

## INSTRUCTIONS FOR GRANT PERFORMANCE REPORT

### PURPOSE

Recipients of multi-year discretionary grants must submit an annual performance report for each year funding has been approved in order to receive a continuation award. The performance report should demonstrate that substantial progress has been made toward meeting the project objectives and the program performance indicators. The information described in these instructions will provide the Department of Education (ED) with the information needed to determine whether recipients have done so. Additional information may be found in Sections 74.51, 75.118, 75.253, and 75.590 and 80.40 of the Education Department General Administrative Regulations (EDGAR)

### GENERAL INSTRUCTIONS

- An optional form for reporting Part I has been provided for your convenience. However the requested information may be provided in any reasonable format. You may reference sections and page numbers of the application rather than repeat the information.
- Submit an original and one copy of the grant performance report. ED program offices will notify grant recipients of the due date for submission of the performance report.
- For those programs that operate under statutes or regulations that require additional or different reporting for performance or monitoring purposes, ED program offices will inform you when this additional or different reporting should be made.

These instructions **do not apply** to the final performance report submitted after the project is completed.

### I. SPECIAL INSTRUCTIONS FOR COVER SHEET

Complete the cover page with the appropriate information. Included is additional guidance for items 5, 6 and 7.

#### 5. Performance Reporting Period

Projects that are operating in their first budget period:

- Performance reporting period is from the start of the project through 30 days before the due date of the report.

Projects that are operating in interim budget periods:

- Performance reporting period is from the end of the previous reporting period through 30 days before the due date of this report

#### 6. Cumulative Expenditures

Report your actual cumulative budget expenditures for the performance reporting period. If applicable include cumulative expenditures from current and previous budget periods.

Report the **current Federal** negotiated indirect cost rate and expiration date.

#### 7. Annual Institutional Review Board (IRB) Certification

Annual certification is required if Attachment HS1, Continuing IRB Reviews, was attached to the Grant Award Notification. Attach the IRB certification to the performance report as instructed in Attachment HS1.

## **II. EXECUTIVE SUMMARY**

Provide a one to two page Executive Summary of the grant performance report

## **III. PROJECT STATUS**

Report your progress in meeting each one of your project objectives.

Provide examples of actual accomplishments for each project objective. Accomplishments and outcomes should be quantified wherever possible.

Report your project performance on established program performance indicators/measures.

Explain why planned objectives were not attained or why scheduled activities were not implemented.

Describe the corrective action (s) that will be taken to address the problem (s).

## **IV. BUDGET INFORMATION**

Report your actual budget expenditures for the performance reporting period in #5 on the Cover Sheet.

Provide an explanation if you are **not** expending funds at the expected rate.

Describe any significant changes to your budget resulting from modification of project activities.

Describe any anticipated changes in your operational budget for the **next** budget period.

## **V. SUPPLEMENTAL INFORMATION**

Describe any changes that you wish to make in the grant performance objectives and activities.

Provide any other appropriate information about the status of your project including any unanticipated outcomes or benefits from your project.

### **Paperwork 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 **1890 –0004**. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate (s) or suggestions for improving this form, please write to: U. S. Department of Education, Washington, D.C. 2020-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to (insert program office), U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.



### U.S. Department of Education Grant Performance Report Cover Sheet

See Block 5 on the Grant Award Notification.

1.) PR/Award No

Enter the same title as on the approved application.

2.) Project Title

Repeat from Block 1 on Grant Award Notification. If address has changed, provide the current address.

3.) Recipient Information

Name:		
Address		
City:	State:	Zip+4:

Provide the name of the project director or the contact person who is most familiar with the content of the performance report.

4.) Contact Person

Name:	
Title:	
Telephone Number:	
Fax Number:	
E-mail Address:	

Include the interval for the information requested in the performance reporting period. See instructions on page 2 for details.

5.) Performance Reporting Period

\_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy)

Report actual budget expenditures for the above performance reporting period. See instructions on page 2 for details.

6.) Cumulative Expenditures

	Federal \$	Non-Federal \$
Current Budget Period		
Previous Budget Period		
Negotiated Indirect Cost Rate: ____%		
Exp. Date: ___/___/___		

If applicable, see instructions on page 2 for details on annual IRB approval (Please circle one).

7.) Annual Certification of Institutional Review Board (IRB) Approval

Yes ____	No ____	NA ____
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Authorized Representative:

To the best of my knowledge and belief, all data in this performance report are true and correct.

Name (typed or printed):	Title:
Signature:	Date: