****

**PROGRAM ENHANCEMENT PROJECT (PEP) FEDERAL GRANTS**

**PEP MID-YEAR /SELF-MONITORING REPORT, COMPREHENSIVE andIELCE**

**BUDGET REVISON**

**FY 2022-2023**

The PEP Mid-Year report provides an opportunity to reflect on the successes of the project(s), to identify those specific actions being taken in order to attain project goals and objectives for the year andto make revisions to budget line items. This report also affords your technical assistant (TA) consultant the opportunity to review a PEP grant’s progress, provide technical assistance or on-site monitoring as necessary and review budget revision requests.

**INSTRUCTIONS FOR COMPLETION**

**OVERVIEW**

Recipients of federal grants for adult education funded through Title II of the Workforce Innovation and Opportunity Act (WIOA) are requested to submit to the Connecticut State Department of Education/Academic Office a **Mid-Year/Self-Monitoring Report** and a **revised estimate of eligible costs** for the current fiscal year. The attached Program Enhancement Project (PEP) Mid-Year/Self-Monitoring Report form is being used to collect this information.

**Part I**

**Mid-Year/Self-Monitoring Report** A Mid-Year/Self-Monitoring Report for each priority area **must** be completed and submitted **for all federally funded projects**. All grantees are required to complete the General PEP Grants Requirement section, as well as individual Priorities Areas Specifications for each area funded.

**Part II**

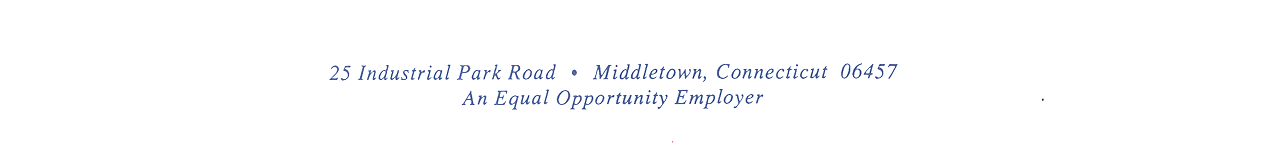
**Revised Estimate of Eligible Costs**

The PEP Mid-Year/Self-Monitoring Report contains the 2022-2023 authorized budget. The budget revision form(s) **(ED-114) must be included with the submission of the PEP Mid-Year/ Self-Monitoring Report.**  Any revisions made to budget line items must be entered on the revised budget form (ED-114) and explained on the revised Budget Narrative Form***.*** If no revisions are being made, please write ***“no revisions necessary”*** on the ED 114. Please refer to the 2021 revision of the *“Budget Guide”* when making modifications to any PEP grant budget. Any budget modifications that do not adhere to the guide and/or have not been approved by the State Department of Education (SDE) will be considered as disallowed costs. All disallowed variance amounts must be refunded to the SDE.

In addition, be sure to enter any budget revisions into the electronic grant management system (eGMS). Any budget revision that requires a requested reduction in allocation must be accompanied by an explanation (refer to page 12).

Remember that Federal legislation requires a 5% cap on allowable administrative costs. New requests for waivers are not allowed for the budget revision. The Budget Narrative Templates for both the Comprehensive and IELCE budgets are also located on the CSDE Web site at <https://portal.ct.gov/SDE/Adult-Ed/Federal/Federal-Legislation-and-Grants/Documents>.

**\*A Comprehensive revised budget form (ED-114) and/or IELCE revised budget form (ED-114) must be returned with the PEP Mid-Year/Self-Monitoring Report.**



**CONNECTICUT STATE DEPARTMENT OF EDUCATION**

**Academic Office**

**Program Enhancement Project (PEP) Grants**

**PEP MID-YEAR/SELF-MONITORING REPORT AND BUDGET REVISION**

**INSTRUCTIONS FOR COMPLETION**

1. The PEP Mid-Year/Self-Monitoring Narrative Report must be received by e-mail **no later than 4:00 pm on** **Friday,** **January 27, 2023.** All grantees are required to thoroughly complete the General PEP Grants Requirement section, as well as individual Priorities Areas Specifications for each area funded.

2. The Comprehensive Budget Revision Form (ED-114) and/or the IELCE Budget Revision Form (ED-114) **must be included with the submission of each PEP Report** even if there are no revisions. Use the Excel Budget Revision Template located on the CSDE website for [Adult Education Federal Legislation and Grants](https://portal.ct.gov/SDE/Adult-Ed/Federal/Federal-Legislation-and-Grants/Documents) under Documents/Forms. When completing Excel Budget Template pages, refer to the [Budget Buddy](https://portal.ct.gov/-/media/SDE/Adult-Ed/State/BudgetBuddy18.pdf?la=en)guide. No modifications to the budget will be accepted after this date.

3. Include your current Program Profile and Employment Barrier Performance Report with the PEP Mid-Year/Self-Monitoring Report.

4. E-mail one scanned copy of the PEP Mid-Year/Self-Monitoring Report cover page with original signature **AND** e-mail one Microsoft Word copy of the Mid-Year/Self-Monitoring Report. In the e-mail include the Comprehensive budget revision form (ED-114), your IELCE Budget revision form (ED-114), *if applicable,* and your current Program Profile and Employment Barrier Performance Report to:

Susan Kocaba, Program Manager

[Susan.Kocaba@ct.gov](mailto:Susan.Kocaba@ct.gov)

Connecticut State Department of Education

Academic Office

|  |  |  |
| --- | --- | --- |
| 1. PEP Grant Title: | | |
| 2. Applicant Organization: | | Town/Agency Code: |
| 3. Address: | | Zip Code: |
| 4. Provider/Agency Director: | | Phone: |
| E-mail: |
| 5. Project Coordinator(s): | | Phone: |
| E-mail: |
| 6. Completed by (*signature required)*: | Title: | Date: |

**Provider/Agency receives the following funding (check all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority Area** |  | **Priority Area** |  |
| Workforce Readiness |  | Family Literacy Services |  |
| Transition to Postsecondary Education and/or Training |  | NEDP Expansion |  |
| Integrated Education and Training (IET) |  | Nontraditional/Special Populations AE Instruction |  |
| Integrated English Language and Civics Education (IELCE) |  | Connecticut Adult Virtual High School |  |

**GENERAL PEP GRANT REQUIREMENTS**

**All PEP funded providers/agencies** must thoroughly complete the Evidence/Comment column of the General PEP Grant Requirement sections: Accountability Practices, General Proposal Requirements, Integration with the Local Workforce Development Board and One-stop Partner, and Performance Accountability.

**Accountability Practices**

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Evidence/Comment |
| 1 | Grantee adheres to the [Connecticut Competency System (CCS) Policy and Guidelines.](https://portal.ct.gov/SDE/Adult-Ed/Accountability/Adult-Education-Assessment-and-Accountability/Documents) | Yes No  If NO, explain: |
| 2 | Grantee utilizes TOPSpro Enterprise system to provide immediate test scoring and reports. | Yes No  If NO, explain: |
| 3 | Grantee ensures that appropriate staff are trained in LACES and that staff follows the policy and procedures outlined in the [LACES Users’ Guide](https://laces.literacypro.com/Help/LACESNexGen/NetHelp/index.html#!Documents/gettingstarted.htm). | Yes No  If NO, explain: |
| 4 | Grantee ensures that all ABE/General Educational Development (GED), English and Math teachers are trained in using the [Math and English Language Arts CCR Standards](https://lincs.ed.gov/professional-development/resource-collections/profile-521), and all English as a Second Language teachers are trained in using the [English Language Proficiency (ELP) Standards](https://lincs.ed.gov/professional-development/resource-collections/profile-964). | Yes No  If NO, explain: |
| 5 | Grantee provides professional development opportunities for program staff in the areas of reading, writing, speaking, mathematics, English language acquisition, technology, and staff training. | Yes No  If NO, explain: |

**General Proposal Requirements- Recruitment, Retention and Support Services**

Limit your response to approximately 200 words per item.

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Evidence/Comment |
| 1 | Describe your current PEP recruitment efforts and plan. |  |
| 2 | Describe your current PEP retention efforts and plan. |  |
| 3 | Describe the barrier, transition and other support services currently offered to PEP participants. |  |
| 4 | Explain if/how COVID-19 continues to affect your ability to recruit or retain students or provide transition/support services to students. |  |
| 5 | Explain if/how COVID-19 continues to affect your ability to retain or hire qualified teachers and staff. |  |

**Integration with the Local Workforce Development Board and One-stop Partner**

Limit your response to approximately 200 words per item.

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Evidence/Comment |
| 1 | Describe how you are aligning your services to the [local WDB plan](http://www.ctdol.state.ct.us/OWC/Reports-Planning.htm). |  |
| 2 | Review the required Interagency Collaboration between your agency and the local WDB and provide a status update. |  |
| 3 | Describe how your agency is providing access to career and training services to students through the local one-stop partner and promoting concurrent enrollment. |  |
| 4 | Use LACES Statewide and Local Performance Report (SPR) >Services to provide the “percent enrolled in more than one WIOA core program.” |  |
| 5 | Are you co-located in the one-stop center? | Yes No  If YES, describe: |
| 6 | Describe any challenges that may be impeding your ability to successfully execute your interagency collaboration with the WDB to date. |  |
| 7 | Describe any highlights/successes/referrals related to your collaboration with your local WDB to date. |  |

**Performance Accountability**

Use LACES NRS Table 4 to complete the chart for FY23 (Year to Date) below. For sections that require NRS data from LACES, use the “REPLACE” button when generating the report.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NRS Level | # of students enrolled with 12 hours or more of instruction  (Column B) | 2022-2023  State Target  % achieving MSG | Provider % achieving MSG (Column J) | # of students enrolled with one MSG  (Columns E+F+G) | # of students enrolled without an MSG  (Column I) |
| ABE 1 |  | 28% |  |  |  |
| ABE 2 |  | 33% |  |  |  |
| ABE 3 |  | 28% |  |  |  |
| ABE 4 |  | 31% |  |  |  |
| ABE 5 |  | 40% |  |  |  |
| ABE 6 |  | 49% |  |  |  |
|  |  |  |  |  |  |
| ESL 1 |  | 32% |  |  |  |
| ESL 2 |  | 39% |  |  |  |
| ESL 3 |  | 37% |  |  |  |
| ESL 4 |  | 25% |  |  |  |
| ESL 5 |  | 26% |  |  |  |
| ESL 6 |  | 15% |  |  |  |

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Evidence/Comment |
| 1 | Provide a year-to-date reflection of your NRS Table 4 program performance. |  |

**PRIORITY AREA SPECIFICATIONS**

A Mid-Year/Self-Monitoring Report for each priority area **must** be completed and submitted **for all federally funded projects**. Priority areas below are listed individually. Priority areas in which you are not funded may be deleted to condense the document. For sections that require NRS data from LACES, use the “REPLACE” button when generating the report.

**Transition: Workforce Readiness**

|  |  |
| --- | --- |
| Requested Federal Funds |  |
| Target Population | ESL 1-6/ ABE 1-4  ABE/ASE 5-6 |
| Planned Number of Students |  |
| Current Number of Students 1 hour or more |  |
| Do you anticipate meeting your planned number of students? | Yes No  If NO, explain: |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |
| Total weeks of instruction to date |  |
| Total hours of instruction to date |  |

|  |  |
| --- | --- |
| Describe one promising practice or program highlight related to the priority area to date |  |

