OMB No. 1894-0003
Exp. 05/31/2027

This is an example only.

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

General Information

1. PR/Award #: H250Q2400## _____
(Block 5 of the Grant Award Notification - 11 characters.)

2. Grantee NCES ID#: N/A _____
(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: 10___/01___/2024___ To: 03_____/31___/2025___ (mm/dd/yyyy)

Budget Expenditures *(To be completed 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	No data here since you're in your 1st year	No data here since you're in your 1st year
b. Current Budget Period	The amount actually expended for this reporting period	The amount actually contributed towards cost share/match for this reporting period; ensure the amount contributed meets the 10% of the total cost expended (amount expended divided by 9 = cost share/match)
c. Entire Project Period *(For Final Performance Reports only)*	N/A for six-month report	N/A for six-month report

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 If yes,
please indicate which of the following applies to your grant?

b. ___ The grantee has an Indirect Cost Rate Agreement approved by the Federal Government:
The period covered by the Indirect Cost Rate Agreement is from: ____/ _____/_____ to: ____/_____/_____ (mm/dd/yyyy)
The approving Federal agency is: ____ED ____Other *(Please specify)*: _____
The Indirect Cost Rate is _____%
The approved Indirect Cost Rate Base _____ (e.g., Modified Total Direct Costs, Salaries and Wages, or Salaries, Wages and Fringe Benefits see 34 CFR § 75.564
The Type of Rate *(For Final Performance Reports Only)* is: ___ Provisional ____ Final ___ Other *(Please specify* i.e., Fixed or Predetermined*):*

c. _____ The grantee is not a State, local government, local education agency, training program (34 CFR 75.562) recipient, or restricted program (34 CFR 75.563 and 34 CFR 76.563) recipient and is eligible to elect the de minimis rate 15% modified total direct costs in compliance with 2 CFR 200.414. If your Tribe has been approved to use the de minimis rate, then this applies to the Tribe's grant.

d. ___ The grantee is funded under a Restricted Rate Program and is using a restricted indirect cost rate that either:
___ Is included in its approved Indirect Cost Rate Agreement (34 CFR 75.563 and 34 CFR 76.563); or
___ Is not a State, local government, or local education agency that is eligible to use 34 CFR 76.564(c)(2).

e. ____ The grantee is funded under a Training Rate Program and:
___ Is eligible to use 8 percent of MTDC in compliance with 34 CFR 75.562(c); or
___ Is recovering indirect costs using its actual negotiated indirect cost rate reflected in 9(b).

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Human Subjects (Annual Institutional Review Board (IRB) Certification) *(See instructions.)*

10. Is the annual certification of Institutional Review Board (IRB) approval attached? X__Yes ___ No ___ N/A Choose N/A

Data Privacy and Security Measures Certification *(See instructions.)*

Please note that the following question pertains to programs with ***Institute of Education Sciences (IES) only***.

11. Is a statement affirming that you are aware of federal and state data security and student privacy regulations included, with supporting documentation attached? _Yes ___ No __ N/A Choose N/A

Performance Measures Status and Certification *(See instructions.)*

12. 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)

Choose "No" for question a, and enter "12/30/2025" for question b.

13. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-33812).

Furthermore, to the best of my knowledge and belief, all data in this performance report are true, complete, and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of data reported.

Title: _____

_____

Name of Authorized Representative: Signature:

_____ Date: /_____/

_____

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PR/Award # (11 characters): _____

(See Instructions)