High School Equivalency Program (HEP) and College Assistance Migrant Program (CAMP)

Annual Performance Report
2019-2020 Reporting Period

Department of Education

09/2020

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Abbey Frady

The mission of the Office of Migrant Education is to provide excellent leadership, technical assistance, and financial support to improve the educational opportunities and academic success of migratory children, youth, agricultural workers, fishers, and their families.

Presentation Purpose

To provide an overview of how to complete the fiscal year (FY) 2020 Annual Performance Report (APR) for the 2019-2020 reporting period. The presenters will address common errors in completing the report and submitting data and share tips for creating a high-quality report.

Presentation Objectives

Participants will:

- Review the APR submission process.
- Review the organization of the APR files.
- Understand APR reporting block terms.
- Understand how to use the data collection tool.
- Discuss questions and answers.

APR Authorities

Higher Education Act of 1965 – Section 418A as amended by Section 408 of the Higher Education Opportunity Act (HEOA), P.L. 110-315

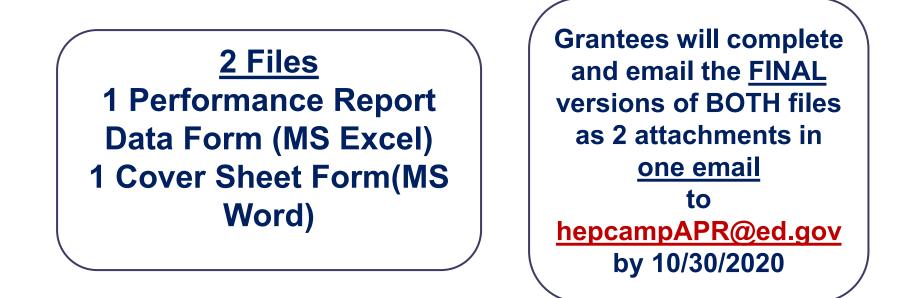Education Department General Administrative Regulations (EDGAR), 34 CFR 75.118

College Assistance Migrant Program and High School Equivalency Program Annual Performance Report and Final Report Instructions (OMB No. 1810-0727)

Annual Performance Report (APR)

A report a grantee must submit to receive continued funding under a multi-year award. The report provides the most current performance and financial information about a discretionary grant or cooperative agreement (see EDGAR § 75.118).

APR Submission Process

- OME sent out an email on Tuesday, September 1 from hepcampAPR@ed.gov

**2 Files
1 Performance Report Data Form (MS Excel)
1 Cover Sheet Form(MS Word)**

**Grantees will complete and email the FINAL versions of BOTH files as 2 attachments in one email
to
hepcampAPR@ed.gov
by 10/30/2020**

APR Files

If you did not receive the following:

- File 1: Cover Sheet (MS Word)
- File 2: Performance Report Data Form: Blocks A to E&F (MS Excel)
- File 3: Workbook (MS Excel)
- File 4: Instructions (MS Word).

email Christopher D. Hill at

Christopher.d.hill@ed.gov

Organization of the APR

The Annual Performance Report (APR) is organized into two (2) reporting files:

- Cover Sheet. (MS Word)
- Performance Report Data Form: Blocks A-F. (MS Excel)

Sections	Type	Reporting File	Submitted As	Submitted To
Cover Sheet	Text/Signature	MS Word	PDF	Please send FINAL versions of ALL these sections (2 files in total) as attachments to OME in ONE email
Block A	Numerical	MS Excel	MS Excel	
Block B	Numerical	MS Excel	MS Excel	
Block C	Numerical	MS Excel	MS Excel	
Block D	Text	MS Excel	MS Excel	
Blocks E and F	Text and Numerical	MS Excel	MS Excel	

Grantee Student Workbook

CAMP Grant Project Worksheet

Note: This sheet is locked - make edits on the "Student Data" Tab.

APR #	Data Theme	
Block A	**Project Directory/Enrollment**	
A.1.b	Total Enrollment	0
A.1.b.1	# of New Students	0
A.1.b.2	# Returning Students	0
A.2.a	# of Completers	0
A.2.b	# of Withdrawals	0
A.2.c	# of Persisters	0
	Postsecondary Status	
A.3.a	# Continued in Postsecondary education	0
A.4	# Contacted for Follow-up after completing 1st year of college	0
A.5.a	# Graduated - Bachelors (For 2-Year IHEs)	0
A.5.b	# Graduated - Bachelors (For 4-Year IHEs)	0

Grantee Student Workbook

	Student Data					Enrollment and Post Secondary education						
	GPRA 1 Documentation					Block A						
	First Name	Last Name	Identification Number	Full Time enrolled in CAMP	Credits received at the end of the Reporting Period	New Or Returning Student? (A1b1, A1b2)	End of Year Status (A2a-c)	Continued in **postsecondary education** (2nd year of college)? (A3a)	Was follow-up provided after completing 1st year of college? (A4)	Postsecondary status for previously-served students (NOT current students) (A5-7)	First Academic Year Completed By What Time (A8a-c)	First Year Entered CAMP Program
1												
2												
3												
4												

2020 APR Reporting Period

The APR **Reporting Period** is aligned with the 12-month current budget period:

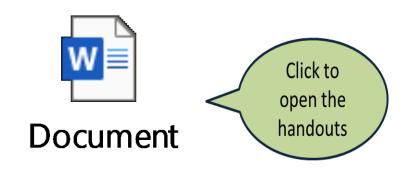## July 1, 2019 – June 30, 2020

Due Date: Your final version of APR must be submitted by <mark>October 30, 2020.</mark>

Due Date: All recipients, in accordance with EDGAR §75.590, are required to submit a final performance report. The Final Performance Report must be submitted by <mark>September 30, 2020</mark>. If you receive a no-cost time extension from ED for the fifth year of this grant, the Final Performance Report is due 90 days after the revised project period end date.

