

Performance Reporting Webinar

December 16, 2008

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Michelle Bechard (HHS)



Webinar Overview

- 1. The 5 "W's" of Performance Reporting
- 2. The Components of the Performance Report
- 3. Performance Reporting Tips and Pits
- 4. Questions



The 5 W's: Who?

- The Project Director prepares report with assistance from partners and evaluator
- Superintendent signs coversheet
- Report is submitted on behalf of lead LEA and other partners
- Submitted to the *U.S. Department of Education*, the *Federal Project Officer*, and <u>SSHS@samhsa.hhs.gov</u> (Technical Assistance Specialist, Communications Specialist, and National Evaluation Team)



Who Reviews the Reports?

- Federal Project Officer (FPO)
- Technical Assistant Specialist (TAS)
- Communication Specialist (CS)
- National Evaluation Team (NET)
- Interagency Policy Team (IPT)
- Administration Officials
- The public via the Freedom of Information Act (FOIA)



The 5 W's: What?

The <u>Annual Performance Report</u>

- Provides information about overall grantee progress
- Addresses all goals, objectives, performance indicators, and activities of SS/HS Comprehensive Plan
- Includes information about the budget, the evaluation, the SS/HS Partnership

The GPRA & Budget Update

- Provides information about the SS/HS GPRA measures.
- Includes information about the budget



What do I submit?

	First Annual Performance Report	GPRA & Budget Update
524B Cover Sheet	X	X
Executive Summary	X	(optional)
Section A: SS/HS Grantee GPRA Measures	Available baseline data	X
Section B: Budget Information (including Budget & Expenditures Spreadsheet)	X	X
Section C: Additional Information	X	no
Final MOA with Logic Model	Х	no
Evaluation Plan	X	no
Appendices (including current budget, current timeline, and other information)	X	no



The 5 W's: When?

First Annual Performance Report

Reporting Period: July 1, 2008 - January 31, 2009

Submitted: February 27, 2009

GPRA & Budget Update

Reporting Period: July 1, 2008 – June 30, 2009

Submitted: July 31, 2009



The 5 W's: Where?

1. Original, hard copy:

Safe Schools/Healthy Students Initiative

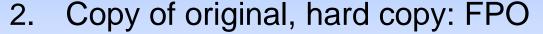
Office of Safe and Drug-Free Schools

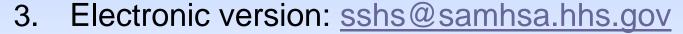
U.S. Department of Education

Potomac Center Plaza

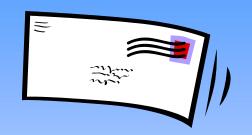
550 12thStreet, SW, Room 10065

Washington DC 20202-6450











The 5 W's: Why?

- To demonstrate project success and financial accountability
- For use by Federal staff in determining continuation awards
- To respond to requirements of the Government Performance and Results Act (GPRA)
- To provide information to support the National Evaluation of SS/HS



Why Report on Progress?

Failure to submit Annual Performance Reports and GPRA & Budget Updates will result in

- Withholding future continuation funding
- Suspension or termination of grant









How to Report on Performance?

✓ ED Form 524B and Instructions



√ "Dear Colleague" Memo



Report Components

Section	Purpose
ED 524B Cover Sheet & Executive Summary	Project identificationAssurance of compliance with Federal regulations
ED 524B Section A: Project Objectives Information & Related Performance Measures	Outcome of the six GPRA measures
ED 524B Section B: Budget Information	Financial status (narrative and spreadsheet)
ED 524B Section C: Additional Information	Narrative summaryDemonstration of substantial progress
Performance Report Appendices	Other supporting documentation



U.S. Department of Education	1
Grant Performance Report Cover Sheet	(ED 524B)

OI	MB	No	. 1	39	0	-	0	0	04	1

	Check only one	box per Program	m Office instructi	ons.	Expiration: 10-31-2007
	Annual Performance Re	port	Final Performan	ce Report	Expiration: 10-31-200)
General Informa	ation				
1. PR/Award #: [ock 5 of the Grant Award Noti;	fication.)		2. NCES ID #: See Instructions.)	
3. Project Title:					
(Ent	er the same title as on the appi	roved application.)			
4. Grantee Name (Block 1 of the Grant Award No	otification.):			
5. Grantee Address	(See Instructions.)				
6. Project Director	Name:			`itle:	
Ph. #: ()		Ex	:t:()	Fax #: ()	
Email Address:	:				
Reporting Period	d Information <i>(See in:</i>	structions.)			
7. Reporting Period	d: From:/		To:/_		mm/dd/yyyy)
Budget Expendi	tures <i>(To be completed</i>	by your Busin	iess Office. Se	e instructions. Also	see Section B.)
8. Budget Expendit	ures				
		Federal C	Frant Funds	Non-Federal I	Funds (Match/Cost Share)
a. Previous Budget	Period				
b. Current Reportin					
c. Entire Project Pe (For Final Perform	eriod nance Reports only)				
Indirect Cost Inf	ormation <i>(To be comple</i>	eted by your Bu	usiness Office.	See instructions.)	
9. Indirect Costs a. Are you claim	ning indirect costs under this	s grant?		_	YesNo
b. If yes, do you	have an Indirect Cost Rate	Agreement appr	oved by the Feder	al government?	_YesNo
c. If yes, provide	e the following information	:			
Period Covere Approving Fe	ed by the Indirect Cost Rate deral agency:ED	Agreement: Fro	om:/ r (Please Specify	/ To:):	/(mm/dd/yyyy)
Type of Rate	(For Final Performance Repor	rts Only):Pro	ovisionalF	inalOther (Please	e specify)
d. For Restricted	l Rate Programs (check one) Are you usin	g a restricted indi	rect cost rate that:	
	ded in your approved Indire	_	reement?		
Compli	es with 34 CFR 76.564(c)(2	2)?			
Human Subjects	(See instructions.)				
10. Annual Certific	ation of Institutional Review	w Board (IRB) A _l	pproval?Y	esNoN/A	
Performance Measures Status and Certification (See instructions.)					
11. Performance Me	easures Status				
a. Are comple	te data on performance mea	sures for the cun	rent budget period	l included in the Project	Status Chart?YesNo
b. If no, when	will the data be available a	nd submitted to t	he Department?	//	(mm/dd/yyyy)
12. To the best of m	v knowledge and belief, all	data in this perfo	rmance report are	true and correct and the	report fully discloses all known
	ncerning the accuracy, relial	-	-		report into anseroses an anown
_					
Name of Authorize	d Representative:			Title:	
Signature:				Date:	

ID 524B Pag



	-	ent of Education ort Cover Sheet (ED 524B)
	Check only one box per Annual Performance Report	Program Office instructions. Final Performance Report
Seneral Info	mation	

OMB No. 1890 - 0004

Check only one	box per Prog <u>ram</u> Office instruct		Expiration: 10-31-2007
Annual Performance Rep	oort Final Performar	ice Report	
General Information			
1. PR/Award #: Block 5 of the Grant Award Notifi	cation.)	2. NCES ID #: See Instructions.)	
3. Project Title:			
(Enter the same title as on the appr	oved application.)		
4. Grantee Name (Block 1 of the Grant Award No.	tification.):		
5. Grantee Address (See Instructions.)			
6. Project Director Name:		Γitle:	
Ph. #: ()	Ext: ()	Fax #: ()	
Email Address:			
7. Reporting Period	d: From: <u>07/01</u>	/2008 To: 9	
Budget Expenditures			B.)
8. Budget Expenditures			
a. Previous Budget Period	Federal Grant Funds	Non-Federal F	Funds (Match/Cost Share)
b. Current Reporting Period c. Entire Project Period			
(For Final Performance Reports only)			
Indirect Cost Information (To be comple	ted by your Business Office.	See instructions.)	
9. Indirect Costs a. Are you claiming indirect costs under this b. If yes, do you have an Indirect Cost Rate A c. If yes, provide the following information: Period Covered by the Indirect Cost Rate Approving Federal agency: Type of Rate (For Final Performance Report d. For Restricted Rate Programs (check one) Is included in your approved Indirect Complies with 34 CFR 76.564(c)(2	Agreement approved by the Federagreement: From:Other (Please Specify Sonly):ProvisionalF Are you using a restricted indict Cost Rate Agreement?	ral government? To: r:): inalOther (Please	
Human Subjects (See instructions.)			
10. Annual Certification of Institutional Review	Board (IRB) Approval?	TesNoN/A	
Performance Measures Status and Cert	ification (See instructions.)		
 11. Performance Measures Status a. Are complete data on performance meas b. If no, when will the data be available an 12. To the best of my knowledge and belief, all deveaknesses concerning the accuracy, reliable 	d submitted to the Department?	true and correct and the	(mm/dd/yyyy)
Name of Authorized Representative:		Title:	
Signature:		Date:	

24B

Page 1 of 5



524B Report Cover Sheet

Budget Expenditures (To be complete 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	(Leave blank for	first report.)
b. Current Reporting Period	(Should match GAPS report.)	
c. Entire Project Period (For Final Performance Reports only)	(Leave blank until	Final Report.)



524B Report Cover Sheet

	,
Indirect Cost Information (To be completed by your business office. See instructions	•)
9. Indirect Costs	
a. Are you claiming indirect costs under this grant?YesNo	
b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federa	1
government?YesNo	
c. If yes, provide the following information:	
Period covered by the Indirect Cost Rate Agreement: from/ to	
/(mm/dd/yy)	
Approving Federal agency:EDOther (please	
<i>specify</i>)	
Type of rate (for Final Performance Reports only):ProvisionalFinal	ıl
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)?	



10. Is

U.S. Departs Grant Performance Re	ment of Education port Cover Sheet	(ED 524B)	OMB No. 1890 - 0004
Check only one box p Annual Performance Report	Expiration: 10-31-2007		
General Information		·	
PR/Award #:	<u></u>	2. NCES ID #: See Instructions.)	
3. Project Title:	pplication.)		
4. Grantee Name (Block 1 of the Grant Award Notificat	ion.):		
5. Grantee Address (See Instructions.)			
6. Project Director Name:		Γitle:	
Ph. #: () Email Address:	Ext: ()	Fax #: ()	
Reporting Period Information (See instruct	tions.)		
7. Reporting Period: From://			
Budget Expenditures (To be completed by ye	our Business Office. Se	e instructions. Also	see Section B.)
8. Budget Expenditures			
	Federal Grant Funds	Non-Federal F	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 b	y your Business Office.	See instructions.)	
9. Indirect Costs			
a. Are you claiming indirect			YesNo
b. If			No
II	4'1 D'	D I (IDD)	(4: (° 4: 1)
Human Subjects (Annual Institu	itional Review	Roard (IKR)	Certifications)
(Sa	e instructions.)		
(Sec	e instructions.)		
Is the annual certification of Instit	tutional Review	Board (IRB)	approval attached?
	Yes	NoN/A	
Performance			
11. Performance Measures Status			
a. Are complete data on performance measures	for the current budget perio	d included in the Project	Status Chart?YesNo
b. If no, when will the data be available and sub		-	
12. To the best of my knowledge and belief, all data in weaknesses concerning the accuracy, reliability,			report fully discloses all known
Name of Authorized Representative:		Title:	
Signature:		Date:	



524B Report Cover Sheet

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 X No
 - b. If no, when will the data be available and submitted to the Department? **07/31/2009**





		eartment of Education Report Cover Sheet (1	ED 524B)	OMB No. 1890 - 0004
Check only one box per Program Office instructions. Annual Performance Report Final Performance Report Expiration: 10-31-2007				
General Inform	ation			
1. PR/Award #:	lock 5 of the Grant Award Notifi		2. NCES ID #: (See Instructions.)	
3. Project Title:	ter the same title as on the appr	oved application)		
•		tification.):		
5. Grantee Address				
		Ti	tle:	
Ph. #: () -	Ti	Fax #: ()	-
Email Address			` /	
Reporting Perio	d Information <i>(See ins</i>	tructions.)		
• 0	•	•		
		_/ To:/		
		by your Business Office. See	instructions. Also	see Section B.)
8. Budget Expendi	itures			
a Preszious Pudos	t Deriod	Federal Grant Funds	Non-Federal	Funds (Match/Cost Share)
a. Previous Budge		Federal Grant Funds	Non-Federal 1	Funds (Match/Cost Share)
b. Current Reporti	ng Period	Federal Grant Funds	Non-Federal	Funds <i>(Match/Cost Share)</i>
b. Current Reporti	ng Period	Federal Grant Funds	Non-Federal 1	Funds (Match/Cost Share)
b. Current Reporti c. Entire Project Po (For Final Perfor	ng Period eriod mance Reports only)	Federal Grant Funds ted by your Business Office. S		Funds (Match/Cost Share)
b. Current Reportic. Entire Project Po (For Final Performance Cost Inc.)	ng Period eriod mance Reports only)			Funds (Match/Cost Share)
b. Current Reportic. Entire Project Po (For Final Perfor.) Indirect Cost In: 9. Indirect Costs	ng Period eriod mance Reports only)	ted by your Business Office. S	ee instructions.)	Funds (Match/Cost Share) YesNo
b. Current Reporti c. Entire Project Po (For Final Perfor. Indirect Cost In 9. Indirect Costs a. Are you claim	ng Period eriod mance Reports only) formation <i>(To be comple</i> ning indirect costs under this	ted by your Business Office. S	ee instructions.)	,
b. Current Reporti c. Entire Project P. (For Final Perfor. Indirect Cost In. 9. Indirect Costs a. Are you claim b. If yes, do you c. If yes, provide	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this a have an Indirect Cost Rate a de the following information:	ted by your Business Office. So grant? Agreement approved by the Federa	ee instructions.)	YesNo YesNo
b. Current Reporti c. Entire Project Po (For Final Perfor. Indirect Cost In 9. Indirect Costs a. Are you claim b. If yes, do you c. If yes, provid Period Cover	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this a have an Indirect Cost Rate A de the following information: red by the Indirect Cost Rate	grant? Agreement approved by the Federa	ee instructions.)	YesNo YesNo _/ / (mm/dd/yyy
b. Current Reporti c. Entire Project Po (For Final Perfor. Indirect Cost In: 9. Indirect Costs a. Are you claim b. If yes, do you c. If yes, provid Period Cover Approving F.	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this a have an Indirect Cost Rate de the following information: red by the Indirect Cost Rate ederal agency: ED	grant? Agreement: From: / Other (Please Specify):	ee instructions.) I government?	Yes
b. Current Reporti c. Entire Project Po (For Final Perfor. Indirect Cost In 9. Indirect Costs a. Are you clain b. If yes, do you c. If yes, provid Period Cover Approving F Type of Rate	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this a have an Indirect Cost Rate a de the following information: red by the Indirect Cost Rate dedral agency: ED a (For Final Performance Report	grant? Agreement approved by the Federa	ee instructions.) I government?	Yes
b. Current Reporti c. Entire Project Po (For Final Perfor) Indirect Cost In: 9. Indirect Costs a. Are you claim b. If yes, do you c. If yes, provid Period Cover Approving For Type of Rate d. For Restricte	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this a have an Indirect Cost Rate a de the following information: red by the Indirect Cost Rate dedral agency: ED a (For Final Performance Report	grant? Agreement approved by the Federa Agreement: From: /Other (Please Specify): ts Only):ProvisionalFin	ee instructions.) I government?	Yes
b. Current Reporti c. Entire Project Po (For Final Perfor. Indirect Cost In. 9. Indirect Costs a. Are you claim b. If yes, do you c. If yes, provid Period Cover Approving For Type of Rate d. For Restricte Is inch.	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this have an Indirect Cost Rate a de the following information: red by the Indirect Cost Rate ederal agency: ED (For Final Performance Repond Rate Programs (check one)	grant? Agreement approved by the Federa Agreement: From: / Other (Please Specify): Solly): Provisional Fine	ee instructions.) I government?	Yes
b. Current Reporti c. Entire Project Po (For Final Perfor. Indirect Cost In. 9. Indirect Costs a. Are you clain b. If yes, do you c. If yes, provid Period Cover Approving F Type of Rate d. For Restricte Is inclu	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this a have an Indirect Cost Rate a de the following information: red by the Indirect Cost Rate ederal agency: (For Final Performance Report d Rate Programs (check one) aded in your approved Indire lies with 34 CFR 76.564(c)(2)	grant? Agreement approved by the Federa Agreement: From: / Other (Please Specify): Solly): Provisional Fine	ee instructions.) I government?	Yes
b. Current Reporti c. Entire Project Po (For Final Perfor. Indirect Cost In: 9. Indirect Costs a. Are you claim b. If yes, do you c. If yes, provid Period Cover Approving For Type of Rate d. For Restrict Is inclu Compl	ng Period eriod mance Reports only) formation (To be comple ming indirect costs under this a have an Indirect Cost Rate a de the following information: red by the Indirect Cost Rate ederal agency: ED a (For Final Performance Repond d Rate Programs (check one) aded in your approved Indire	grant? Agreement approved by the Federa Agreement: From: / Other (Please Specify): Solly): Provisional Fine	ee instructions.) I government?	Yes
b. Current Reporti c. Entire Project Po (For Final Perfor) Indirect Cost In: 9. Indirect Costs a. Are you clain b. If yes, do you c. If yes, provid Period Cover Approving F Type of Rate d. For Restricte Is inclu	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this n have an Indirect Cost Rate a de the following information: red by the Indirect Cost Rate ederal agency: (For Final Performance Report d Rate Programs (check one) aded in your approved Indire lies with 34 CFR 76.564(c)(2)	grant? Agreement approved by the Federa Agreement: From: / Other (Please Specify): Solly): Provisional Fine	ee instructions.) I government?	Yes
b. Current Reporti c. Entire Project Po (For Final Perfor. Indirect Cost In: 9. Indirect Costs a. Are you claim b. If yes, do you c. If yes, provid Period Cover Approving For Type of Rate Is inclu Compl Human Subjects	ng Period eriod mance Reports only) formation (To be comple ning indirect costs under this n have an Indirect Cost Rate a de the following information: red by the Indirect Cost Rate ederal agency: (For Final Performance Report d Rate Programs (check one) aded in your approved Indire lies with 34 CFR 76.564(c)(2)	grant? Agreement approved by the Federa Agreement: From: / Other (Please Specify): Solly): Provisional Fine	ee instructions.) I government?	Yes

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.

Signature, Title of Authorized Representative



Page 1 of 5



	_
	130
	E5/3
100	
	OR SERVE

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

OMB No.	1890 - 000
Expiration	: 10-31-200

R/Award#:						

(See Instructions.)

KEY POINTS

- ✓ Summary of progress made during the performance reporting period
- ✓ No more than two pages

524B Page 2 of 5







Report Components

Section	Purpose
ED 524B Cover Sheet & Executive Summary	Project identificationAssurance of compliance with Federal regulations
ED 524B Section A: Project Objectives Information & Related Performance Measures	Outcome of the six GPRA measures
ED 524B Section B: Budget Information	Financial status (narrative and spreadsheet)
ED 524B Section C: Additional Information	Narrative summaryDemonstration of substantial progress
Performance Report Appendices	Other supporting documentation



Section A: GPRA Measures

- Annual Report
 - February 27, 2009
 - Baseline data (if available)



- GPRA & Budget Update
 - July 30, 2009
 - July 1, 2008 June 30, 2009
 - Baseline data (if not provided in February 27th report)
 - Year 1 actual data (if available)



Section A: GPRA Measures

Student Victimization / Perception of School Safety

- 1. Percentage of grantees that experience a decrease in students who did not go to school on 1 or more days during the past 30 days because they felt unsafe at school or on their way to and from school.
- 2. Percentage of grantees that experience a decrease in students who have been in a physical fight on school property in the 12 months prior to the survey.



Section A: GRPA 1 Form

U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart

PR/Award #: Q184L080XXX

SECTION A:	Performance Objectives In	formation and Related 1	Performance Measur	es Data (S	See Instructions.	Use as many	pages as neces-
sary.)							

1. Project Objective [] Check if this is a status update for the previous budget period.

The district(s) will have a decrease in the percentage of students who report missing one or more days of school during the previous 30 days because they felt unsafe at school or on the way to and from school.

1. Performance Measure	Measure Type	Quantitative Data					
The percentage of students who report missing one or more	GPRA	Target			Actual	Performance	Data
days of school during the previous 30 days because they felt		Raw			Raw		
unsafe at school or on the way to and from school will de-		Number	Ratio	%	Number	Ratio	%
crease% from baseline as measured by student responses							
to finclude the specific survey or survey question used as mea-							
surement here)							

Explanation of Progress (Include Qualitative Data and Data Collection Information)



Section A: GRPA 1 Form



U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart OMB No. 1890-0004 Exp. 10-31-2007

PR/Award #: Q184L080XXX

SECTION A:	Performance Objectives	Information and Related	Performance M	easures Data (See Instructions.	Use as many pages as neo	es-
sary.)							

1. Project Objective [] Check if this is a status update for the previous budget period.

The district(s) will have a decrease in the percentage of students who report missing one or more days of school during the previous 30 days because they felt unsafe at school or on the way to and from school.

1. Performance Measure	Measure Type	Quantitative Data					
The percentage of middle school students who report missing	GPRA	Target			Actual	Performance	Data
one or more days of school during the previous 30 days		Raw			Raw		
because they felt unsafe at school or on the way to and from		Number	Ratio	%	Number	Ratio	%
school will decrease 20 % from baseline by the end of the							
project as measured by student responses to the Happy Days				6%		75/1000	7.5%
School District's annual safety and school climate survey.							

Explanation of Progress (Include Qualitative Data and Data Collection Information)

In collecting baseline data, 75 out of 1,000 middle school students responded "yes" to the question, "Have you missed one or more days of school during the previous 30 days because you felt unsafe at school or on the way to or from school?" Therefore, the actual baseline performance data percentage is 7.5%. To reduce this by 20% our annual target is 6.0%. Actual year one performance data will be submitted with the GPRA & Budget Update on July 31, 2009.

In subsequent reports the ratio and percent will be recalculated based on the annual survey.



Section A: GRPA 2 Form



U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart OMB No. 1890-0004 Exp. 10-31-2007

PR/Award #: Q184L080XXX

SECTION A:	Performance Objectives Information and Related Performance Measures Dat	a (See Instructions.	Use as many pages as neces-
sary.)			

2. Project Objective [] Check if this is a status update for the previous budget period.

The district(s) will have a decrease in the percentage of students who have been involved in a physical fight on school property during the prior twelve months.

2. Performance Measure	Measure Type	Quantitative Data					
The percentage of students involved in a physical fight on	GPRA	Target			Actual	Performance	Data
school property during the just completed school year will		Raw			Raw		
decrease by% compared to baseline as measured by <u>(in-</u>		Number	Ratio	%	Number	Ratio	%
<u>clude the specific report or source from which this data will be</u> <u>collected</u>)							

Explanation of Progress (Include Qualitative Data and Data Collection Information)

(Include definitions of physical fight being used as well as the method of collection and source of the data being reported. The data should be reported by July 31, 2009.)



Section A: GPRA Measures

Student Substance Use & Abuse:

3. Percentage of grantees that report a decrease in students who report current (30-day) marijuana use.

4. Percentage of grantees that report a decrease in students who report current (30-day) alcohol use.



Section A: GRPA 3 Form



U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart OMB No. 1890-0004 Exp. 10-31-2007

PR/Award #: Q184L080XXX

SECTION A: Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)

3. Project Objective [] Check if this is a status update for the previous budget period.

The district(s) will have a decrease in the percentage of students who report that they have used marijuana on one or more occasions during the previous 30 days.

3. Performance Measure	Measure Type	Quantitative Data					
The percentage of students who report using marijuana on one	GPRA		Target		Actual 1	Performance	Data
or more occasions during the previous 30 days will decrease% from baseline as measured by student responses to <u>(in-</u>		Raw Number	Ratio	%	Raw Number	Ratio	%
clude the specific survey or survey question used as measure- ment here)							

Explanation of Progress (Include Qualitative Data and Data Collection Information)



Section A: GRPA 3 Form

U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart

PR/Award #: Q184L080XXX

SECTION A:	Performance Objectives	Information and Related Perform	ance Measures Dat	a (See Instructions.	Use as many pages as neces
sary.)					

3. Project Objective [] Check if this is a status update for the previous budget period.

The district(s) will have a decrease in the percentage of students who report that they have used marijuana on one or more occasions during the previous 30 days.

3. Performance Measure	Measure Type	Quantitative Data					
The percentage of middle and high school students who re-	GPRA	Target			Actual Performance Data		
port using marijuana on one or more occasions during the		Raw			Raw		
previous 30 days will decrease <u>by TBD</u> % from baseline		Number	Ratio	%	Number	Ratio	%
by the end of the project as measured by student responses to the school district's annual YRBS survey.				TBD		Not yet available	TBD

Explanation of Progress (Include Qualitative Data and Data Collection Information)

The school district does not have baseline data for this GPRA measure. The question, "Have you used marijuana on 1 or more occasion during the previous 30 days?" will be included on the school district's annual YRBS survey. Because the survey is given in the spring, we will conduct a mini survey of middle and high school students on a variety of items, including marijuana usage, to determine baseline. For the past 5 years, the State average for marijuana use has been 25%. It is our goal to be below State average. The target percentage will be reviewed once baseline has been collected and analyzed to ensure that the target is reasonable. Section C will include a complete analysis of all data.



Section A: GPRA 4 Form

U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart

PR/Award #: Q184L080XXX

SECTION A:	Performance Objectives	Information and Related	l Performance Meas	sures Data (See Instructions.	Use as many	pages as neces-
sary.)							

4. Project Objective [] Check if this is a status update for the previous budget period.

The district(s) will have a decrease in the percentage of students who report that they have consumed alcohol during the previous 30 days.

			Measure Type	Performance Measure	Measure Type					
The percentage of students who report consuming alcohol on one or more occasions during the previous 30 days will decrease% from baseline as measured by student responses to finclude the specific survey or survey question used as measured by student responses surement here) GPRA Target Raw Number Ratio Number Ratio	previous 30 days will de- easured by student responses Ratio %	Raw		e or more occasions during the previous 30 days will de- case% from baseline as measured by student responses finclude the specific survey or survey question used as mea-	GPRA Raw		%	Raw		Data %

Explanation of Progress (Include Qualitative Data and Data Collection Information)



Section A: GPRA Measures

Mental Health Services Provided:

- Percentage of grantees that report an increase in the number of students receiving schoolbased mental health services.
- Percentage of grantees that report an increase in the percentage of mental health referrals for students which result in mental health services being provided in the community.



Section A: GPRA 5 Form

U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart

PR/Award #: Q184L080XXX

SECTION A:	Performance Objectives	Information and Related	l Performance Measures	Data	(See Instructions.	Use as many pag	ges as neces-
sary.)							

5. Project Objective [] Check if this is a status update for the previous budget period.

The district will have an increase in the number of students who have received school based mental health services.

