

US DEPARTMENT OF EDUCATION
OFFICE OF ELEMENTARY AND
SECONDARY EDUCATION
OFFICE OF SAFE AND SUPPORTIVE
SCHOOLS

Annual Performance Reporting

January 16, 2025



AGENDA



Housekeeping



Annual Performance
Reporting



GPRA Reporting and Tool



Questions

Frequency

Grantees are required to submit:

Interim Performance Report (IPR) – *annually*

Annual Performance Report (APR) – *annually, except final year*

Final Performance Report (FPR) – *final year only*

Annual and Final Performance Reports are submitted through G5.

Annual Performance Report (via G5)

February 12, 2025

Reporting period for this APR is:

January 1 – December 31, 2024

Key Components

Your APR should include:

GPRA PROGRESS

- A written description of your progress toward meeting identified goals and objectives during the reporting period and GPRA data. If your application included individual grant project goals, provide a written description of your progress with those as well.

FISCAL UPDATES & PROJECTION

- A description of grant funds expended and any anticipated carryover funds you propose to be expended. (We will provide a chart you may use if you wish; it is not required).

ED524 Reporting Form

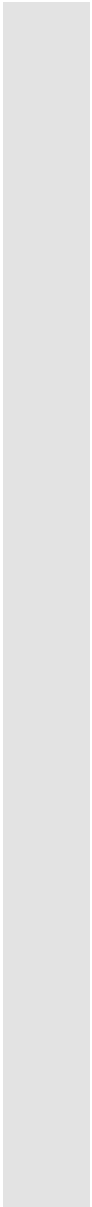
- The ED524B is the official reporting form used for discretionary grants at ED.
- The form includes instructions and 5 distinct sections:
 - 1-Cover Sheet
 - 2-Executive Summary
 - 3-Section A
 - 4-Section B
 - 5-Section C

You may access these forms and instructions online at:

<http://www.ed.gov/fund/grant/apply/appforms/appforms.html>



ED 524B – Executive Summary

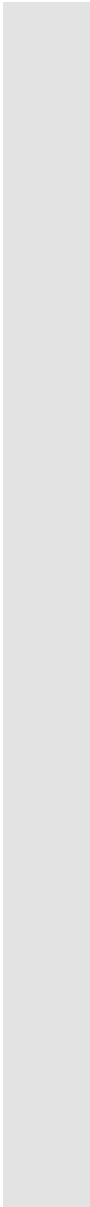
- In this section, you will provide a 1-2-page *general summary* of your grant activities.
 - You should highlight progress towards your project's goals, and the extent to which expected outcomes and performance measures were achieved.
 - If project goals and objectives are not being met, you should include information about the challenges affecting implementation.
- 

ED 524B Cover Sheet


- The reporting period is January 1, 2024 – December 31, 2024. These dates should not be altered.
- Consult with your business office to complete sections of the report related to financial data, including budget expenditure data and indirect cost information. Make certain that the report is signed by the Authorized Representative/Certifying Official (**not the Project Director**).
- For the data privacy question (#11), this is not required.



ED 524B Executive Summary

- In this section, you will provide a 1–2-page written summary that highlights progress toward meeting the project’s goals and the program’s GPRA measures, and the extent to which expected outcomes and performance measures were achieved.
 - This is an opportunity to “brag” and tell ED about all the great things your grant is accomplishing.
 - If any goals are not being met, please include information about the challenges faced by the project that are affecting project implementation and how you plan to overcome them.
- 


ED524B Reporting Form – Cover Sheet

 U.S. Department of Education Grant Performance Report Cover Sheet (ED 524B)		OMB No. 1890-0004
Check only one box per Program Office instructions. <input type="checkbox"/> Annual Performance Report <input type="checkbox"/> Final Performance Report		Expiration: 10-31-2007
General Information		
1. PR/Award #: _____ <small>(Block 5 of the Grant Award Notification.)</small>	2. NCES ID #: _____ <small>(See Instructions.)</small>	
3. Project Title: _____ <small>(Enter the same title as on the approved application.)</small>		
4. Grantee Name <small>(Block 1 of the Grant Award Notification.):</small> _____		
5. Grantee Address <small>(See Instructions.):</small> _____		
6. Project Director Name: _____ Title: _____		
Ph. #: () _____ - _____ Ext: () _____ Fax #: () _____ - _____		
Email Address: _____		
Reporting Period Information <small>(See instructions.)</small>		
7. Reporting Period: From: ____/____/____ To: ____/____/____ <small>(mm/dd/yyyy)</small>		
Budget Expenditures <small>(To be completed by your Business Office. See instructions. Also see Section 11.)</small>		
Budget Expenditures		
a. Previous Budget Period	Federal Grant Funds	Non-Federal Funds <small>(Match/Carryover)</small>
b. Current Reporting Period		
c. Entire Project Period <small>(For Final Performance Reports only)</small>		
Indirect Cost Information <small>(To be completed by your Business Office. See instructions.)</small>		
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: ____/____/____ <small>(mm/dd/yyyy)</small>		
Approving Federal agency: ___ ED ___ Other <small>(Please Specify):</small> _____		
Type of Rate <small>(For Final Performance Reports Only):</small> ___ Provisional ___ Final ___ Other <small>(Please specify)</small> _____		
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 <small>(See instructions.)</small>		
10. Annual Certification of Institutional Review Board (IRB) Approval? ___ Yes ___ No ___ N/A		
Performance Measures Status and Certification <small>(See instructions.)</small>		
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? ____/____/____ <small>(mm/dd/yyyy)</small>		
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.		
Name of Authorized Representative: _____		Title: _____
Signature: _____		Date: _____