Reporting Block Terms

- Performance Period
- Funded
- Served
- New Students
- Returning Students
- Completers/Attainers
- Placed/Continued Postsecondary Education
- Withdrawals
- Persisters

- Please refer to the handouts or HEP/CAMP APR terms:

Document

Click to open the handouts

Performance Period

- Performance Period - The time for the entire project period (generally five years)
- Found in block 6 of the Grant Award Notification (GAN)
- Performance period is not always the same as the Reporting Period/Budget Period (generally one year)

Funded – HEP and CAMP

- Number of participants officially funded by the HEP or CAMP grant for the reporting period.
- Generally cannot be amended or changed.
- A project can serve more students than it is funded to serve.

Served - CAMP

- Served in CAMP Instruction.
- Number of CAMP students who completed intake and were enrolled and attending college courses past the date when students can no longer add/drop courses or census date.
- In the reporting period.

Served - HEP

- Served in HEP High School Equivalency (HSE) Instruction.
- Number of HEP students who completed intake and were enrolled and attending HEP HSE instruction <u>or</u> who were enrolled for the sole purpose of taking the HSE assessment in the reporting period.
- Received at least 12 hours of instructional services.
- In the reporting period.

HSE Attainers

- HEP students who received an HSE certificate by the end of the reporting period (budget period).

- Students who do not complete coursework, but attain an HSE, are counted as attainers.

- Grantees must maintain a database of the students enrolled in the project, identifying those students who attain a HSE as well as the date of HSE attainment. *(HSE attainment is the actual date that the student took the last HSE exam).*

First Academic Year Completers - CAMP

- Must be enrolled with full-time status during all academic terms of the regular academic year (i.e. all terms other than summer) in which they were CAMP participants.
- Projects should refer to their IHE's policy for determining a student's eligibility for full-time status
- IHE shall **exclude college credits** earned before the student's graduation from **high school.**
- IHEs may, but are not required to, include remedial and English as a Second Language (ESL) coursework.
- Successfully completed: if the IHE considers the student to have passed coursework associated with those hours.

First Academic Year Completers - CAMP

- First academic year: among other things, student completes 24 semester or trimester credit-hours or 36 quarter credit-hours or 900 clock-hours for a program measured in clock-hours.
- Successfully completed their first academic year in **good standing.**

Persisters – HEP and CAMP

- Did not attain a HSE or did not complete their first academic year of college.
- HEP and CAMP - Re-enrolled for continuing instructional services in support of a HSE or completing their first academic year of postsecondary education in the subsequent budget period prior to the APR submission due date.
- HEP- Must attend HEP HSE instruction for at least 12 hours of instructional services or re-enrolled for the sole purpose of taking the HSE assessment in the subsequent budget period prior to the APR submission due date.
- CAMP - They must remain enrolled past the date after which they can no longer add/drop courses, or a census date.

Withdrawals – HEP and CAMP

- Number of Served HEP or CAMP students who:
  - Did not attain a HSE (for HEP),
  - Did not complete the first academic year of college (for CAMP), and
  - Did not return for instruction in the subsequent budget period prior to the APR due date (for both HEP and CAMP).

2020 HEP CAMP APR Forms

Poll Question

- Did you have to revise and resubmit your 2018-2019 APR?
  - **Yes**
  - **No**

Discussion – Let's talk about it.

- If you had to revise and resubmit, what was the reason?

Cover Sheet

Page 1 of 2

Grantee Name: _____
PR Number: S14_ _ _ _ _ _

Grant Year: ☐ Y1 ☐ Y2 ☐Y3 ☐Y4 ☐Y5
Reporting Period: 07/01/2018 — 06/30/2019

The Cover Sheet Form

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 #: _____   2. Grantee NCES ID#: _____
(Block 5 of the Grant Award Notification - 11 characters.)   (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(s):
    a) Reporting Period *(12-month budget period)* From: __07 / 01 / 2018__ To: __06 / 30 / 2019__ (mm/dd/yyyy)
    b) Performance Period *(5-year project period)* From: __ / __ / __ To: __ / __ / __ (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 (previous 12-month Reporting Period)		
b. Current Budget Period (12-month Reporting Period)		

OMB No. 1810-0684
04/30/2020
Cover Sheet
Page 1 of 2

Page 2 of 2

Grantee Name: _____
PR Number: S14_ _ _ _ _ _

Grant Year: ☐ Y1 ☐ Y2 ☐Y3 ☐Y4 ☐Y5
Reporting Period: 07/01/2018 — 06/30/2019

c. Entire Project Period *(5-year)* *(For Final Performance Reports only)*		

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: __/ __/ __ To: __/ __/ __ (mm/dd/yyyy)
        Approving Federal agency: __ED__ Other *(Please specify):* _____
        Type of Rate *(For Final Performance Reports Only):* __Provisional__ Final ___ 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)?

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

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? ____/____/____ (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.

_____ Title: _____
Name of Authorized Representative: _____

_____ Date: ____/____/____
Signature: _____

OMB No. 1810-0684
04/30/2020
Cover Sheet
Page 2 of 2

Cover Sheet

Grantee Name: _____

PR Number: S14_ _ _ _ _ _

The Cover Sheet Form

Grant Year: ☐ Y1 ☐ Y2 ☐Y3 ☐Y4 ☐Y5

Reporting Period: 07/01/2019 — 06/30/2020

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 #: _____   2. Grantee NCES ID#: _____

(Block 5 of the Grant Award Notification - 11 characters.)   *(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: _____

2020 HEP CAMP Annual Performance Report

Cover Sheet

7. Reporting Period(s):

a) Reporting Period (12-month budget period) From: _07_/_01_/_2019_ To: __06__/_30_/_2020___ (mm/dd/yyyy)

b) Performance Period (5-year project period) From: _____/_____/_____ To: _____/_____/_____ (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 = (previous 12-month Reporting Period)	**Actual expenditure amount from 2018-19**	
b. Current Budget Period = (12-month Reporting Period)		
c. Entire Project Period __(5-year) *(For Final Performance Reports only)*		

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: ___/ ___/____ To: ___/___/____ (mm/dd/yyyy)

        Approving Federal agency: ___ED ___Other *(Please specify)*: _____

        Type of Rate *(For Final Performance Reports Only)*: ___ Provisional ___ Final ___ 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)?

