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OMB No.1894-0003 Exp.08/31/2020

**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 #: R372A150031
(Block 5 of the Grant Award Notification - 11 Characters.)

2. Grantee NCES ID#: 809611254
(See Instructions. Up to 12 Characters.)

* 3. Project Title: Statewide Data Systems
(Enter the same title as on the approved application.)

4. Grantee Name: PUBLIC INSTRUCTION, WISCONSIN DEPT OF
(Block 1 of the Grant Award Notification.)

5. Grantee Address:
(See Instructions.)

Street: 125 S WEBSTER ST FL 3-5

City: MADISON

State: WI Zip: 53703 Zip+4: 3474

6. Project Director:
(See Instructions.)

First Name: June

Last Name: Fox

Title:

Phone #: 6082245341

Fax #:

Email Address: june.fox@dpl.wi.gov

Reporting Period Information (See Instructions.)

* 7. Reporting Period: From: 7/1/2018 To: 9/30/2019
(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	1,810,938	6,010,000
b. Current Budget Period	1,927,624	0
c. Entire Project Period (For Final Performance Reports only)	0	0

Indirect Cost Information (To be completed by your Business Office. See Instructions.)

* 9. Indirect Costs (Click button to clear and re-enter data.)

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: Yes No

The period covered by the Indirect Cost Rate Agreement is : From: 7/1/2018 To: 9/30/2020 (mm/dd/yyyy)

The approving Federal agency is : ED Other (Please specify):

The Indirect Cost Rate is : 6.5 %

Type of Rate (For Final Performance Reports Only) : Provisional Final Other (Please specify):

- c. The grantee is not a State, local government, or Indian tribe, and is using the de minimus rate of 10% of modified total direct costs (MTDC) in compliance with 2 CFR 200.414(f) Yes No
- d. The grantee is funded under a Restricted Rate Program and is you using a restricted indirect cost rate that either :
 - Is included in your approved Indirect Cost Rate Agreement Complies with 34 CFR 76.564(c)(2)?
- e. The grantee is funded under a Training Rate Program and:
 - Is recovering indirect cost using 8 percent of MTDC Is recovering indirect costs using its actual negotiated indirect cost rate reflected in 9(b)

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

* 10. Is the annual certification of Institutional Review Board (IRB) approval attached?

- Yes No N/A

Data Privacy and Security Measures Certification (See Instructions.)

* 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

Performance Measures Status and Certification (See Instructions.)

* 12. Performance Measures Status

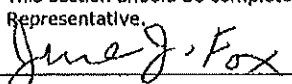
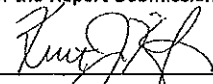
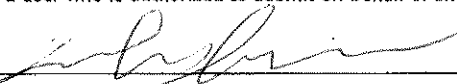
a. Are complete data on performance measures for the current budget period included in the Project Status Chart?

- Yes No

b. If no, when will the data be available and submitted to the Department? (mm/dd/yyyy)

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.

This section should be completed on the Report Submission page by a user who is authorized to submit on behalf of an Authorized Representative.

Grant Performance Report (ED 524B) Executive Summary Attachment:

Title : 2015 SLDS Year 4 APR Executive

File : Executive_Summary_Section_1.pdf

[view/print](#)

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Form Complete