U.S. DEPARTMENT OF EDUCATION

Washington, D.C. 20202

**GRADUATE ASSISTANCE IN AREAS OF NATIONAL NEED (GAANN) PROGRAM**

**(Title VII, Part A, Higher Education Act of 1965, as amended)**

**INSTRUCTIONS FOR COMPLETING THE FINAL PERFORMANCE REPORT**

**DISCLOSURE OF 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 1804-0748.  Public reporting burden for this collection of information is estimated to average 12 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 (Title VII, Part A, Subpart 2, Section 711 of the Higher Education Act of 1965, as amended).  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 GAANN Program, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202 directly.

**GENERAL INFORMATION**

Reporting Requirements – **The final performance report and the SF 425 FFR must be submitted no later than 120 calendar days after the end of the performance end date.** Grantees are also required to submit a supplement to the final performance report two years after the expiration of their GAANN grant. The purpose of this supplement is to identify and report the educational and employment outcome of each GAANN fellow. Submission of these reports is required under the Education Department General Administrative Regulations (EDGAR) volume 75.590, 75.720, and 75.730-732 and under 2 CFR 200.328 (Financial reporting) and 2 CFR 200.239 (Monitoring and reporting program performance). The information you provide is voluntary, however, you will need to fill in all the fields in order for the performance report to be complete, unless noted otherwise. While your information will not be disclosed outside of the Department, there may be circumstances where information may be shared with a third party, such as a Freedom of Information Act request, court order or subpoena, or if a breach or security incident would occur affecting the system.

Format of performance report – You must complete and submit the report electronically. Prior to submitting the report, you will receive a letter containing the website with instructions for completing the report online.

# DEFINITIONS

Budget Period - A one-year interval of time within a project period, which exists for budget reporting purposes.

Cumulative - From the grant’s first budget period to date.

Project Period - The three-year period of time that is the total length of the GAANN grant.

**Note: Future funding or other benefits may be withheld under this program unless all**

**required reports are completed and filed as mandated under the U.S. Code of Federal Regulations**.

**GAANN PROGRAM**

**FINAL PERFORMANCE REPORT**

**FISCAL YEAR XXXX - XXXX**

Section I: Grantee Information

**Instructions:** Please complete all information requested in this section.

General Information

Grant Number: P200A

Institution Name:

Department/Program:

Highest degree awarded in the course of study:

□ Master’s Degree

□ Doctorate/Other Postbaccalaureate/Professional Degree

Address:

City, State, Zip Code:

Project Director Name:

Telephone Number:

Fax Number:

Email Address:

Data Entry Person:

(Optional)

Data Entry Phone Number:

Data Entry Email Address:

Budget Period:

**Performance Data**

Total number of GAANN fellowships originally awarded to the recipient

Self-populate

Department.

Total number of GAANN fellowship stipends awarded to fellows only using

federal GAANN funds this budget period.

Total number of GAANN fellowship stipends awarded to fellows using

matching/cost-share funds this budget period (if none, enter zero).

Total number of GAANN fellowship stipends awarded to fellows using a

combination of matching/cost-share funds and federal GAANN funds

this budget period (if none, enter zero).

**Fiscal Data**

Instructions: Enter data for 1) the reporting period and 2) the cumulative budget for this project.

|  |  |  |
| --- | --- | --- |
|  | **Current Reporting Period**  (funds spent to date for the current budget year) | **Cumulative Budget**  (from grant inception to current date) |
| Federal funds expended | $ | $ |
| Matching/cost-share funds expended | $ | $ |
| Federal funds remaining | $ | $ |

GAANN Annual Performance Report

Section II: Individual Fellow Data

Instructions: The electronic report will prompt you to complete the information requested in this section. You will be required to enter the requested data into the system for each individual GAANN fellow.

General Information

**1) Fellow’s Name:**

Last Name First Name

**2) Institution:**

**3) Department:**

**4) Grant Award Number:**

**5) Gender:** □ Male □ Female □ Nonbinary □ Unknown

**6) Is the fellow a U.S. Citizen or Permanent Resident?**

□ Yes □ No

**7) Year and term fellow entered institution’s graduate program.**

Term Year

**8) Ethnicity** (Select one) **Race** (Select one or more)

□ Hispanic or Latino □ American Indian or Alaska Native

□ Not Hispanic or Latino □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander

□ White

**Program of Study**

**9) Field of Study** (Check/Select one)

Select fellow’s designated GAANN field of study.

□ Biology (Biological Sciences/Life Sciences)

□ Chemistry

□ Computer and Information Sciences

□ Education

□ Engineering

□ Interdisciplinary

□ Mathematics

□ Multidisciplinary

□ Physical Sciences

□ Physics

□Psychology

**10) Sub-discipline**

Enter the most commonly used name for the fellow’s sub-discipline. For example: biochemistry, civil engineering, organic chemistry.

**Status**

**11) What is the fellow’s current education status?** (Check/Select one)

**Master’s Degree programs:**

□ Is enrolled in the designated area of national need

□ Has received a Master’s degree in the designated area of national need

**If fellow has received Master’s degree, specify month and year of graduation**

**Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Left for academic reasons

□ Left for non-academic reasons (personal or other reason)

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctorate/Other Postbaccalaureate/Professional Degree programs:**

□ Is enrolled in the designated area of national need but not yet advanced to candidacy

□ Left graduate school after completing Master’s degree in the designated area of national need

□ Has passed prelims and advanced to candidacy in the designated area of national need

□ Has received the doctorate degree in the designated area of national need

**If fellow has received the degree, specify month and year of graduation**

**Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Left for academic reasons

□ Left for non-academic reasons (personal or other reason)

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12) If the fellow has graduated, what is the fellow’s employment status in the area of their studies within one year of graduation?** (Check/Select one)

□ Tenure-track teaching job

□ Post-doctoral fellowship

□ Private industry

□ Working in government agency

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervised Teaching Experience**

**13) Has this fellow completed his/her supervised teaching experience requirement this reporting period?**

□ Yes □ No

**If “Yes”, please provide information in the text box below how you were able to comply with the following regulatory requirements:**

1. providing the fellow with adequate instruction on effective teaching techniques;
2. providing extensive supervision of the fellow’s teaching performance; and
3. providing adequate and appropriate evaluation of the fellow’s teaching performance.

**Please provide a description of the experience in the text box below.**

**If “No”, please state when this requirement will be fulfilled.**

**Note**: If the fellow has completed the supervised teaching experience prior to receiving a GAANN fellowship, please specify how they met the three regulatory requirements referenced above.

**Financial Need**

**Financial need is determined each year on the basis of the requirements for need analysis prescribed by Title IV, Part F of the Higher Education Act of 1965, as amended.** **Please consult your institution’s financial aid office for information or questions regarding the determination of financial need. Please note that, for GAANN purposes, tuition and fees are excluded from the fellow’s cost of attendance (COA) in most every case because the fellowship includes an institutional payment that is provided in lieu of tuition and fees normally charged to the student. The preferred method for calculating the COA and thus, financial need for a GAANN fellow is to exclude tuition and fees because of the institutional payment. However, an institution may need to report the tuition and fees amount as part of COA under certain circumstances, such as a State’s requirement that even waived tuition charges must be posted to the student’s account. In this situation, the amount of the institutional payment must be included as part of the amount that goes to meet that fellow’s financial need. How an institution determines a GAANN fellow’s COA can affect reporting of financial need and the resources used to meet that need.**

**14) What was the total COA for the current budget period?** **Enter the COA at the time of the fellow’s need determination for the current budget period.**

$

**15) If tuition and fees were added to the COA, please enter the amount of tuition and fees for the fellow for the budget period year.**

$

**16) At the time of need determination, what was the fellow’s student aid index (SAI) number?**

$

**17) What was the fellow’s financial need at the time of need determination?**

$

**Note:** Financial need = Total COA – tuition and fees (if they were included in determining a fellow’s financial need) – SAI

**Fellow’s Stipend**

**18) What is the source of this GAANN fellow’s stipend?** (Check one)

□ Entirely from federal GAANN funds

□ Entirely from matching/cost-share funds

□ A combination of federal GAANN and matching funds

**19) What is the amount of the fellow’s stipend for the current budget period?** This is the stipend amount provided directly to the fellow from either federal GAANN funds, matching/cost-share funds, or a combination of federal GAANN and matching/cost-share funds.

**Note:** Remember the fellow’s stipend should not exceed a fellow’s demonstrated need.

$

If the fellow’s stipend does not equal demonstrated level of need, please state the reason. If remaining funds are not sufficient to pay the fellow his or her demonstrated need, how is the remaining stipend being met?

**Tuition & Fees:**

**20) Please provide a dollar value and narrative summary of the benefits provided to the fellow using the institutional payment and/or institutional match/cost-share** **funds.** This includes tuition and fee benefits.

**Previously Funded GAANN Fellows**

**21) Please describe the type of support currently being provided to this fellow**. Institutions are required to provide two additional years of support to GAANN fellows (through fellowships, assistantships, etc.). If the fellow left the program or completed the course of study and received a Master’s or PhD, this section may be left blank.

\*If there are any noteworthy activities by the fellow you may provide information here.