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

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? _____/_____/_____(mm/dd/yyyy)

12. **To the best of my knowledge and belief, all data in this performance report are <u>true</u> and <u>correct</u> and the report fully discloses all known weaknesses concerning the <u>accuracy</u>, <u>reliability</u>, and <u>completeness</u> of the <u>data</u>.**

_____ Title: _____
Name of Authorized Representative:

_____ Date: _____/_____/_____
Signature:

Cover Sheet Reminders

- Make sure to check the grant year at the top of the first page.
- The reporting period should be same for all grantee from 7/1/2019 to 6/30/2020.
- Make sure that the signature and signature date and title of the Authorized Representative is included.
- You will submit this back to OME as a PDF.

Performance Report Data Form

	Highlighted Color	Interpretation	
	Blue	Enter Numerical	
	Green	Enter Text/Error Check Message	

		No Data
Grantee Name:		No Data
PR Number:		No Data
Grant Year:	Choose from the Drop-Down List	No Data
Reporting Period	2018-19	No Data
No Data	**College Assistance Migrant Program** **U.S. Department of Education** **Annual Performance Report Data Form**	**No Data**
A. CAMP Project Statistics and Reporting for GPRA	**No Data**	**No Data**

Reporting Block, Item A1	Reporting Block A1 Item	Reporting Block A1 Response
A1.	Number of students served during the reporting period.	
A1.a.	Number funded to be served.	
A1.b.	Number served in college courses (note: A1b1 + A1b2 should sum to equal A1b).	
A1.b.1.	Number served who were new participants (first academic year in CAMP) (subset of A1b).	0
A1.b.2.	Number served who were returning participants (not first academic year in CAMP) (subset of A1b).	

Performance Report Data Form, Block A

Grantee Name:		No Data
PR Number:		No Data
Grant Year:	Choose from the Drop-Down List	No Data
Reporting Period	2019-20	No Data

College Assistance Migrant Program

Reporting Block, Item A1	Reporting Block A1 Item	Reporting Block A1 Response
A1.	Number of students served during the reporting period.	
A1.a.	Number **funded** to be served.	100
A1.b.	Number **served** in college courses (note: ⌐	105
A1.b.1.	Number served who were **new participan**	6
A1.b.2.	Number served who were **returning parti**	99

Reporting Block, Item A2	Reporting Block A2 Item	Reporting Block A2 Response
A2.	Status at the end of the reporting period. (Note: A2a-c should sum to	
A2.a.	Number of CAMP first academic year **completers. (Obj. 1 National Target:**	6
A2.b.	Number of **withdrawals.**	99
A2.c.	Number of **persisters** (came back to continue in the subsequent budget period; persisters were enrolled in	0
	Your data input accuracy result	Good Job

Reporting Block, Item A3	Reporting Block A3 Item	Reporting Block A3 Response
A3.	Status of CAMP first year academic year completers from question A2a above at the end	
	Unduplicated number of CAMP first	

Note | **Block A** | Block B | Block C | Block D | Block E & F | ⊕

Performance Report Data Form, Block A

Reporting Block, Item A2	Reporting Block A2 Item	Reporting Block A2 Response
Reporting Block, Item A4	**Reporting Block A4 Item**	**Reporting Block A4 Response**
A4.	Number of CAMP first academic year **completers** during this reporting period whom you were able to track for follow-up data.	
Reporting Block, Item A5	**Reporting Block A5 Item**	**Reporting Block A5 Response**
A5.	**Number of your former CAMP students who graduated from college with Bachelor's Degree during this reporting period.**	
A5.a.	For 2-Year IHEs: Number of your **former** CAMP students who graduated from college with Bachelor's Degree during this reporting period (only 2-Year IHE projects report in A5a.)	
A5.b.	For 4-Year IHEs: Number of your **former** CAMP students who graduated from college with Bachelor's Degree during this reporting period (only 4-Year IHE projects report in A5a.)	
Reporting Block, Item A6	**Reporting Block A6 Item**	**Reporting Block A6 Response**
A6.	Number of your **former** CAMP students who graduated from college with Associate's Degree during this reporting period.	
Reporting Block, Item A7	**Reporting Block A7 Item**	**Reporting Block A7 Response**
A7.	Number of your **former** CAMP students who transferred to other IHEs during this reporting period.	
Reporting Block, Item A8	**Reporting Block A8 Item**	**Reporting Block A8 Response**
A8.	Time to completion for CAMP first academic year completers from question A2a above. (Note: A8a-c should sum to equal the number reported in A2a).	
A8.a.	Number of CAMP first academic year completers during this reporting period who completed their first academic year of college **within one reporting period of your project**.	
A8.b.	Number of CAMP first academic year completers during this reporting period who completed one year of college **after more than one reporting period**, but **within two reporting periods of your project**.	
A8.c.	Number of CAMP first academic year completers during this reporting period who completed one year of college after more than two reporting periods of your project.	
	Your data input accuracy result	Good Job
Reporting Block, Item A6	**Performance Calculation Table**	No Data
Annual Award Amount		No Data
GPRA Measure 1	0.00%	No Data
GPRA Measure 2	0.00%	No Data
Success efficiency ratio	$0	No Data
End of Spreadsheet	No Data	No Data

2020 HEP CAMP Annual Performance Report

CAMP Completers

Reporting Block, Item A2	Reporting Block A2 Item	Reporting Block A2 Response
A2.	Status at the end of the reporting period. (Note: A2a-c should sum to equal the number reported in A1b (number served)).	
A2.a.	Number of CAMP first academic year completers. (Obj. 1 National Target: 86%) (GPRA 1) *Supporting documentation required. See instructions for item A2.	6

Reporting Block, Item A8	Reporting Block A8 Item	Reporting Block A8 Response
A8.	Time to completion for CAMP first academic year completers from question A2a above. (Note: A8a-c should sum to equal the number reported in A2a).	
A8.a.	Number of CAMP first academic year completers during this reporting period who completed their first academic year of college within one reporting period of your project.	16
A8.b.	Number of CAMP first academic year completers during this reporting period who completed one year of college after more than one reporting period, but within two reporting periods of your project.	2
A8.c.	Number of CAMP first academic year completers during this reporting period who completed one year of college after more than two reporting periods of your project.	0
	Your data input accuracy result	Pls check

HSE Attainers

14	**Reporting Block, Item A2**	**Reporting Block A2 Item**	**Reporting Block A2 Response**
15	A2.	Status at the end of the reporting period. (Note: A2a-c should sum to equal the number reported in A1b(no. served)).	
16	A2.a.	Number of HSE **attainers**. (Obj. 1 National Target: 69%) (GPRA 1)	0
17	A2.a.1.	Number of HSE attainers who were new participants.	
18	A2.a.2.	Number of HSE attainers who were returning participants.	
19	A2.a.3.	Number of HSE attainers who passed the HSE assessment in the English Language.	
20	A2.a.4.	Number of HSE attainers who passed the HSE assessment in the Spanish Language.	
21	A2.a.5.	Number of HSE attainers who passed the HSE assessment in a language other than English or Spanish.	
22	A2.b.	Number of **withdrawals**.	0
23	A2.b.1.	Number of withdrawals who were new participants.	
24	A2.b.2.	Number of withdrawals who were returning participants.	
25	A2.c.	Number of **persisters** (came back to continue in the subsequent budget period; persisters were enrolled in instructional services in the current reporting period but did not yet achieve a HSE and have returned by APR due date of the subsequent budget period to continue instructional services).	
26		**Your data input accuracy result**	Good Job
27	**Reporting Block, Item A3**	**Reporting Block A3 Item**	**Reporting Block A3 Response**
28	A3.	Placement of HSE attainers (from question A2a above) from the current reporting period by APR due date.	
29	A3.a.	Unduplicated number of HSE **attainers** who **entered** postsecondary education or training programs, upgraded employment, or the military (count each participant only once for this for this row for an unduplicated count). (This amount should not be greater than the amount in A2a above, and should equal the sum of A3a 1-3) (Obj. 2 National Target: 80%) (GPRA 2).	0
30	A3.a.1.	Number of HSE attainers who **entered postsecondary** education or **training** programs.	
31	A3.a.2.	Number of HSE attainers who **obtained upgraded employment**.	
32	A3.a.3.	Number of HSE attainers who **entered** the **military**.	
33	**Reporting Block, Item A4**	**Reporting Block A4 Item**	**Reporting Block A4 Response**
34	A4.	Follow-up on HSE attainers from the reporting period.	
35	A4.a.	Number of HSE attainers you were able to track for follow-up data.	
36	**Reporting Block, Item A5**	**Reporting Block A15 Item**	**Reporting Block A5 Response**
37	A5	Time to completion for HSE attainers from question A2a above. (Note: A5a-c should sum to equal the number reported in A2a.)	

◄ ► | 🔒 Note | 🔒 **Block A** | 🔒 Block B | 🔒 Block C | Block D | 🔒 Block E & F | (+)

	Reporting Block, Item A2	Reporting Block A2 Item	Reporting Block A2 Response
14			
15	A2.	Status at the end of the reporting period. (Note: A2a-c should sum to equal the number reported in A1b(no. served)).	
16	A2.a.	Number of HSE **attainers**. (Obj. 1 National Target: 69%) (GPRA 1)	0
17	A2.a.1.	Number of HSE attainers who were new participants.	
18	A2.a.2.	Number of HSE attainers who were returning participants.	
19	A2.a.3.	Number of HSE attainers who passed the HSE assessment in the English Language.	
20	A2.a.4.	Number of HSE attainers who passed the HSE assessment in the Spanish Language.	
21	A2.a.5.	Number of HSE attainers who passed the HSE assessment in a language other than English or Spanish.	
22	A2.b.	Number of **withdrawals**.	0
23	A2.b.1.	Number of withdrawals who were new participants.	
24	A2.b.2.	Number of withdrawals who were returning participants.	
25	A2.c.	Number of **persisters** (came back to continue in the subsequent budget period; persisters were enrolled in instructional services in the current reporting period but did not yet achieve a HSE and have returned by APR due date of the subsequent budget period to continue instructional services).	
26		Your data input accuracy result	Good Job
27	Reporting Block, Item A3	Reporting Block A3 Item	Reporting Block A3 Response
28	A3.	Placement of HSE attainers (from question A2a above) from the current reporting period by APR due date.	
29	A3.a.	Unduplicated number of HSE **attainers** who **entered** postsecondary education or training programs, upgraded employment, or the military (count each participant only once for this for this row for an unduplicated count). (This amount should not be greater than the amount in A2a above, and should equal the sum of A3a 1-3) (Obj. 2 National Target: 80%) (GPRA 2).	0
30	A3.a.1.	Number of HSE attainers who **entered postsecondary** education or **training** programs.	
31	A3.a.2.	Number of HSE attainers who **obtained upgraded employment**.	
32	A3.a.3.	Number of HSE attainers who **entered** the **military**.	
33	Reporting Block, Item A4	Reporting Block A4 Item	Reporting Block A4 Response
34	A4.	Follow-up on HSE attainers from the reporting period.	
35	A4.a.	Number of HSE attainers you were able to track for follow-up data.	
36	Reporting Block, Item A5	Reporting Block A15 Item	Reporting Block A5 Response
37	A5	Time to completion for HSE attainers from question A2a above. (Note: A5a-c should sum to equal the number reported in A2a.)	

