



U.S. Department of Education
Grant Performance Report Cover Sheet (ED 524B)

OMB No. 1890-0004
 Exp. 10-31-2007

Check only one box per Program Office instruction.

Annual Performance Report Final Performance Report

General Information

1. PR/ Number #: _____ 2. NCES ID#: **122612** _____
(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)*: University of San Francisco

5. Grantee Address *(See Instructions.)* 2130 Fulton Street, San Francisco, CA 94117-1071

6. Project Director Name: _____ Title: Project Director

Ph #: (415) 422 - Ext: () Fax #: (415) 422 -

Email Address: _____

Reporting Period Information *(See Instructions.)*

7. Reporting 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 <i>(Match/Cost Share)</i>
a. Previous Budget Period	Obtain Info from B&F	
b. Current Budget Period		
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: **06/_02/_2002** To: **05/_31/2008**(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? **(Ask OSP for assistance)**

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-- **The Project Director will need to fill this in.**

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.

Pamela F. Miller

Title: **Director, Sponsored Projects**

Name of Authorized Representative:

Signature: _____ Date: ___/___/___



**U.S. Department of Education
Grant Performance Report (ED 524B)
Executive Summary**

OMB No. 1890-0004
Exp. 10-31-2007

PR/ Number # _____

(See Instructions) – see attached

The PI will need to provide an overview of the project here.