U.S. Department of Education
Grant Performance Report Cover Sheet (ED 524B)

OMB No. 1890 - 0004

Expiration: 10-31-2007

Check only one box per Program Office instructions.

☐ **Annual Performance Report** ☐ **Final Performance Report**

General Information

1. PR/Award #: _____ *(Block 5 of the Grant Award Notification.)*

2. NCES ID #: _____ *(See Instructions.)*

3. Project Title: _____
(Enter the same title as on the approved application.)

4. Grantee Name (*Block 1 of the Grant Award Notification.*):_____

5. Grantee Address *(See Instructions.)*

6. Project Director Name:_____Title:_____
Ph. #: ( ) _____ - _____ Ext: ( ) Fax #: ( ) _____ - _____
Email Address:_____

Reporting Period Information *(See instructions.)*

7. Reporting Period: From: _____/_____/_____ To: _____/_____/_____ (mm/dd/yyyy)

Budget Expenditures *(To be completed by your Business Office. See instructions. Also see Section B.)*

8. Budget Expenditures

	Federal Grant Funds	**Non-Federal Funds** ***(Match/Cost Share)***
a. Previous Budget Period		
b. Current Reporting Period		
c. Entire Project Period *(For Final Performance Reports only)*		

Indirect Cost Information *(To be completed by your Business Office. See instructions.)*

9. Indirect Costs
   a. Are you claiming indirect costs under this grant? ___Yes ___No
   b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federal government? ___Yes ___No
   c. If yes, provide the following information:
   Period Covered by the Indirect Cost Rate Agreement: From:_____/_____/_____ To: _____/_____/_____ (mm/dd/yyyy)
   Approving Federal agency: _____ED _____Other *(Please Specify)*:_____
   Type of Rate *(For Final Performance Reports Only)*: ____Provisional ___Final ___Other *(Please specify)*_____
   d. For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that :
   ____ Is included in your approved Indirect Cost Rate Agreement?
   ____ Complies with 34 CFR 76.564(c)(2)?

Human Subjects *(See instructions.)*

10. Annual Certification of Institutional Review Board (IRB) Approval? ___Yes ___No ___N/A

Performance Measures Status and Certification *(See instructions.)*

11. Performance Measures Status
   a. Are complete data on performance measures for the current budget period included in the Project Status Chart? ___Yes ___No
   b. If no, when will the data be available and submitted to the Department? _____/_____/_____ (mm/dd/yyyy)

12. To the best of my knowledge and belief, all data in this performance report are true and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the data.

Name of Authorized Representative:	Title:
Signature:	Date:

U.S. Department of Education
Grant Performance Report (ED 524B)
Executive Summary

OMB No. 1890 - 0004
Expiration: 10-31-2007

PR/Award #:

(See Instructions.)