◄ ► 🔒 Note | 🔒 **Block A** | 🔒 Block B | 🔒 Block C | Block D | 🔒 Block E & F | ⊕

Performance Calculation Table

> ➡ Calculates GPRA 1, GPRA 2 and Success efficiency ratio

Reporting Block, Item A6	Performance Calculation Table Current Performance Period				
Annual Award Amount	$425,000				
GPRA Measure 1	95.74%	97.87%	0.00%	0.00%	0.00%
GPRA Measure 2	100.00%	95.65%	0.00%	0.00%	0.00%
Success efficiency ratio	$9,444	$9,239	$0	$0	$0

Annual + Supplemental Award

Color Coding: Error Message

Grantee Name:		No Data
PR Number:		No Data
Grant Year:	Choose from the Drop-Down List	No Data
Reporting Period	2018-19	No Data

No Data

College Assistance

U.S. Department

Annual Performance Report Data Form

Microsoft Excel ✕

⚠ The cell or chart you're trying to change is on a protected sheet. To make a change, unprotect the sheet. You might be requested to enter a password.

OK

A. CAMP Project Statistics and Reporting for GPRA	No Data	No Data
Reporting Block, Item A1	**Reporting Block A1 Item**	**Reporting Block A1 Response**
A1.	Number of students served during the reporting period.	
A1.a.	Number **funded** to be served.	
A1.b.	Number **served** in college courses (note: A1b1 + A1b2 should sum to equal A1b).	
A1.b.1.	Number served who were **new participants** (first academic year in CAMP) (subset of A1b).	0
A1.b.2.	Number served who were **returning participants** (not first academic year in CAMP) (subset of A1b).	

Block A: Reminders

- Make sure grantee name is spelled correctly and PR# is correct.
- Green boxes require you to type or select a choice. Blue boxes require numerical data. Do not leave any cells blank. If the value to be reported is zero for numerical data (blue cells), then enter a "0" in the cell.
- After entering data, make sure you received a green "good job" indicator throughout the tabs- these indicators show that your data is input correctly based on the preset calculation in the spreadsheet

Performance Report Data Form, Block B

Grantee Name:	0	No Data
PR Number:	0	No Data
B. CAMP Project Student Participant Information	No Data	No Data
Reporting Block, Item B1	**Reporting Block B1 Item**	**Reporting Block B1 Response**
B1	Supportive & instructional Services and Financial Services provided only by CAMP funds and received by CAMP-enrolled students during the reporting period. This count does not include any other services	
B1.a.	Count the total number of CAMP students served with the following types of supportive and instructional services. Students may appear in more than one row if they received more than one service. (Calculation of	
B1.a.1.	Counseling or guidance services to CAMP students (personal, academic, and career services provided in support of school-life balance and other psycho-social aspects of college completion).	
B1.a.2.	Tutoring (additional instructional services provided in support of a specific curriculum, course, or course of study).	
B1.a.3.	Other (supportive or instructional services, including health services, assistance with special admissions, or other services as necessary to assist students in completing program requirements).	
B1.b.	Count the total number of CAMP students serviced with the following types of financial services. Please indicate the number of students receiving financial support services. Students may appear in more than	
B1.b.1.	Stipends.	
B1.b.2.	Room and Board.	
B1.b.3.	Other "Financial Services" (including scholarships, transportation, career-oriented work study, books and supplies, and tuition and	
Reporting Block, Item B2	**Reporting Block B2 Item**	**Reporting Block B2 Response**
B2	Characteristics of the CAMP enrolled students during this reporting period. [Note: [B2a and B2b] and [B2c and B2d] should sum to equal the number reported in A1b	
B2.a.	Number of students who were referred from MEP and accepted into CAMP.	
B2.b.	Number of students who were referred from HEP and accepted into CAMP.	
B2.c.	Number of students who were referred from NFJP and accepted into CAMP.	
B2.d.	Number of students who were referred from any other program and accepted into CAMP.	

Note | 🔒 Block A | 🔓 **Block B** | 🔒 Block C | 🔒 Block D

Block B, HEP

	A	B	C
3	**B. HEP Project Student Participant Information**	**No Data**	**No Data**
4	**Reporting Block, Item B1**	**Reporting Block B1 Item**	**Reporting Block B1 Response**
5	**B1**	Educational and supportive services, and financial support received by HEP HSE enrolled students during the reporting period.	
6	B1.a.	Total HSE instruction hours received by all HEP HSE enrolled students.	
7	B1.b.	Total HSE instruction hours received by HSE attainers.	
8	**B1.c.**	Total number of students receiving the following types of services: $_2$ Instructional Support Services. Please indicate the number of students receiving instructional support services.	
9	B1.c.1.	Tutoring.	
10	B1.c.2.	Counseling or guidance services.	
11	B1.c.3.	Other Educational or Supportive Services, including mentoring or coaching, college transition services, work training services, transportation, child care, and job placement services.	
12	B1.c.4.	Financial support (Please indicate the number of students receiving financial support).	
13	B1.c.4.a.	Room and board.	
14	B1.c.4.b.	Stipends.	
15	B1.c.4.c.	Other financial support, including tuition, books and materials.	
16	**End of Spreadsheet**	**No Data**	**No Data**

Note | Block A | Block B | Block C | Block D | Block E & F | ⊕

Block B: Reminders

- Do not leave any cells blank. Always enter 0 if there is no data to report.