5. Performance Measure	Measure Type	Quantitative Data					
The number of students who receive school based mental	GPRA		Target		Actual	Performance	Data
health services as defined below will increase by (#) from baseline as measured by <u>(include the specific report or source</u>		Raw Number	Ratio	%	Raw Number	Ratio	%
from which this data will be collected)							

Explanation of Progress (Include Qualitative Data and Data Collection Information)

(Include the definition of school based mental health services that will be used by your project in measuring this objective. Also include the time frame to which the data applies.)



Section A: GPRA 5 Form

U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart

PR/Award #: Q184L080XXX

SECTION A: Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)

5. Project Objective [] Check if this is a status update for the previous budget period.

The district will have an increase in the number of students who have received school based mental health services.

5. Performance Measure	Measure Type	Quantitative Data					
The number of elementary and middle school students who	GPRA		Target		Actual 1	Performance	Data
receive school based (i.e., on school campuses) mental health services as defined below will increase by 30 students each		Raw Number	Ratio	%	Raw Number	Ratio	%
year of the project from baseline as measured by intake forms completed by the Happy Days Mental Health Service clini-		Y1 - 112 Y2 - 142			0.5		
cians.		Y3 - 172 Y4 - 202			82		

Explanation of Progress (Include Qualitative Data and Data Collection Information)

A review of intake forms completed by the Happy Days School District's mental health services clinicians indicated that during the 2007/2008 school year that 150 students were referred for on-campus school based services but only 82 students actually received any services. With the additional staff provided by the SS/HS grant, we have set a target number for each of the 4 years of the project, as noted in the Target section above.

Mental health services are being defined as... (e.g., service provided to individual, identified small groups, or families by Qualified Mental Health Professional (QMHP), no tto include delivery of prevention curriculum in a classroom setting.)



Section A: GPRA 6 Form

U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart

PR/Award #: Q184L080XXX

SECTION A: Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)								
6. Project Objective	[] Check if this is a status update for the previous budget period.							
The district will have an inemunity.	crease in the percentage of mental health referrals for students that result in mental health services being provided in the com-							

6. Performance Measure	Measure Type	Quantitative Data					
The percentage of students referrals that result in mental	GPRA		Target		Actual 1	Performance	Data
health services being provided in the community will increase		Raw			Raw		
by% from baseline as measured by <u>(include the specific</u>		Number	Ratio	%	Number	Ratio	%
report or source from which this data will be collected)							

Explanation of Progress (Include Qualitative Data and Data Collection Information)

(Include the definition of mental health services that will be used by your project in measuring this objective. Also include the time frame to which the data applies.)



Section A: GPRA Measures

"Explanation of Progress"

- Identify the qualitative and quantitative data collected
- Identify any deviations, e.g., changes in methodology or design
- Describe findings and outcomes, activities and accomplishments
- Describe steps that will be taken if data were not collected or progress was not made
- Identify the evaluation method or instrument used
- Indicate how data are used to monitor progress



Section A: GPRA Measures

"Explanation of Progress"

- Describe findings & outcomes and activities & accomplishments;
- Describe steps that will be taken if data were not collected or progress was not made;
- Indicate how the data was used to monitor progress.
- This section should not be used to:
 - Explain lack of progress or unexpected results;
 - Describe how data was used to make program changes.



Section A: GPRA Measures





Report Components

Section	Purpose
ED 524B Cover Sheet & Executive Summary	Project identificationAssurance of compliance with Federal regulations
ED 524B Section A: Project Objectives Information & Related Performance Measures	Outcome of the six GPRA measures
ED 524B Section B: Budget Information	Financial status (narrative and spreadsheet)
ED 524B Section C: Additional Information	Narrative summaryDemonstration of substantial progress
Performance Report Appendices	Other supporting documentation



Section B: Budget Information (Narrative Format)

- List of (and explanation for) obligated or encumbered funds that have not been drawn down from GAPS to pay for approved and budgeted expenses (Please note that the amount reported as spent should match the GAPS system of reported draw downs.)
- Explanation if you did not expend funds at the expected rate during the reporting period
- Description of any significant changes to your budget resulting from modification of project activities
- Description of changes to budget that affected your ability to achieve your project activities and/or project objectives





Section B: Budget Information

Please send requests for program changes and/or budget modification requests separately—

Do <u>not</u> submit these requests with the performance report.



