

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.



**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. 1890-0004

Expiration: 10-31-2007

**General Information**

1. PR/Award #: \_\_\_\_\_  
*(Block 5 of the Grant Award Notification.)*

2. NCES ID #: \_\_\_\_\_  
*(See Instructions.)*

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 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 Reporting Period   |                     |                                      |
| c. Entire Project Period<br><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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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** (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

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.

|                                    |        |
|------------------------------------|--------|
| Name of Authorized Representative: | Title: |
| Signature:                         | Date:  |

# ED524B Reporting Form – Cover Sheet

| U.S. Department of Education<br>Grant Performance Report Cover Sheet (ED 524B)  |  | OMB No. 1390 - 0004                               |
|---|--|---|
| <i>Check only one box per Program Office instructions.</i>  |  |   |
| <input type="checkbox"/> Annual Performance Report  |  | <input type="checkbox"/> Final Performance Report |
|   |  | Expiration: 10-31-2007                            |
| <b>General Information</b>  |  |   |
| 1. PR/Award #:  | (Block 5 of the Grant Award Notification.) |   |
| 2. NCES ID #:   | (See Instructions.)                        |   |
| 3. Project Title:<br><small>(Enter the same title as on the approved application.)</small>  |  |   |
| 4. Grantee Name (Block 1 of the Grant Award Notification):  |  |   |
| 5. Grantee Address (See Instructions.)  |  |   |
| 6. Project Director Name: _____ Title: _____<br>Ph. #: (      ) _____ - _____ Ext: (      ) _____ Fax #: (      ) _____ - _____<br>Email Address: _____   |  |   |
| <b>Reporting Period Information</b> (See instructions.)   |  |   |
| 7. Reporting Period: From: _____ / _____ / _____ To: _____ / _____ / _____ (mm/dd/yyyy)   |  |   |
| <b>Budget Expenditures</b> (To be completed by your Business Office. See instructions. Also see Section A.)   |  |   |
| Budget Expenditures   |  |   |
| a. Previous Budget Period   | Federal Grant Funds                        | Non-Federal Funds (Match/Cost Share)              |
| b. Current Reporting Period   |  |   |
| c. Entire Project Period<br><small>(For Final Performance Reports only)</small>   |  |   |
| <b>Indirect Cost Information</b> (To be completed by your Business Office. See instructions.)   |  |   |
| 9. Indirect Costs   |  |   |
| a. Are you claiming indirect costs under this grant? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |
| b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |
| c. If yes, provide the following information:<br>Period Covered by the Indirect Cost Rate Agreement: From: _____ / _____ / _____ To: _____ / _____ / _____ (mm/dd/yyyy)<br>Approving Federal agency: <input type="checkbox"/> ED <input type="checkbox"/> Other (Please Specify): _____ |  |   |
| Type of Rate (For Final Performance Reports Only): <input type="checkbox"/> Provisional <input type="checkbox"/> Final <input type="checkbox"/> Other (Please specify) _____  |  |   |
| d. For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:<br><input type="checkbox"/> Is included in your approved Indirect Cost Rate Agreement?<br><input type="checkbox"/> Complies with 34 CFR 76.564(c)(2)?                                |  |   |
| <b>Human Subjects</b> (See instructions.)   |  |   |
| 10. Annual Certification of Institutional Review Board (IRB) Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |  |   |
| <b>Performance Measures Status and Certification</b> (See instructions.)  |  |   |
| 11. Performance Measures Status   |  |   |
| a. Are complete data on performance measures for the current budget period included in the Project Status Chart? <input type="checkbox"/> Yes <input type="checkbox"/> 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.  |  |   |
| 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.

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

| Raw Number | Ratio | % | Actual Performance Data |       |   |
|------------|-------|---|-------------------------|-------|---|
|            |       |   | Raw Number              | Ratio | % |
| /          | /     | / | /                       | /     | / |

2.b. Performance Measure  Measure Type Quantitative Data

| Raw Number | Ratio | % | Actual Performance Data |       |   |
|------------|-------|---|-------------------------|-------|---|
|            |       |   | 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 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: 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.