Performance Report Data Form, Block C (HEP)

C. HEP Project Services Information	No Data	No Data
Reporting Block, Item C1	**Reporting Block C1 Item**	**Reporting Block C1 Response**
C1.	Project Model Characteristics during the Reporting Period.	
a.	Report the number of commuter students. (A commuter student is a student who does not live in IHE-funded housing.)	
b.	Report the number of residential students. (A residential student is a student who lives in IHE-funded housing.)	
	Your data input accuracy result	Good Job
c.	In what languages are project services provided? (Check all that apply.)	Spanish
d.	Is this project in a four-year or two-year educational institution, or in a non-profit organization?	Four-Year
Reporting Block, Item C2	**Reporting Block C2 Item**	**Reporting Block C2 Response**
C2.	Project Student Assessment Information Related to this Reporting Period.	
a.	Which HSE assessment(s) does your project use?	Hi-SET®
End of Spreadsheet	**No Data**	**No Data**

Note | Block A | Block B | **Block C** | Block D | Block E & F | (+)

Performance Report Data Form, Block C (CAMP)

C1.	Project Model Characteristics during the Reporting Period	
C1.a.	Report the number of commuter students. (A commuter student is a student who does not live in IHE-funded housing.)	
C1.b.	Report the number of residential students. (A residential student is a student who lives in IHE-funded housing.)	
	Your data input accuracy result	Good Job
C1.c.	Is this project in a four-year or two-year educational institution?	Choose one:
C1.d.	Is the project in an institution that uses a semester, quarter, or trimester academic calendar?	Choose one:
Reporting Block, Item C2	**Reporting Block C2 Item**	**Reporting Block C2 Response**
C2.	Test Information Collected during the Reporting Period	
C2.a.	Does your project's IHE use SAT scores during the intake process?	Choose one:
C2.a.1.	What is the average score for all first-year IHE students? (English)	
C2.a.1.	What is the average score for all first-year IHE students? (Math)	
C2.a.2.	What is the average score for CAMP students? (English)	
C2.a.2.	What is the average score for CAMP students? (Math)	
C2.b.	Does your project's IHE use ACT scores during the intake process?	Choose one:
C2.b.1.	What is the average score for all first-year IHE students? (English)	
C2.b.1.	What is the average score for all first-year IHE students? (Math)	
C2.b.2.	What is the average score for CAMP students? (English)	
C2.b.2.	What is the average score for CAMP students? (Math)	

| Note | Block A | Block B | **Block C** | Block D | Block E & F | (+) |

Block C: Reminders

- Do not leave any cells blank. If the value to be reported is zero for numerical data (blue cells), then enter a "0" in the cell
- If you have a question about data entry and you're unsure, do not hesitate to contact Christopher D. Hill at <u>Christopher.d.hill@ed.gov</u>

Performance Report Data Form, Block D

Section 1.	Provide the Project Objective, performance measure (Target and Actual Perforamnce Data) and explain the outcome (Include Qualitative Data, Data resulting from experimental Design, and Data Collection Information) (maximum 2500
	Please insert a after green box if you need to enter more objectives.
Objective 1	Example: Objective 1: To provide academic and instructional support for students to successfully complete the first year of college . 1.1. Performance Measure: XX% of participants attained their HSE to meet the GPRA 1 target. Actual Performance Data : XXX Target: XXX 1.1 Outcome: HEP exceeded objective 1 with a GPRA I completion rate of XX%. XXX of the XXX students served during the 2018 -2019 project year attained HSE. HEP students received educational support throughout the reporting period. 1.2. Performance Measure: HEP participants will be computer literate and use computers. Target: XXX Actual Performance Data: XXX 1.2 Outcome: 100% of participants pass a computer literacy test and apply knowledge of computers. All students demonstrated the ability to use computers to complete class assignments.
Objective 2	Objective 2: 2.1. Performance Measure: 2.1 Outcome: 2.2. Performance Measure: 2.2. Outcome:
Objective 3	Objective 3: 3.1. Performance Measure: 3.1. Outcome:
Objective 4	Objective 4: 4.1. Performance Measure: 4.1. Outcome:

Note | Block A | Block B | Block C | **Block D** | Block E & F

Performance Report Data Form, Block D

Section 2	Only final year Grantees must answer each of the questions below:
Question 1	1. Utilizing the evaluation results, draw conclusions about the success of the project and/or its impact. Describe any unanticipated outcomes or benefits from the project and any barriers that may have been encountered.
No Data	
Question 2	2. What would you recommend as advice to other educators that are interested in your project? How did the original project ideas change as a result of conducting the project?
No Data	
Question 3	3. If applicable, describe your plans for continuing the project (sustainability; capacity building) and/or disseminating the project results.

◀ ▶ | 🔒 Note | 🔒 Block A | 🔒 Block B | 🔒 Block C | **Block D** | 🔒 Block E & F

Block D: Reminders

- Enter each project objective for this reporting period that is included in your approved grant application with the associated performance measure(s).

- Use the Instruction Guide that you received via email September 1, 2020.

- For Final Performance Reports, complete all the questions in Block D. These questions cover the entire project report period (five years).

- Do not leave any section blank.

Performance Report Data Form, Block E/F (Budget)

- Total Approved Amount: Recommended Amount + Supplemental Award for Budget Year 2018-19.

- Annual award amount (Block A) must be equal to the Recommended amount (Block E).

- Actual expenditure amount must be equal or less than the total approved revised budget amount.

- Indirect Costs must be equal or less than 8%.

- Please see the data check error message and make corrections.

