

Sample Annual Report, ED Form 524B, Cover Sheet -- Text Only Alternative Version

General Information

1. PR/ Number #: S194P040063 *(Block 5 of the Grant Award Notification - 11 Characters.)*
2. NCES ID#: intentionally left blank *(See Instructions - Up to 12 Characters.)*
3. Project Title: Prevention Program for Youth *(Enter the same title as on the approved application.)*
4. Grantee Name: Parkwood Central School District *(Block 1 of the Grant Award Notification)*
5. Grantee Address: 6952 Broadway, Parkwood, NV 89401 *(See Instructions.)*
6. Project Director Name: John Bennett
Title: Prevention Coordinator
Ph #: (569) 555-6821 Ext: ()
Fax # : (569) 555-6822
Email Address: jbenett@parkwood.edu

Reporting Period Information *(See Instructions.)*

7. Reporting Period: From: 07/01/2003 To: 03/30/2004 (mm/dd/yyyy)

Budget Expenditures *(To be completed by your Business Office. See instructions. Also see Section B.)*

8. Budget Expenditures

Project Period	Federal Grant Funds	Non-Federal Funds <i>(Match/Cost Share)</i>
a. Previous Budget Period	\$125,784.00	\$24,759.00
b. Current Budget Period	\$116,963.00	\$20,763.00
c. Entire Project Period <i>(For Final Performance Reports only)</i>		

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: 07/01/2003 To: 06/30/2004 (mm/dd/yyyy)
Approving Federal agency: ED Other *(Please specify)*:
Type of Rate *(For Final Performance Reports Only)*: Provisional Final Other *(Please specify)*
Negotiated
 - 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? 10/15/2004 (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:

Executive Summary

PR/ Number #: S194P040063 (11 characters)

Grantee Address: 6952 Broadway, Parkwood, NV 89401

Grantee includes a one- to two-page Executive Summary here, providing highlights of the project's goals, the extent to which the expected outcomes and performance measures were achieved, and what contributions the project has made to research, knowledge, practice, and/or policy. The grantee should include the population served, if appropriate.