

**U.S. Department of Education  
Office of Elementary and Secondary Education  
Office of Rural, Insular, and Native Achievement Programs  
Washington, D.C. 20202**

**Annual Performance Report for Alaska Native  
Education and Native Hawaiian Education Programs**

**ALNs 84.356A, 84.362A, and 84.362B**



**Dated Material - Open Immediately  
Closing Date:**

**Approved OMB Number: 1810-New  
Expiration Date:**

## **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-New. Public reporting burden for this collection of information is estimated to average 5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit under 34 C.F.R. § 75.118. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact Rural, Insular, and Native Achievement Programs Office of Elementary and Secondary Education, U.S. Department of Education 400 Maryland Ave. SW, Washington, DC 20202 or email [joanne.osborne@ed.gov](mailto:joanne.osborne@ed.gov) directly.

## Annual Performance Report Instructions

In preparation for submitting an Annual Performance Report (APR), grantees will receive an electronic form to submit their responses and associated documentation. Where applicable, grantees should upload documentation that supports the narrative response (e.g., public notice to stakeholders, guidance documents, sample monitoring report, media interviews, speeches, meeting agenda, etc.). Narrative responses should be brief and in bullet form, aligned with grantee goals and priorities. Where noted below\*, items will be prepopulated with existing administrative data and respondents will either confirm the prepopulated information is accurate or update if necessary.

### *APR Items*

- **Item 1: PR/Award Number**– Enter the PR/Award Number.\*
- **Item 2: Project Title** – Enter the title of the project.\*
- **Item 3: Legal Name** – Enter the name of the grantee (e.g., independent school district, charter school, service unit, etc.).\*
- **Item 4: TIN Number** – Enter the nine-digit Federal Tax ID number assigned to the grantee.\*
- **Item 5: UEI number/DUNS Number** – Enter your Unique Entity Identifier (UEI) assigned to your grantee. (note grantees will be unable to access any awarded grant funds unless this UEI number is active and registered. The UEI number is replacing the DUNS number, which has been phased out. More information on the phase-out of DUNS numbers is available at <https://www2.ed.gov/about/offices/list/fo/docs/unique-entity-identifier-transition-fact-sheet.pdf>.)
- **Item 6: Address** – Enter the mailing address of the grantee, making sure to include the grantee’s full nine-digit ZIP code (“ZIP+4”).\*
- **Item 7: Website** – Enter the website of the grantee.
- **Item 8: Authorized Representative** – Enter the name, title, email address, and phone number of the person legally empowered to act on behalf of the grantee (e.g., school district superintendent, executive director, etc.).\*
- **Item 9: Alternative Contact** – Enter the name, title, email address, and phone number of an official within the grantee other than the project director and the authorized representative, both

mentioned below, who can serve as an alternative point of contact on matters involving grant administration.\*

- **Item 10: Project Director** – Enter a **different contact name and email** from the alternative grant contact and the authorized representative.
- **Item 11: Grant Year**– Enter the grant year for reporting.\*
- **Item 12: Reporting Period** – Enter the starting and ending date for reporting.\*
- **Item 13: No Cost Extension Request** – Enter “yes” or “no” to indicate if the grantee requests a no cost extension.
- **Item 14: Indirect Cost Information** – Enter “yes” or “no” to indicate if you are claiming indirect costs under this grant?
  - **Item 14A: Indirect Cost Information** – If “yes,” enter “yes” or “no” to indicate if the grantee has an Indirect Cost Rate Agreement approved by the Federal Government.
  - **Item 14B: Indirect Cost Information** – Enter the time period covered by the agreement, the approving Federal agency, the indirect cost rate, and the type of rate (provisional, final, or other).
  - **Item 14C: Indirect Cost Information** – Enter “yes,” “no,” or N/A to indicate if the organization is not a State, local government, or Indian tribe, and is using the de minimus rate of 10% modified total direct costs (MTDC) in compliance with 2 CFR 200.414(f).
  - **Item 14D** – Enter “yes,” “no,” or N/A to indicate if the organization is funded under a Restricted Rate program and issuing a restricted indirect cost rate that either: is included in the organization’s approved Indirect Cost Rate Agreement or complies with 34 CFR 76.56(c)(2).
- **Item 15: Human Subjects Certification** – Enter “yes,” “no,” or N/A to indicate the grantee has Institutional Review Board (IRB) approval.
- **Item 16: Human Subjects Certification** – Enter “yes,” “no,” or N/A to indicate that the grantee is aware of Federal and state data security and student privacy regulations.
- **Item 17: Project Data and Performance Measures** – Enter “yes,” “no,” or N/A to indicate that the grantee provides services directly to students, teachers, parents, or another group through service delivery or an instructional component of the project.
  - **Item 17A:** Please fill in the number of project participants for all groups your project served: Children Aged 0-4, Elementary Students, Middle School Students, High School Students, Postsecondary Students, Parents, Culture Bearers/Elders, Teachers/Educators. If your project does not serve a particular group, please enter 0.

- **Item 17B:** Please enter the average number of service delivery or contact hours that a participant in each group received during the most recent performance period (e.g., 10/01/2021 – 6/1/2022).
- **Item 17C:** If applicable, enter the number of project participants that met or exceeded proficiency standards on the most recently administered Native Hawaiian language reading test.
- **Item 17D:** If applicable, enter “yes,” or “no” if the primary focus of the services provided is on Alaska Native culture and language.
- **Item 17E:** If serving Children Aged 0-4, enter the number of participants demonstrating school readiness.
- **Item 17F:** If serving high school students, enter the name and address of the high school(s) attended by program participants.
- **Item 18: Logic Model Outcomes/Performance Measures** – Enter the project objectives, performance measures, and outcomes.
  - **Item 18A: Logic Model Outcomes/Performance Measures** – Enter the target you intend to reach for each performance measure, along with the deadline for meeting this target.
  - **Item 18B: Logic Model Outcomes/Performance Measures** – Enter “met” or “not met” to indicate if your project performance measure has been achieved.
  - **Item 18C: Logic Model Baseline Data** – Provide any baseline data related to this performance measure.
  - **Item 18D: Logic Model Current or Most Recent Data** – Provide the current or most recent data collected relating to this measure.
  - **Item 18E: Logic Model Data Explanation** – Please use the space below to provide any context for your performance data, or explain any missing data.
- **Item 19: Executive Summary**—Provide brief summaries of your project accomplishments, shortfalls, challenges, and sustainability actions taken in the items below.
  - **Item 19A: Executive Summary Successes** – Provide a brief description of project success or shortfall. Upload relevant documentation, including internal or external evaluations, in support of narrative response.
  - **Item 19B: Executive Summary Challenges** – Provide a brief description of the challenges associated with project implementation and the mitigation strategies implemented, if applicable.

- **Item 19C: Executive Summary Project Sustainability** – Provide a brief description of the actions taken to sustain the positive impacts described above beyond the life of the grant.
- **Item 20: Program Income** – Enter “yes” or “no” to indicate if the project was supported by other Federal funds. If yes, enter Federal funding stream and amount awarded in each funding stream.
- **Item 21: Program Expenditures** – By Budget Categories (Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, Other, Indirect Costs, and Training Stipends), enter the carryover from previous budget period, approved budget\*, expenditures, anticipated expenditures, carryover to next budget period, and matching funds.
- **Item 22: Budget Narrative** – Please describe the major ways in which you have expended your grant award this year (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, and Construction categories, if applicable). In addition, please explain how you plan on expending any remaining grant funds before the end of current fiscal year (i.e., 9/30/2022). Lastly, if you anticipate a carryover, please provide a short justification for the carryover, as well as a brief statement on how you plan on expending the carryover in the next fiscal year.
- **Item 23: Other Attachments (Optional)** – If applicable, upload any relevant documentation to support your responses in this report, including supporting documentation (i.e., resumes) for changes in Project Director/Certifying Official, and/or external and/or internal evaluations in support of performance data and narrative responses.
- **Item 24: Attestation/Signature and Date** – The authorized representative must sign and date the application where indicated; by doing so, the authorized representative attests:
  - To the best of my knowledge and belief that the information entered on this form are 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 and in accordance with all applicable Federal laws and regulations, as they become effective.
  - 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 3801-3812).
  - 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.