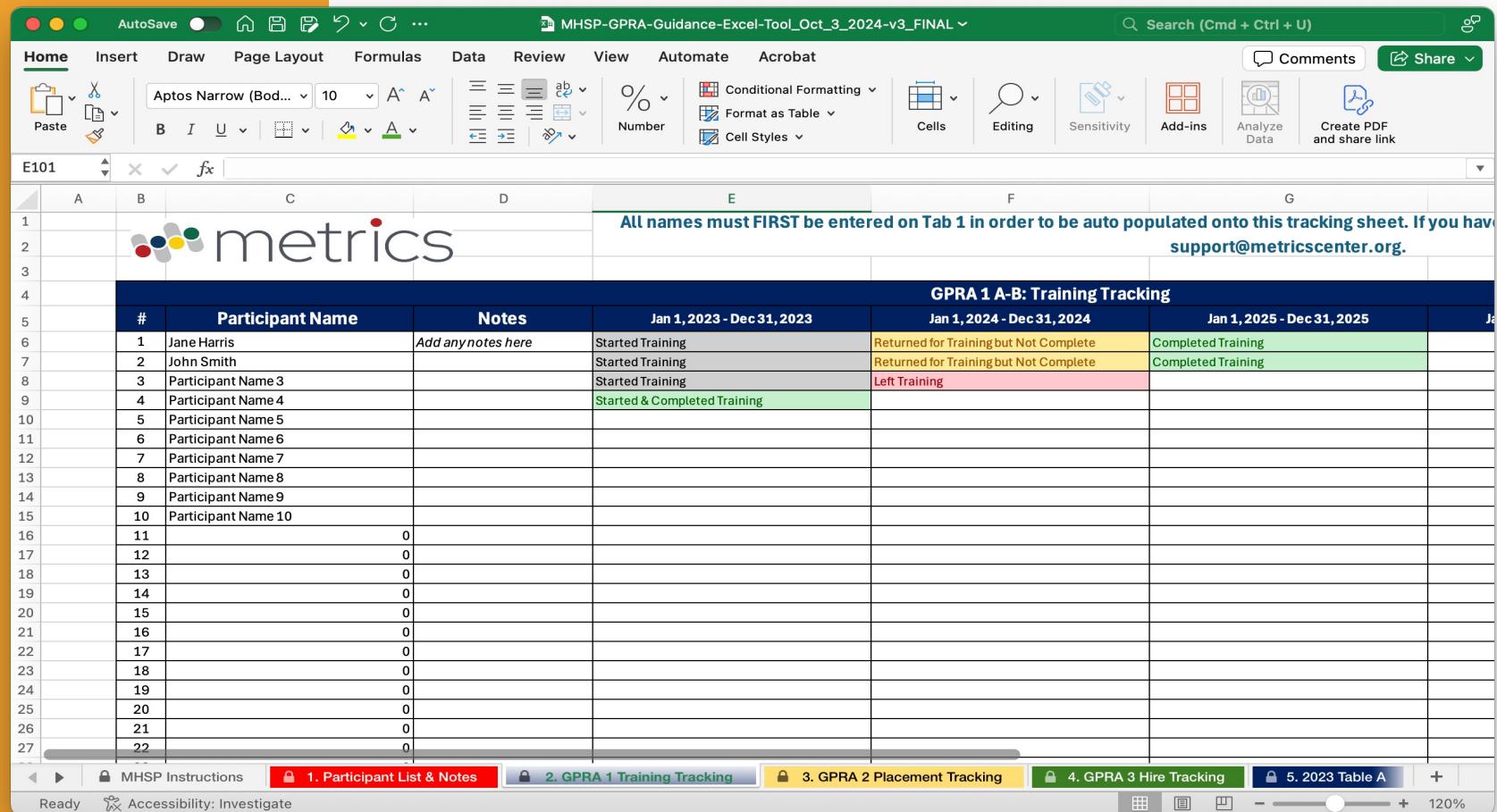


## GPRA 4: Diversity

- 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 questions, contact support@metricscenter.org.

| #  | Participant Name    | Notes              | Jan 1, 2023 - Dec 31, 2023   | Jan 1, 2024 - Dec 31, 2024             | Jan 1, 2025 - Dec 31, 2025 | Jan 1, 2026 - Dec 31, 2026 |
|----|---------------------|--------------------|------------------------------|--|----------------------------|----------------------------|
| 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                  |                              |  |                            |                            |

MHSP Instructions    1. Participant List & Notes    2. GPRA 1 Training Tracking    3. GPRA 2 Placement Tracking    4. GPRA 3 Hire Tracking    5. 2023 Table A



# GPRA Guidance Tool

| Annual Progress Report Table A   |              |                   |       |       |                         |       |       |
|--|--------------|-------------------|-------|-------|-------------------------|-------|-------|
| Reporting Period:<br>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

Screenshot of the SBMH-GPRA-Guidance-Excel-Tool\_October5\_2024\_v2 Excel spreadsheet.

The spreadsheet includes the following components:

- Metrics Logo:** Located in the top-left corner of the worksheet area.
- Header Row:** Contains the title "SBMH-GPRA-Guidance-Excel-Tool\_October5\_2024\_v2".
- Instructions:** A note in cell D1 states: "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 once. If you have multiple providers, please reach out to support@metricscenter.org." This note spans columns D through H.
- Table Headers:** The main table has headers: "#", "SBMH Provider Name", "LEA", "FTE", "Notes", "Jan 1 - Dec 31, 2023", "Jan 1 - Dec 31, 2024", and "Jan 1 - Dec 31, 2025".
- Data Rows:** The table contains 27 rows of data, each representing a provider entry. The first two rows are visible:

| #  | SBMH Provider Name | LEA    | FTE | Notes              | Jan 1 - Dec 31, 2023 | Jan 1 - Dec 31, 2024 | Jan 1 - Dec 31, 2025 |
|----|--------------------|--------|-----|--------------------|----------------------|----------------------|----------------------|
| 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  |                    |        |     |                    |                      |                      |                      |
| 5  |                    |        |     |                    |                      |                      |                      |
| 6  |                    |        |     |                    |                      |                      |                      |
| 7  |                    |        |     |                    |                      |                      |                      |
| 8  |                    |        |     |                    |                      |                      |                      |
| 9  |                    |        |     |                    |                      |                      |                      |
| 10 |                    |        |     |                    |                      |                      |                      |
| 11 |                    |        |     |                    |                      |                      |                      |
| 12 |                    |        |     |                    |                      |                      |                      |
| 13 |                    |        |     |                    |                      |                      |                      |
| 14 |                    |        |     |                    |                      |                      |                      |
| 15 |                    |        |     |                    |                      |                      |                      |
| 16 |                    |        |     |                    |                      |                      |                      |
| 17 |                    |        |     |                    |                      |                      |                      |
| 18 |                    |        |     |                    |                      |                      |                      |
| 19 |                    |        |     |                    |                      |                      |                      |
| 20 |                    |        |     |                    |                      |                      |                      |
| 21 |                    |        |     |                    |                      |                      |                      |
| 22 |                    |        |     |                    |                      |                      |                      |
| 23 |                    |        |     |                    |                      |                      |                      |
| 24 |                    |        |     |                    |                      |                      |                      |
| 25 |                    |        |     |                    |                      |                      |                      |
| 26 |                    |        |     |                    |                      |                      |                      |
| 27 |                    |        |     |                    |                      |                      |                      |
- Tab Navigation:** The bottom navigation bar shows tabs: "SBMH Instructions" (red), "1. LEA List & Summary Sheet" (red), "2. GPRA 1, 2, 4 Tracking" (blue), "3. GPRA 3 Ratio Tracking" (green), "4. GPRA 5 Students Served" (orange), and "5. 2023 Table" (dark blue).
- Image:** A small Metrics logo icon is located in the bottom right corner of the slide.

# 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 |
| GPRA 1 (Hired)<br>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. | GPRA                 | Enter Target      | Blank | Blank | 1                       | 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....

