



Completing the Annual Performance Report (524B)

U.S. DEPARTMENT
OF EDUCATION
Grants Management
Policy Division



A G E N D A

Highlight key information regarding the Annual Performance Report (APR) submission process

Describe how to complete the fiscal year (FY) 2024 APR

Identify common errors in completing the report and submitting data

Provide tips for creating high-quality reports

Take your questions

Illustrated List of Shared Responsibilities

- Know the legs, regs, & application
 - **Monitor programmatic & financial performance**
 - Provide technical assistance
 - Employ specific conditions, risk mitigation strategies to address problems
 - Utilize G5
 - Close out grant awards
- Know the legs, regs, & application
 - Ensure successful project financial accountability
 - Comply with award terms and conditions
 - **Document project activities and expenditures**
 - **Submit accurate and timely reports**
 - Implement and adhere to strong internal controls

Annual Performance Report (APR)

The APR is a report that grantees must submit to receive continued funding under a multi-year award

2 CFR 200.301 Performance Measurement.
Details the shared responsibilities of the awarding agency and grantees

The report provides the most current performance and financial information about a discretionary grant or cooperative agreement (see EDGAR § 75.118).

- Be clear, concise, and detailed
- Ensure your data is accurate, valid and reliable
- Specify the level of success achieved
- If goals are not fully realized, identify contributing factors why not
- Prepare a plan to achieve objectives in upcoming budget periods

Performance Reporting Recommendations

Key APR Sections to Address



Executive
Summary



Grant Performance
Report Cover
Sheet



Grant Performance
Report Project
Status Chart



Budget
Information Non-
construction
Programs

Executive Summary

- Consists of a one-to-two-page overview of the project for this reporting period covering:
- Highlights of the project's goals and activities
- Extent to which the expected outcomes and performance measures were achieved
- Impact and or expected impact the project has made to research, knowledge, practice, and/or policy

Sections of the 524 B Cover Page

- **General Information**
- **Reporting Period Information**
- **Budget Expenditures**
- **Indirect Cost Information**
- **Human Subjects (Annual IRB Certification)**
- **Data Privacy and Security Measures Certification**
- **Performance Measures and Certification**

Grant Performance Report Cover Sheet, ED 524B

 **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

OMB No. 1894-0003
Exp. 07/31/2024

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: 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		
b. Current Budget Period		
c. Entire Project Period (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
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 minimis 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 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).

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

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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 3801-3812). 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.

Name of Authorized Representative: _____ Title: _____

Signature: _____ Date: ____/____/____

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 **U.S. Department of Education**
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[] Annual Performance Report [] Final Performance Report

OMB No. 1894-0003
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PR/Award # (11 characters): _____

(See Instructions)

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Grant Performance Report Cover Sheet, ED 524B

 **U.S. Department of Education**
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[] Annual Performance Report [] Final Performance Report

General Information

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(Enter the same title as on the approved application.)

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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: 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)
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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
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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): _____

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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

ED 524B Page 1 of 3

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 3801-3812). 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.

Name of Authorized Representative: _____

Signature: _____

ED 524B Page 2 of 3

 **U.S. Department of Education**
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PR Award # (11 characters): _____

(See Instructions)

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General Information Section (Q 1-6)

- Be sure to always include PR Award Number in all correspondence
- Any changes to in the project director or key personnel should have received prior approval before joining the grant

Reporting Period Information (Q 7)

- Should reflect the timeframe within the budget period of the award

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4. Grantee Name (Block 1 of the Grant Award Notification): _____

5. Grantee Address (See instructions.): _____

6. Project Director (See instructions.): _____ Title: _____
Ph #: () - () Ext: () Fax #: () - ()
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 (Match/Cost Share)
a. Previous Budget Period		
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Indirect Cost Information (To be completed by your Business Office. See instructions.)

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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): _____

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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

ED 524B Page 1 of 3

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 3801-3812).
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.

Name of _____
Signature: _____

ED 524B

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OMB No. 1894-0003
Exp. 07/31/2024

PR/Award # (11 characters): _____

(See Instructions)

Budget Expenditures Information (Q 8)

- Coordinate with your business/accounting office
- Detail the amount of federal grant dollars and any matching dollars expended on the grant project for the current budget period
- Matching dollars must be treated the same as federal dollars
- Use Section B of the 524 B Status Chart to provide a full picture of the expenditures and any anticipated carryover of funds
- Cover page and Section B should match

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Grant Performance Report Cover Sheet, ED 524B

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

OMB No. 1804-0103
Exp. 07/31/2024

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: 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		
b. Current Budget Period		
c. Entire Project Period (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
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 minimis 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 using a restricted indirect cost rate that either:
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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

ED 524B Page 1 of 3

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 that the best of my knowledge and belief that the report is true, complete, and accurate and that the data are reliable.

Name of Authorized Official: _____

Signature: _____

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Indirect Costs (Q 9)

- Document if you are claiming indirect costs
- If yes, provide clarification of the type of rate and rate status
- With only one federal grant award, may not be necessary

Human Subjects (Q 10)

- If your project activities do not include in human subject research check NA

Data Privacy and Security Measures Certification (Q 11)

- Grantees should verify measures are in place and mark Yes

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Grant Performance Report Cover Sheet, ED 524B

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Exp. 07/31/2024

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6. Project Director (See instructions.) Name: _____ Title: _____
Ph #: () - () Ext: () Fax #: () - ()
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 (Match/Cost Share)
a. Previous Budget Period		
b. Current Budget Period		
c. Entire Project Period (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
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): _____

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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

ED 524B Page 1 of 3

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 _____
aw _____
cri _____
Tit _____
Fu _____
ful _____

Name of _____

Signature _____

ED 524B Page 2 of 3

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Grant Performance Report Cover Sheet (ED 524B)
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Performance Measure Status and Certification (Q 12-13)

- Are you able to provide accurate data for the period of time specified?
- If not when it will you be able to provide the information
- The signature of your organization's Authorizing Representative certifies that the information submitted in this report is to the best of everyone's knowledge:
 - True
 - Complete
 - Accurate
 - Expenditures used for only allowable grant-related activities

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524 B Project Status Chart

Education Department Grant Performance Report

Grant Performance Report ED 524B Project Status Chart

U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart		OMB No. 1804-0003 Exp. 8/31/2014					
PR/Award # (11 characters):							
SECTION A - Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)							
1. Project Objective ☐ Check if this is a status update for the previous budget period.							
1.a. Performance Measure	Measure Type	Quantitative Data					
		Target			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
			/			/	
1.b. Performance Measure	Measure Type	Quantitative Data					
		Target			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
			/			/	
Explanation of Progress (Include Qualitative Data and Data Collection Information)							
ED 524B Page 1 of 3							

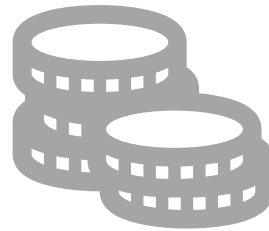
U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart		OMB No. 1804-0003 Exp. 8/31/2014					
PR/Award # (11 characters):							
SECTION A - Performance Objectives Information and Related Performance Measures Data (See Instructions. Use as many pages as necessary.)							
2. Project Objective ☐ Check if this is a status update for the previous budget period.							
2.a. Performance Measure	Measure Type	Quantitative Data					
		Target			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
			/			/	
2.b. Performance Measure	Measure Type	Quantitative Data					
		Target			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
			/			/	
Explanation of Progress (Include Qualitative Data and Data Collection Information)							
ED 524B Page 2 of 3							

U.S. Department of Education Grant Performance Report (ED 524B) Project Status Chart		OMB No. 1804-0003 Exp. 8/31/2014	
PR/Award # (11 characters):			
SECTION B - Budget Information (See Instructions. Use as many pages as necessary.)			
SECTION C - Additional Information (See Instructions. Use as many pages as necessary.)			
ED 524B Page 3 of 3			

Project Status Chart Sections



Section A—Performance
Objectives Information and
Related Performance
Measure Data



Section B—Budget
Information



Section C—Additional
Information

Section A— Performance

- Identify each grant project objective described in the approved grant application
- For each objective list each performance indicator or marker that demonstrate the extent to which the project objectives are being met
- Report on the status of each objective and performance measure to date
- Explain how your data on your performance measures demonstrate that you have met or are making progress towards meeting each project objective
- Provide quantitative and or qualitative data to support and demonstrate the level of success achieved during the reporting period

Quantitative Data

- Express data by comparing target range with what was actually achieved
- Data should include raw numbers, ratios and or percentages comparing what was desired with what was achieved

Target: The project shall recruit and retain 100 students to complete the Year 1 of the program.

Result: The project recruited 100 students and retained 85 students to complete Year 1 of the program.

- If results are pending provide data to include that the extent that the project is on track to meet the objectives.

Qualitative Data

- Provide substantive qualitative data that supports the level of success your project has achieved
- Qualitative data is helpful, supportive and complementary to demonstrating project success
- Annual substantial progress is more difficult to prove with only qualitative data
- Context coupled with informative and persuasive information is key



Not Quite Hitting the Mark



- For objectives and measures not fully realized provide a clear rationale as to why this occurred
- Provide a brief but clear plan as to how to attain the desired outcomes in future years
- Additional information and huddle sessions with ED program staff may be required

Section B—Budget Information

Grantees must:

- Provide an explanation if funds have not been drawn down from the G5 System to pay for the budget expenditure amounts reported in items 8a. – 8c of the ED 524B Cover Sheet
- Provide an explanation if you did not expend funds at the expected rate during the reporting period.
- Describe any significant changes to your budget resulting from modification of project activities
- Describe any changes to your budget that affected your ability to achieve your approved project activities and/or project objectives

524B ED Budget Form

- Grantees may include the 524 ED Budget Form Section A for easy compare and contrast of planned and actual expenditures
- All financial listings should be consistent and match in each of the report sections
- Matching dollars, if applicable, should be documented in Section B
- Matching dollars must be treated the same as federal dollars

Name of Institution/Organization		Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.				
SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel						
2. Fringe Benefits						
3. Travel						
4. Equipment						
5. Supplies						
6. Contractual						
7. Construction						
8. Other						
9. Total Direct Costs (lines 1-8)						
10. Indirect Costs*						
11. Training Stipends						
12. Total Costs (lines 9-11)						

***Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:
 Do you have an Indirect Cost Rate Agreement approved by the Federal government? ☐ Yes ☐ No.
 If yes, please provide the following information:
 Period Covered by the Indirect Cost Rate Agreement: From: ___/___/___ To: ___/___/___ (mm/dd/yyyy)
 Approving Federal agency: ___ED ___Other (please specify): _____ The Indirect Cost Rate is _____%

If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government or Indian Tribe, and are not funded under a training rate program or a restricted rate program, do you want to use the de minimis rate of 10% of MTDC? ☐ Yes ☐ No. If yes, you must comply with the requirements of 2 CFR § 200.414(f).

If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages? ☐ Yes ☐ No. If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.

For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:
☐ Is included in your approved Indirect Cost Rate Agreement? Or ☐ Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is _____%

Budgetary Reminders

- Carryover is generally allowable from one budget period to the next
- Grantees should provide a rationale as to why funds remain or are expected to be carried over to the next budget period
- Grantees should be prepared to provide a detailed listing of how the carryover funds are to be used in subsequent budget periods for allowable, allocable, and reasonable expenditures
- Carryover funds must be used for activities the are within the scope of the funded application

Section C—Additional Information

- Request to change the project director or other key personnel
 - If a new person has been identified include resume
 - Change in project directors and other key personnel require prior approval from the Department of Education
- Current list of project partners and if there are plans to change any existing partners working on the project
- Description of the impact of any change in partners during the reporting period
- Description of any change in project activities that occurred
- Any unanticipated or benefits or negative issues taking place during the life of the project

Submitting Your Completed APRs via G5

1. Log into the G5 system.

2. At the top of the page select “Grant Maintenance

3. In the “Grant Maintenance” menu select “Package Submission”

This will produce a list of your available grants

4. Select the grant with the PR/Award Number that corresponds with the grant you wish to report on

Click the “Continue” button at the bottom of the list to get to the next page, which displays two areas: “Current Report Packages” and “My Performance Reports”

5. NOTE: If you are starting a report for the first time, you will need to select the report shown under “Current Report Packages” and click the “Initiate” button

Submitting Your Completed APRs Via G5

6. Once you have initiated the report, you can go back to work on it under the section labeled “My Performance Reports” (make sure to click “save” to save anything you enter in the forms).
7. Select the button next to “Annual Performance” and Click “Edit Report” at the bottom of the list
8. The next page will have the required sections that need to be completed
9. Select the button next to the section you wish to complete and click “Edit Form” at the bottom of the list

Submitting Your Completed APRs Via G5

10. When you have completed a section, be sure to check the “Form Complete” box
11. Click “Save and Continue” at the bottom
12. Do each section the same way
13. When you have completed all of the forms, click the “Continue” button underneath the listed sections
14. Click the “Submit” button to submit your report

Assistance and Questions

- For programmatic assistance contact the ED staff person listed in Box 3 of the GAN
- For assistance using G5/G6 please contact the G6 help desk
- Help Desk Telephone Number: 1-888-336-8930
- Help Desk Email: obssed@servicenowservices.com

ED's Computer Based Training Courses

- **BABAA**
- **Internal Controls**
- **Indirect Costs**
- **Formula Grants Training**
- **Discretionary Grants Training**
- **Cash Management**
- **Protection of Human Subjects in Research**
- **Subrecipient Monitoring**
- **Allowable Costs**
- **Procurement**
- **Writing Competitive Grant Applications**

Ahora en
Español



Thank you for
attending.
Best wishes
Administering
Your ED grants!

