

U.S. Department of Education Grant Performance Report Cover Sheet (ED 524B) Check only one box per Program Office instructions. [] Annual Performance Report [] Final Performance Report

OMB No. 1894-0003 Exp. 02/28/2011

General Information			
1. PR/Award #:	2. Grantee NCES ID#:		
(Block 5 of the Grant Award Notification - 11 characters.)	(See instruct	(See instructions. Up to 12 characters.)	
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 (See instructions.) 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 Of	ffice. See instruc	tions. Also see Section B.)	
8. Budget Expenditures			
	rant Funds	Non-Federal Funds (Match/Cost Share)	
a. Previous Budget Period			
b. Current Budget Period c. Entire Project Period			
(For Final Performance Reports only)			
b. If yes, do you have an Indirect Cost Rate Agreement approve c. If yes, provide the following information: Period Covered by the Indirect Cost Rate Agreement: From Approving Federal agency:EDOther (Please spec Type of Rate (For Final Performance Reports Only):F d. For Restricted Rate Programs (check one) Are you using a	n:// cify): Provisional Fin restricted indirect of ment? B) Certification)	To:/ (mm/dd/yyyy) nal Other (Please specify): cost rate that: (See instructions.)	
10. Is the annual certification of Institutional Review Board (IRB) a	approval attached?	Yes No N/A	
Performance Measures Status and Certification (See instruction) 11. Performance Measures Status a. Are complete data on performance measures for the current because by the bound of the because of the current because the season of the current because the current because the current because the season of the current because th	oudget period include partment?/	/ (mm/dd/yyyy)	
12. To the best of my knowledge and belief, all data in this performation known weaknesses concerning the accuracy, reliability, and complete	•	and correct and the report fully discloses all	
	Title:		
Name of Authorized Representative:			
	Date:/_		
Signature:			
FD 524R		Page L of 5	



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

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	PR/Award # (11 characters):	
(See Instructions)		