input type="radio"/> Budget |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Local Evaluation

151. Please provide the name of the individual or organization conducting your local evaluation.

152. Please provide your local evaluator's email address.

153. Please provide your local evaluator's phone number (example: 1234567890).

154. Please upload the local evaluation plan as a Word document or PDF.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Year_Local Evaluation Plan

Choose File

Choose File

No file chosen

155. Does the local evaluation plan do the following? Select all that apply.

Please see the APR Guide manual for more details on these components of an evaluation plan.

- Meet evidence of promise design requirements?
- Align with your approved grant application?
- Specify the activities, timelines and benchmarks for conducting the evaluation?
- Include the five core components of an evaluation plan (description of study intervention, research questions, measurement, analysis approach, and plan for disseminating and sharing findings).

Please elaborate if necessary

156. Has your SFEC identified the study sample?

- Yes
- No

Local Evaluation Continued

157. Has your SFEC selected or assigned treatment and comparison groups?

Yes

No

Local Evaluation Continued

158. If you developed a study report (interim or final) in the current grant year please upload the report as a Word or PDF document.

Please upload a single Word or PDF document. The file name should be in the following format: Grantee Name_Reporting Period_Study Report

Please note that at least one report demonstrating that the study meets evidence of promise design specifications (which includes a description of the intervention, design, measures, analysis, and findings) should be completed and uploaded during the grant cycle.

Please see the APR Guide for more details on the evidence of promise design specifications.

Choose File

Choose File

No file chosen

Local Evaluation Continued

* 159. Please select the name of this section to confirm that you have completed it.

Local Evaluation

Local Evaluation Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q18 }}
{{ Q40 }}
{{ Q82 }}
{{ Q97 }}
{{ Q144 }}
{{ Q149 }}
{{ Q159 }}
{{ Q172 }}

* 160. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Partnerships |
| <input type="radio"/> Executive Summary | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Budget |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

Budget

161. Please provide the dollar value of each of the following budget items for the current grant year.

The dollar values should be entered without any symbols or commas. Please round all values to the nearest whole number.

Personnel

Fringe Benefits

Travel

Equipment

Supplies

Contractual

Construction

Other

Total Direct Costs:
Sum of Personnel,
Fringe Benefits,
Travel, Equipment,
Supplies, Contractual,
Construction, and
Other

Indirect Costs

Training Stipends

Total Costs: Sum of
Total Direct Costs,
Indirect Costs, and
Training Stipends

Match

Funds to serve LEAs,
schools, and CBOs that
serve high
concentrations of
disadvantaged
students

Funds to establish or
expand TA for
evidence-based parent
education programs

162. For each of the budget items listed below, please provide a narrative justification for the dollar value listed for that item in the previous question.

Personnel

Fringe Benefits

Training Stipends

Travel

Equipment

Supplies

Contractual

Construction

Other

Indirect Costs

Match

Funds to serve LEAs, schools, and CBOs that serve high concentrations of disadvantaged students

Funds to establish or expand TA for evidence-based parent education programs

Budget Continued

163. Do you expect to have any unexpended funds at the end of the current grant year?

Yes

No

Budget Continued

164. Please explain why you expect to have unexpended funds at the end of the current grant year.

165. Please provide an estimate of the dollar value you expect to have in unexpended funds.

Please do not include any non-numeric characters in your answer.

166. Please describe how you plan to use the unexpended funds (carryover) in the next grant year.

Budget Continued

167. Did you expend funds at the expected rate during the current grant year?

Yes

No

Budget Continued

168. Please explain why you did not expend funds at the expected rate during the current grant year.

Budget Continued

169. Have funds been drawn down from the G5 system to pay for the budget expenditure amounts reported in the following items on the ED 524B Cover Sheet?

Previous Grant Year - Federal Grant Funds; Non-Federal Funds (Match/Cost Share)

Current Grant Year - Federal Grant Funds; Non-Federal Funds (Match/Cost Share)

Yes

No

Budget Continued

170. Please explain why funds have not been drawn down from the G5 system.

Budget Continued

* 172. Please select the name of this section to confirm that you have completed it.

Budget

Budget Continued

The complete form consists of the following eight sections:

- Cover Sheet
- Executive Summary
- Project Objectives
- Participating School Districts and Schools
- Partnerships
- Advisory Committee Members
- Local Evaluation
- Budget

You have completed the following sections:

{{ Q18 }}
{{ Q40 }}
{{ Q82 }}
{{ Q97 }}
{{ Q144 }}
{{ Q149 }}
{{ Q159 }}
{{ Q172 }}

* 173. Which section would you like to work on or modify next?

- | | |
|--|---|
| <input type="radio"/> Cover Sheet | <input type="radio"/> Partnerships |
| <input type="radio"/> Executive Summary | <input type="radio"/> Advisory Committee Members |
| <input type="radio"/> Project Objectives | <input type="radio"/> Local Evaluation |
| <input type="radio"/> Participating School Districts and Schools | <input type="radio"/> None. I have completed all of the sections and am ready to submit my responses. |

End of Form

THANK YOU FOR COMPLETING THE FORM.