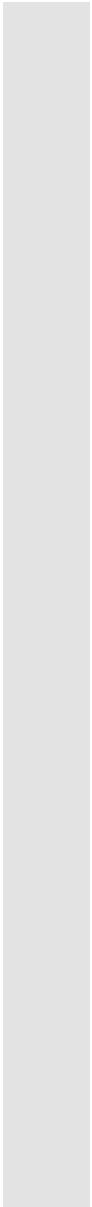
Be sure to complete line 8, a.

The Reporting Period for this report is:

01/01/2024 – 12/31/2024



ED 524B – Section A (Project Status)

- This section requires you to report data for BOTH “Program” and “GPRA” measures.
 - GPRA measures are established – please do not change the GPRA language in the Performance Measure section.
 - When entering data in the “Actual Performance Data” section, please include the Raw Score.
- 



**U.S. Department of Education
Grant Performance Report (ED 524B)
Project Status Chart**

OMB No. 1894-0003
Exp. 08/31/2020

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 Section A:

Progress Status Charts: (Required)

List the GPRA Performance Measure and Measure Type: (and Project if applicable) only

Explanation of Progress: (Required)

Provide a written explanation of your progress so far towards each GPRA measure and any individual project measures established in your application.

x
m...

U.S. Department of Education
Grant Performance Report (ED 524B)
Project Status Chart

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

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	%
			/			/	

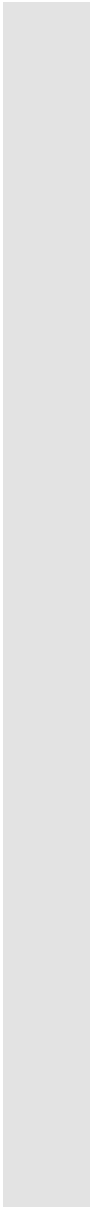
2.b. Performance Measure	Measure Type	Quantitative Data					
		Target			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
			/			/	

Explanation of Progress (Include Qualitative Data and Data Collection Information)

ED 524B
Page 2 of 4



ED 524B: Section A (Project Status)

- Use the Project Status Charts to input the Performance Measure and Measure Type (GPRA or Project).
 - Use the Explanation of Progress sections to explain the progress you have made on each of the GPRA measures and any individual project measures you may have included in your application.
 - If necessary, you may create multiple pages of Section A.
- 

ED 524B – SECTION A (PROJECT STATUS)

- Use the Explanation of Progress section to provide details (i.e.):
 - Data-collection procedures,
 - Data explanations,
 - Response rates, etc.
- If necessary, you may create multiple pages of section A.

MHSP GPRA Overview

1. Training
2. Placement
3. Hiring
4. Competitive Preference Priority 1: Diversity



Key Definition

Unduplicated:

Counts for GPRA 1, 2, and 3 should be unduplicated. Thus, if you counted a provider toward a GPRA in your Year 1 APR, they should not be counted toward that same GPRA in the Year 2 APR.



GPRA 1: Training

- The unduplicated, cumulative number of school-based mental health services providers trained by the grantee under the project to provide school-based mental health services in high-need LEAs.
 - **GPRA 1A:** Completed Training
 - **GPRA 1B:** In Training (but not complete)
- Explanation of Progress:
 - Describe any **successes** or **challenges** in the training process, such as those related to the recruitment and retention of trainees. Also provide information on the **nature of training** being provided.



GPRA 2: Placement

- The unduplicated, cumulative number of school-based mental health services providers placed in a practicum or internship by the grantee in high-need LEAs to provide school-based mental health services.
 - GPRA 2A: In Placement
 - GPRA 2B: Completed All Placements
- Explanation of Progress
 - Describe any successes or challenges in the practicum or internship process. Also, provide information on the nature of the practicum and internship experiences.