Performance Report Data Form, Block E/F (Budget)

Budget Category Numbers	Budget Categories	Proposed Expenditures - Carryover	Proposed Expenditures - Recommended Amount	Proposed Expenditures - Total Approved, Revised Budget Amount	Actual Expenditures
		(a) Carryover from Previous Budget Period	(b) Recommended Amount	(c) Total Approved, Revised Budget Amounts	(d) Actual Expenditure Amounts
1	Personnel	$10,000.00	$150,000.00	$160,000.00	$100,000.00
2	Fringe Benefit	$20,000.00	$50,000.00	$70,000.00	$50,000.00
3	Travel	$15,000.00	$20,000.00	$35,000.00	$20,000.00
4	Equipment	$2,000.00	$2,000.00	$4,000.00	$20,000.00
5	Supplies	$5,000.00	$6,000.00	$11,000.00	$2,000.00
6	Contractual	$0.00	$0.00	$0.00	$0.00
7	Construction	$0.00	$0.00	$0.00	$0.00
8	Other	$5,000.00	$8,000.00	$13,000.00	$4,000.00
9	Total Direct Costs (lines 1-8)	$57,000.00	$236,000.00	$293,000.00	$196,000.00
No Data	Your data input accuracy result				Good Job
10	Indirect Costs	$20,000.00		$20,000.00	$12,000.00
	Your data input accuracy result				Good Job
11	Training Stipends		$189,000.00	$189,000.00	
12	Total Amounts (lines 9-11)	$77,000.00	$425,000.00	$502,000.00	$208,000.00
No Data	Your data input accuracy result		Good Job		Good Job

Budget Category Numbers	Budget Categories
1	Personnel
2	Fringe Benefit
3	Travel
4	Equipment
5	Supplies
6	Contractual
7	Construction
8	Other
9	Total Direct Costs (lines 1-8)
No Data	Your data input accuracy result
10	Indirect Costs
	Your data input accuracy
11	Training Stipends
12	Total Amounts (lines 9-11)
No Data	Your data input accuracy result

Budget Category Numbers	Budget Categories	Proposed Expenditures - Carryover
		(a) Carryover from Previous Budget Period
1	Personnel	$10,000.00
2	Fringe Benefit	$20,000.00
3	Travel	$15,000.00
4	Equipment	$2,000.00
5	Supplies	$5,000.00
6	Contractual	$0.00
7	Construction	$0.00
8	Other	$5,000.00
9	Total Direct Costs (lines 1-8)	$57,000.00
No Data	Your data input accuracy result	
10	Indirect Costs	$20,000.00
	Your data input accuracy result	
11	Training Stipends	
12	Total Amounts (lines 9-11)	$77,000.00
No Data	Your data input accuracy result	

Budget Category Numbers	Budget Categories	Proposed Expenditures - Carryover	Proposed Expenditures - Recommended Amount
		(a) Carryover from Previous Budget Period	(b) Recommended Amount
1	Personnel	$10,000.00	$150,000.00
2	Fringe Benefit	$20,000.00	$50,000.00
3	Travel	$15,000.00	$20,000.00
4	Equipment	$2,000.00	$2,000.00
5	Supplies	$5,000.00	$6,000.00
6	Contractual	$0.00	$0.00
7	Construction	$0.00	$0.00
8	Other	$5,000.00	$8,000.00
9	Total Direct Costs (lines 1-8)	$57,000.00	$236,000.00
No Data	Your data input accuracy result		
10	Indirect Costs	$20,000.00	
	Your data input accuracy result		
11	Training Stipends		$189,000.00
12	Total Amounts (lines 9-11)	$77,000.00	$425,000.00
No Data	Your data input accuracy result		Good Job

Budget Category Numbers	Budget Categories	Proposed Expenditures - Carryover	Proposed Expenditures - Recommended Amount	Proposed Expenditures - Total Approved, Revised Budget Amount
		(a) Carryover from Previous Budget Period	(b) Recommended Amount	(c) Total Approved, Revised Budget Amounts
1	Personnel	$10,000.00	$150,000.00	$160,000.00
2	Fringe Benefit	$20,000.00	$50,000.00	$70,000.00
3	Travel	$15,000.00	$20,000.00	$35,000.00
4	Equipment	$2,000.00	$2,000.00	$4,000.00
5	Supplies	$5,000.00	$6,000.00	$11,000.00
6	Contractual	$0.00	$0.00	$0.00
7	Construction	$0.00	$0.00	$0.00
8	Other	$5,000.00	$8,000.00	$13,000.00
9	Total Direct Costs (lines 1-8)	$57,000.00	$236,000.00	$293,000.00
No Data	Your data input accuracy result			
10	Indirect Costs	$20,000.00		$20,000.00
	Your data input accuracy result			
11	Training Stipends		$189,000.00	$189,000.00
12	Total Amounts (lines 9-11)	$77,000.00	$425,000.00	$502,000.00
No Data	Your data input accuracy result		Good Job	

Budget Category Numbers	Budget Categories	Proposed Expenditures - Carryover	Proposed Expenditures - Recommended Amount	Proposed Expenditures - Total Approved, Revised Budget Amount	Actual Expenditures
		(a) Carryover from Previous Budget Period	(b) Recommended Amount	(c) Total Approved, Revised Budget Amounts	(d) Actual Expenditure Amounts
1	Personnel	$10,000.00	$150,000.00	$160,000.00	$100,000.00
2	Fringe Benefit	$20,000.00	$50,000.00	$70,000.00	$50,000.00
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5	Supplies	$5,000.00	$6,000.00	$11,000.00	$2,000.00
6	Contractual	$0.00	$0.00	$0.00	$0.00
7	Construction	$0.00	$0.00	$0.00	$0.00
8	Other	$5,000.00	$8,000.00	$13,000.00	$4,000.00
9	Total Direct Costs (lines 1-8)	$57,000.00	$236,000.00	$293,000.00	$196,000.00
No Data	Your data input accuracy result				Good Job
10	Indirect Costs	$20,000.00		$20,000.00	$12,000.00
	Your data input accuracy result				Good Job
11	Training Stipends		$189,000.00	$189,000.00	
12	Total Amounts (lines 9-11)	$77,000.00	$425,000.00	$502,000.00	$208,000.00
No Data	Your data input accuracy result		Good Job		Good Job

Budget Category Numbers	Budget Categories	Proposed Expenditures - Carryover	Proposed Expenditures - Recommended Amount	Proposed Expenditures - Total Approved, Revised Budget Amount	Actual Expenditures
		(a) Carryover from Previous Budget Period	(b) Recommended Amount	(c) Total Approved, Revised Budget Amounts	(d) Actual Expenditure Amounts
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2	Fringe Benefit	$20,000.00	$50,000.00	$70,000.00	$50,000.00
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6	Contractual	$0.00	$0.00	$0.00	$0.00
7	Construction	$0.00	$0.00	$0.00	$0.00
8	Other	$5,000.00	$8,000.00	$13,000.00	$4,000.00
9	Total Direct Costs (lines 1-8)	$57,000.00	$236,000.00	$293,000.00	$196,000.00
No Data	Your data input accuracy result				Good Job
10	Indirect Costs	$20,000.00		$20,000.00	$12,000.00
	Your data input accuracy result				Good Job
11	Training Stipends		$189,000.00	$189,000.00	
12	Total Amounts (lines 9-11)	$77,000.00	$425,000.00	$502,000.00	$208,000.00
No Data	Your data input accuracy result		Good Job		Good Job

Performance Report Data Form, Block E/F (Budget)

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 (previous 12-month Reporting Period)				
b. Current Budget Period (12-month Reporting Period)		$208,000.00		

Budget Category Numbers	Budget Categories	Proposed Expenditures - Carryover	Proposed Expenditures - Recommended Amount	Proposed Expenditures - Total Approved, Revised Budget Amount	Actual Expenditures
		(a) Carryover from Previous Budget Period	(b) Recommended Amount	(c) Total Approved, Revised Budget Amounts	(d) Actual Expenditure Amounts
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5	Supplies	$5,000.00	$6,000.00	$11,000.00	$2,000.00
6	Contractual	$0.00	$0.00	$0.00	$0.00
7	Construction	$0.00	$0.00	$0.00	$0.00
8	Other	$5,000.00	$8,000.00	$13,000.00	$4,000.00
9	Total Direct Costs (lines 1-8)	**$57,000.00**	**$236,000.00**	**$293,000.00**	**$196,000.00**
No Data	Your data input accuracy result				**Good Job**
10	Indirect Costs	$20,000.00		$20,000.00	$12,000.00
	Your data input accuracy result				**Good Job**
11	Training Stipends		$189,000.00	$189,000.00	
12	Total Amounts (lines 9-11)	**$77,000.00**	**$425,000.00**	**$502,000.00**	**$208,000.00**
No Data	Your data input accuracy result		**Good Job**		**Good Job**

Annual Award Amount

Reporting Block, Item A6	Performance Calculation Table			
Annual Award Amount	$425,000			
GPRA Measure 1	5.71%			
GPRA Measure 2	300.00%			
Success efficiency ratio	$23,611			

Budget Category Numbers	Budget Categories	Proposed Expenditures - Carryover	Proposed Expenditures - Recommended Amount	Proposed Expenditures - Total Approved, Revised Budget Amount	Actual Expenditures
		(a) Carryover from Previous Budget Period	(b) Recommended Amount	(c) Total Approved, Revised Budget Amounts	(d) Actual Expenditure Amounts
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3	Travel	$15,000.00	$20,000.00	$35,000.00	$20,000.00
4	Equipment	$2,000.00	$2,000.00	$4,000.00	$20,000.00
5	Supplies	$5,000.00	$6,000.00	$11,000.00	$2,000.00
6	Contractual	$0.00	$0.00	$0.00	$0.00
7	Construction	$0.00	$0.00	$0.00	$0.00
8	Other	$5,000.00	$8,000.00	$13,000.00	$4,000.00
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No Data	Your data input accuracy result				Good Job
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	Your data input accuracy result				Good Job
11	Training Stipends		$189,000.00	$189,000.00	
12	Total Amounts (lines 9-11)	$77,000.00	$425,000.00	$502,000.00	$208,000.00
No Data	Your data input accuracy result		Good Job		Good Job

Block E/F: Reminders

- How to recognize a data error?
    - Recommended amount, 12b should be same as annual award amount reported in block A.
    - Actual expenditure amount, 10d – Indirect costs should not be more than 8%
    - Total actual expenditure amount (12d) should not be greater than total approved revised budget amount (12c).

- Please review the data check error msg before submitting the form to OME.

Important Dates

Due Dates:
Grantees Submit APR: Oct. 30, 2020

OME Data-Evaluation Team / Program Officers review APRs for accuracy and completeness.
November 2, 2020 – December 18, 2020

After First Review OME Data-Evaluation Team provides feedback within an email to grantees.

First Revised APR Submission - Grantees must resubmit required performance data to OME during the First Revised Submission.
Five business days after email.

Second Review /Revised APR Submission

OME Data-Evaluation Team / Program Officers review the revised APRs for accuracy and completeness.
January 18 – January 22, 2021

After Second Review OME Data-Evaluation Team provides feedback within an email to grantees.
January 25 – January 29, 2021

Second Revised APR Submission, Grantees must resubmit required performance data to OME during Second Revised Submission.
Five business days after email or contact.

Contacts

- Your Program Officer
  - Steven Carr
    - Steven.Carr@ed.gov
  - Christopher D. Hill
    - Christopher.d.Hill@ed.gov
  - Abbey Frady
    - Abbey.Frady@ed.gov

- The HEP-CAMP Group Leader:
  - Millicent Bentley-Memon
    - Millicent.Bentley-Memon@ed.gov

Questions

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Data and Evaluation Team, OME