



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

OMB No. 1894-0003
Exp. 06/30/2017

Check only one box per Program Office instructions.

☐ Annual Performance Report ☐ Final Performance Report

General Information

1. PR/Award #: H325D120054
(Block 5 of the Grant Award Notification - 11 characters.)
2. Grantee NCES ID#: 133979
(See instructions. Up to 12 characters.)
3. Project Title: Preparing Leaders to Execute Effective Actions in Special Education (Project PLEEASE)
(Enter the same title as on the approved application.)
4. Grantee Name (Block 1 of the Grant Award Notification): FLORIDA MEMORIAL UNIVERSITY
5. Grantee Address (See instructions.) 15800 NW 42nd Ave, Miami Gardens FL 33054
6. Project Director (See instructions.) Name: Tamar F. Riley Title: Director of Graduate Programs
Ph #: (954) 249 - 3233 Ext: () Fax #: (305) 623 - 4283
Email Address: tamar.riley@fmuniv.edu

Reporting Period Information (See instructions.)

7. Reporting Period: From: 03 / 01 / 2014 To: 02 / 28 / 2015 (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	\$184,099.35	
b. Current Budget Period	\$228,110.96	
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
- 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: 07 / 01 / 2011 To: 06 / 30 / 2015 (mm/dd/yyyy)
Approving Federal agency: ED Other (Please specify): Dept of Health and Human Services
Type of Rate (For Final Performance Reports Only): ☐ Provisional ☐ Final ☒ Other (Please specify): Predetermined
- 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?
☒ X Complies with 34 CFR 76.564(c)(2)?

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

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.

Cheryl J. Henry
Name of Authorized Representative:

Title: Director, Grants & Sponsored Research

Cheryl J. Henry
Signature

Date: 5 / 7 / 2015