

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

OMB No. 1890 - 0004

TALES OF	Check only one box per Program Office instructions.					
Annual Performance I General Information	Report Final Perfo	ormance Report	1			
1. PR/Award #: Block 5 of the Grant Award No.	otification.)	2. NCES ID #:				
3. Project Title:						
(Enter the same title as on the ap	pproved application.)					
4. Grantee Name (Block 1 of the Grant Award	Notification.):					
5. Grantee Address (See Instructions.)						
6. Project Director Name:		Title:				
Ph. #: ()						
Email Address:						
Reporting Period Information (See	instructions.)					
7. Reporting Period: From:/	/ To:		mm/dd/yyyy)			
Budget Expenditures (To be complete	ed by your Business Office	. See instructions. Also	see Section B.)			
8. Budget Expenditures			,			
	Federal Grant Fund	s Non-Federal	Funds (Match/Cost Share)			
a. Previous Budget Period						
b. Current Reporting Period						
c. Entire Project Period (For Final Performance Reports only)						
		<u> </u>				
Indirect Cost Information (To be comp	pleted by your Business Off	fice. See instructions.)				
 9. Indirect Costs a. Are you claiming indirect costs under t b. If yes, do you have an Indirect Cost Ra c. If yes, provide the following information Period Covered by the Indirect Cost Ra Approving Federal agency:E Type of Rate (For Final Performance Rep d. For Restricted Rate Programs (check on Is included in your approved Ind Complies with 34 CFR 76.564(c) 	te Agreement approved by the on: ate Agreement: From: DOther (Please Sports Only):Provisional ane) Are you using a restricted irect Cost Rate Agreement?	//To: pecify): FinalOther (Pleas				
)(=):					
Human Subjects (See instructions.)						
10. Annual Certification of Institutional Revi	iew Board (IRB) Approval?	YesNoN/A				
Performance Measures Status and Co	ertification (See instruction	ons.)				
11. Performance Measures Statusa. Are complete data on performance mb. If no, when will the data be available12. To the best of my knowledge and belief, a weaknesses concerning the accuracy, rel	and submitted to the Departm	ent?/	(mm/dd/yyyy)			
weaknesses concerning the accuracy, let	mornity, and completeness of the	ic data.				
Name of Authorized Representative:		Title:				
Signature:		Date:	Date:			



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

Expiration: 10-31-2007												
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	PR/Award#:
(See Instructions.)	

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