Budget Summary / Spreadsheet

Key Points:

- <u>Do</u> ALWAYS report cumulatively!
 - "Budgeted" columns = Sum of all approved budget expense cost categories
 - "Expended" columns = Sum of all expended funds by cost categories
- Do report by the two budgets (Elements 123 budget and Elements 45 budget)
- <u>Do</u> Report by cost categories (e.g., personnel, fringe, travel, etc.)
- Do cross-check expenditures reported on coversheet with budget summary/spreadsheet and with GAPS draw downs
- Do not report obligated or encumbered funds as expended





Budget Summary Chart or Spreadsheet



Performance Reporting: Budget Summary

Budget Spreadsheet of Expenditures by Element and Line Item

	Element 1, 2, 3		Element 4, 5		Total Expended	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
A. Personnel						
B. Fringe benefits						
C. Travel						
D. Equipment						
E. Supplies						
F. Construction						
G. Consult/contracts						
H. Other						
Total direct costs (lines A-H)						
I. Indirect costs						
TOTAL						

2007/ 2008 Federal Webinar Series for Safe Schools/Healthy Students Grantees



Performance Reporting In-Kind (Non-Federal) Contributions

- Use a second Chart/Spreadsheet
- Report by expense category total cumulative amount expended
- Do not report by Element
- Include narrative description of use of nonfederal funds



Section B: Budget Information





Report Components

Section	Purpose
ED 524B Cover Sheet & Executive Summary	Project identificationAssurance of compliance with Federal regulations
ED 524B Section A: Project Objectives Information & Related Performance Measures	Outcome of the six GPRA measures
ED 524B Section B: Budget Information	Financial status (narrative and spreadsheet)
ED 524B Section C: Additional Information	Narrative summaryDemonstration of substantial progress
Performance Report Appendices	Other supporting documentation



- 25 double spaced pages.
- Suggest follow logic model, by element.
- Summary of:
 - Early implementation of your programs;
 - Unanticipated outcomes, benefits, and challenges.



Work with your evaluator to...

- Provide a general summary of your evaluation activities in section C.
- Include data and analysis for all:
 - Process measures
 - Performance indicators
 - Six GPRA measures





- Provide a summary of the population served by the grant.
- Include evidence of collaboration and integration of grant activities into a comprehensive community approach.
- Include a summary of technical assistance received.
- Provide information about staff hired during the performance reporting period.



- Describe your management structure, and summarize the work of the core management team and any advisory committees.
- Describe your progress towards sustainability.
- Explain any difficulties with management, partnership, evaluation, and sustainability.









Report Components

Section	Purpose
ED 524B Cover Sheet & Executive Summary	Project identificationAssurance of compliance with Federal regulations
ED 524B Section A: Project Objectives Information & Related Performance Measures	Outcome of the six GPRA measures
ED 524B Section B: Budget Information	Financial status (narrative and spreadsheet)
ED 524B Section C: Additional Information	Narrative summaryDemonstration of substantial progress
Performance Report Appendices	Other supporting documentation



Appendices

First Annual Performance Report

- Required
 - Final, signed MOA and Logic Model
 - Evaluation Plan
 - Updated project timeline
 - Current approved budget
- Recommended
 - Resumes & position descriptions for new staff
 - Meeting minutes for Core Management Team
 - Communications Materials
 - Other documents requested by your FPO



Performance Report Tips

- Read and refer to the report instructions!
- Make sure that Cover Sheet is signed by the authorized representative!
- Report expenses and budgets cumulatively!
- Make sure reported expenditures match GAPS!
- Send a complete report!
- Proof read the report!
- Put page numbers on the entire report!
- Send by a source other than by regular mail!
- Send the report by the deadline date!



Performance Report Pits to Avoid

- DO NOT include with the report requests for:
 - Budget changes
 - Program changes
 - Approval of key personnel
- DO NOT include a written request for technical assistance
- DO NOT restate or repeat information provided in a previous performance report or the application;
- DO NOT provide outcome or other data without a context for review and analysis;
- DO NOT submit your report in a 3-ring binder



First report due February 27, 2009 with final, signed MOA and Logic Model + Evaluation Plan

Your Questions?





Upcoming Events – Webinars

DECEMBER 17, 2008 @ 2:30 PM EST

- -Coordinating Events with Relevant Observances
- -elisabetta.m.seratoni@macrointernational.com

DECEMBER 18, 2008 @ 3:00-4:30PM EST

-Making Social and Emotional Learning Programs Culturally Responsive www.promoteprevent.org

JANUARY 13, 2009@ 2:00PM EST

- -Family Educational Rights and Privacy Act (FERPA)
- -Protection of Pupil Rights Amendment (PPRA)
- -Human Protections
- -institutional Review Boards (IRB)
- -Expect to receive an invitation in early January



Upcoming Event – Meeting

Evaluation Meeting

- Washington DC
- January 29-30, 2009
- Project Director & Local Evaluator

Questionaire

- Please send evaluator's email address to Ben Spooner (<u>bspooner@edc.org</u>)
- Please return by 1/6/2009