GPRA 3: Hiring

- The unduplicated, cumulative number of school-based mental health services providers hired by high-need LEAs to provide school-based mental health services.
 - GPRA 3A: Hired
 - GPRA 3B: Retained
- Explanation of Progress
 - Describe any successes or challenges in the hiring process. Also note if this GPRA is not yet relevant to your project if all trainees were still in training during this reporting period.



GPRA 4: Diversity

Competitive Preference Priority 1

To meet this priority, applicants must propose a plan to increase the number of credentialed school-based mental health services providers in LEAs with demonstrated need who are from diverse backgrounds or who are from communities served by the LEAs with demonstrated need.



GPRA 4: Diversity

- For grantees that addressed **Competitive Preference Priority 1**, the number of such grantees that met their goal of increasing the diversity of school-based mental health services providers.
 - Enter **999** for raw target and actual numbers *only if you do not have a number*
- Explanation of Progress
 - Indicate whether you intended to address this performance measure (**Yes/No**).
 - Also, specify whether you met your annual target goal for increasing the diversity of school-based mental health service providers in participating LEAs (**Yes/No**).
 - Finally, please share how you defined diversity and provide information related to hired providers.



GPRA Guidance Tool

All names must FIRST be entered on Tab 1 in order to be auto populated onto this tracking sheet. If you have support@metricscenter.org.

GPRA 1 A-B: Training Tracking						
#	Participant Name	Notes	Jan 1, 2023 - Dec 31, 2023	Jan 1, 2024 - Dec 31, 2024	Jan 1, 2025 - Dec 31, 2025	
1	Jane Harris	Add any notes here	Started Training	Returned for Training but Not Complete	Completed Training	
2	John Smith		Started Training	Returned for Training but Not Complete	Completed Training	
3	Participant Name 3		Started Training	Left Training		
4	Participant Name 4		Started & Completed Training			
5	Participant Name 5					
6	Participant Name 6					
7	Participant Name 7					
8	Participant Name 8					
9	Participant Name 9					
10	Participant Name 10					
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				



GPRA Guidance Tool

Annual Progress Report Table A							
Reporting Period:		Jan 1, 2024 - Dec 31, 2024					
GPRA 1 : Training							
Performance Measure	Measure Type	Quantitative Data					
		Target Data			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
1A. The unduplicated, cumulative number of school-based mental health services providers trained by the grantee under the project to provide school-based mental health services in high-need LEAs. (COMPLETED TRAINING)	GPRA	Enter target	Blank	Blank	0	Blank	Blank
1B. The unduplicated, cumulative number of school-based mental health services providers trained by the grantee under the project to provide school-based mental health services in high-need LEAs. (IN TRAINING)	GPRA	Enter target	Blank	Blank	0	Blank	Blank



SBMH GPRA Overview

1. New Hires
2. Retained
3. Student/Provider Ratio
4. Attrition
5. Students Served
6. CP1: Diversity





Unduplicated: Counts for GPRAs 1, 2, and 3 should be unduplicated. Thus, if you counted a provider toward a GPRA in your Year 1 APR, they should not be counted toward that same GPRA in the Year 2 APR.



GPRA 1: New Hires

- The unduplicated, cumulative number of new school-based mental health services providers **hired for each LEA with demonstrated need** as a result of the grant.
- Please include only whole numbers in the data chart, rounding down if necessary (e.g., 6.5 FTE hired = 6 FTE in the data chart).
- Explanation of Progress:
 - List the number of providers hired using grant/matching funds in each participating LEA (e.g., LEA 1 = X hired).
 - Please write the **exact number** of full-time equivalency (FTE) of the hired providers. For instance, you could list the total number of providers hired at .50 FTE and the number at 1.00 FTE for each LEA. (e.g., 6.5 FTE)
 - You could also describe any successes or challenges in hiring providers.



GPRA 2: Retained

- The unduplicated, cumulative number of school-based mental health services **providers retained** in LEAs with demonstrated need as a result of the grant.
- Explanation of Progress
 - Note which activities or strategies were used to support retention. Examples might include retention bonuses, professional development opportunities, and mentorship programs.



GPRA 3: Student/Provider Ratio

- The **ratio of students** to school-based mental health services **providers** for each LEA with demonstrated need served by the grant, and the numbers of school-based mental health services providers and students used to calculate the ratio.
- Explanation of Progress
 - List the ratio of students to providers within each participating LEA (e.g., LEA 1 = A/B).



GPRA 4: Attrition

- The **attrition rate** of school-based mental health providers for each LEA with a demonstrated need that is participating in the grant.
- Explanation of Progress
 - Provide the total number of providers at the start of the reporting period and the number that left during the reporting period.
 - Also, report the total number of providers for each LEA at the beginning and the end of the reporting period.
 - Finally, if available, list the reasons for attrition.



GPRA 5: Students Served

- The **total number of students** who received school-based mental health services as a result of the grant.
- Explanation of Progress
 - Describe what services were provided and how grant or matching funds supported them.



GPRA 6: Diversity

- For grantees that addressed **competitive preference priority 1**, the number of such grantees that met their goal of increasing the diversity of school-based mental health services providers.
 - Enter **999** for raw target and actual numbers *only if you do not have a number*
- Explanation of Progress
 - Indicate whether you intended to address this performance measure (**Yes/No**).
 - Also, specify whether you met your annual target goal for increasing the diversity of school-based mental health service providers in participating LEAs (**Yes/No**).
 - Finally, please share how you defined diversity and provide information related to hired providers.



GPRA Guidance Tool

AutoSave SBMH-GPRA-Guidance-Excel-Tool_October5_2024_v2 Search (Cmd + Ctrl + U)

Home Insert Draw Page Layout Formulas Data Review View Automate Acrobat

Paste Aptos Narrow (Bod... 10 A⁺ A⁻ Alignment Number Conditional Formatting Format as Table Cell Styles Cells Editing Sensitivity Add-ins Analyze Data Create PDF and share link

G19 fx

1 metrics Add SBMH provider names in column C of this tab. Next, select their LEA affiliation from the drop down list (this list will be auto-populated from their FTE (0.1 - 1.0 FTE) in column E. ***NOTE*** In the instance that a provider is hired at more than one LEA, please only enter the provider's name please reach out to support@metricscenter.org.

2

3

4

5 **GPRA 1-2, 4: Hire, Retention, and Attrition Tracking**

#	SBMH Provider Name	LEA	FTE	Notes	Jan 1 - Dec 31, 2023	Jan 1 - Dec 31, 2024	Jan 1
1	Jane Smith	LEA #1	1	Add any notes here	New Hire	Retained	Previously Retained
2	Bob Harris	LEA #2	1			New Hire	Left Position
3							
4							
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6							
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SBMH Instructions 1. LEA List & Summary Sheet 2. GPRA 1, 2, 4 Tracking 3. GPRA 3 Ratio Tracking 4. GPRA 5 Students Served 5. 2023 Table

Ready Accessibility: Investigate 110%



GPRA Guidance Tool

Annual Progress Report Table A							
Reporting Period:		Jan 1 - Dec 31, 2024					
GPRA 1 : New Hire							
Performance Measure	Measure Type	Quantitative Data					
		Target Data			Actual Performance Data		
		Raw Number	Ratio	%	Raw Number	Ratio	%
<p>GPRA 1 (Hired)</p> <p>The unduplicated, cumulative number of new school-based mental health services providers hired for each LEA with demonstrated need as a result of the grant.</p>	GPRA	Enter Target	Blank	Blank	1	Blank	Blank



**ED 524B –
SECTION B
(BUDGET)**

You will use this section to discuss all spending for the reporting period. The reporting period for this APR is:

January 1, 2024 – December 31, 2024

We will also provide you with a Budget Expenditure Spreadsheet. We encourage you to use this sheet, as it can provide some detailed information pertinent to our review of your report.

NOTE: The suggested spreadsheet does not replace the narrative you are to provide in Section B.

ED 524B – Section C

FOR THIS REPORT, USE SECTION C TO ADDRESS THE FOLLOWING:

1. Provide list of IHE or high-need LEA partners. **(Only MHSP grantees)**
2. Identify grant activities that were not implemented due to unforeseen activities. **(MHSP and SBMH)**
3. Detail any challenges to grant activities. **(MHSP and SBMH)**
4. Provide any information (or good news!) you would like to share with us that is not covered elsewhere in the report. **(MHSP and SBMH)**

Key APR Requirements: Summary

1. Cover sheet signed by the Authorizing Representative/Certifying Official (not the Project Director), and a 1-2 page executive summary.
2. A description of your progress toward meeting each GPRA measure, and a description of your progress towards meeting any goals and objectives identified in your grant application that occurred during the reporting period and GPRA data.
3. GPRA and Project Measure data are required for the APR. You are also required to provide a written description of progress on each GPRA measure at the time of the APR report in the Explanation of Progress sections in Section A.
4. Relevant financial data, including detailed budget expenditures information for the reporting period.

When sending emails to your Federal Project Officer, please include your PR award # in the subject line.



Exit Ticket

How did we do?



Questions....

