



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.)

Table with 3 columns: Budget Expenditures, Federal Grant Funds, Non-Federal Funds (Match/Cost Share). Rows include Previous Budget Period, Current Reporting Period, and Entire Project Period.

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:

