

**Section 1 - General Information**1. Award #: S425C2000392. Grantee DUNS # 0964895423 Project Title: Governor's Emergency Education Relief Fund4. Grantee Name: State of Montana5. Grantee Address Room 229 Mitchell Building, Helena, MT 596206. Project Director Name: Amy Sassano Title: Deputy Budget DirectorPh #: (406) 444 - 0619 Ext: ( ) Fax #: ( ) -Email Address: asassano@mt.gov**Reporting Period Information**7. Reporting Period: From: 06/02/2020 To: 09/30/2021 (mm/dd/yyyy)**Budget Expenditures**

## 8. Budget Expenditures

	Federal Grant Funds	Non-Federal Funds (Match/Cost Share)
a. Previous Budget Period	\$0	\$0
b. Current Budget Period	\$0	\$0
c. Entire Project Period (For Final Performance Reports only)	\$0	\$0

**Indirect Cost Information**

## 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 Type of Rate (For Final Performance Reports Only) is: \_\_\_ 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).

d. \_\_\_ The grantee is funded under a Restricted Rate Program and is you using a restricted indirect cost rate that either:

\_\_\_ Is included in its approved Indirect Cost Rate Agreement; or

\_\_\_ 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 in compliance with 34 CFR 75.562(c)(2); or

\_\_\_ Is recovering indirect costs using its actual negotiated indirect cost rate reflected in 9(b).

**Data Privacy and Security Measures Certification**10. 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

11. 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.

Name of Authorized Representative: Tom Livers Tom LiversTitle: Budget DirectorSignature: Date: 7 / 17 / 20

## Section 2 - Project Status

Please describe how the amount of funds received were expended or obligated for each project or activity. Use additional pages if needed.

Name of Project or Activity:

Description of Project or Activity:

Estimated Number of Jobs Created or Retained by Project or Activity:

Subcontracts or subgrants awarded (please include name of recipients and amounts):

Explanation of Progress (Compare actual accomplishments to objectives of federal award, provide trend and analysis data, discuss any significant developments with a favorable or unfavorable impact on the project)

**At this time contracts are being finalized and the State should begin obligating funds by the end of July.**

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Explanation of Progress (Compare actual accomplishments to objectives of federal award, provide trend and analysis data, discuss any significant developments with a favorable or unfavorable impact on the project)