List the Project Objectives Identified in your Project Plan and the Current Successes Toward Meeting those Objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**Transition to Postsecondary Education/ Training**

|  |  |  |
| --- | --- | --- |
| Requested Federal Funds |  | |
| Target Population | CDP  NEDP  GED  Advanced ESL | |
| Planned Number of Students |  | |
| Current Number of Students 1 hour or more |  | |
| Do you anticipate meeting your planned number of students? | Yes No  If NO, explain: | |
| Priority area schedule/hours per week |  | |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: | |
| Total weeks of instruction to date |  | |
| Total hours of instruction to date |  | |
| Use LACES NRS Table 4a to complete for Transition to Postsecondary Education  (Use Grand Total of I and J) | Number with EFL Gain by Transition to Postsecondary Education (I): | Percentage Achieving EFL Gain by Transition to Postsecondary Education (J): |

|  |  |
| --- | --- |
| Describe one promising practice or program highlight related to the priority area to date |  |

List the Project Objectives Identified in your Project Plan and the Current Successes Toward Meeting those Objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**Transition: Integrated Education and Training (IET)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requested Federal Funds |  | | | |
| Target Population | ESL ABE GED NEDP  CDP Citizenship | | | |
| Planned Number of Students |  | | | |
| Current Number of Students 1 hour or more |  | | | |
| Do you anticipate meeting your planned number of students? | Yes No  If NO, explain: | | | |
| Use LACES NRS Table 3 to complete for Adult Basic Education | Adult Basic Education participant total (H): | | Integrated Education and Training Program participant total for Adult Basic Education (H): | |
| Use LACES NRS Table 3 to complete for Adult Secondary Education | Adult Secondary Education participant total (H): | | Integrated Education and Training Program participant total for Adult Secondary Education (H): | |
| Use LACES NRS Table 3 to complete for English Language Acquisition | English Language Acquisition participant total (H): | | Integrated Education and Training Program participant total for English Language Acquisition (H): | |
| Priority area schedule/hours per week |  | | | |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: | | | |
| Total weeks of instruction to date |  | | | |
| Total hours of instruction to date |  | | | |
| IET program(s) offered |  | | | |
| Training Partner(s) |  | | | |
| IET concurrent instruction model | Co-teaching Alternate Teaching | | | |
| Are all IET enrolled students identified as IETP/Credential in LACES? | Yes No  If NO, explain: | | | |
| Use LACES NRS Table 11 to complete MSG via Achievement of at Least One Educational Functioning Level Gain | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Secondary School Diploma/Recognized Equivalent | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Postsecondary Transcript | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Passing Technical/Occupational Skills Exam | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |

|  |  |
| --- | --- |
| Describe one promising practice or program highlight related to the priority area to date |  |

List the Project Objectives Identified in your Project Plan and the Current Successes Toward Meeting those Objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**Integrated English Literacy and Civics Education (IELCE)**

Agencies that are collaborating must share relevant information and data to the primary grantee in order to complete the mid-year report. The primary agency is responsible for all reporting and budget revisions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requested Federal Funds |  | | | |
| Target Population | ESL 1-6/ABE 1-4 ABE/ASE 5-6 | | | |
| Planned Number of Students |  | | | |
| Current Number of Students 1 hour or more |  | | | |
| Use NRS Table 3 to complete for Integrated English Literacy and Civics Education (Sec 243) | Integrated English Literacy and Civics Education (Sec 243) participant total (H): | | Integrated Education and Training Program participant total (H): | |
| Do you anticipate meeting your planned number of students? | Yes No  If NO, explain: | | | |
| What strategies have you used to target services to specific subgroups, including professionals with degrees and credentials from native countries? |  | | | |
| Priority area schedule/hours per week |  | | | |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: | | | |
| Total weeks of instruction to date |  | | | |
| Total hours of instruction to date |  | | | |
| Is this a cohort specific class? | Yes No  If NO, explain: | | | |
| Are all IELCE students identified as an IELCE participant in LACES? | Yes No  If NO, explain: | | | |
| Occupation/sector name |  | | | |
| IET Program(s) offered |  | | | |
| Training Partner(s) |  | | | |
| IELCE/IET concurrent instruction model | Co-teaching Alternate Teaching | | | |
| Are all IET enrolled students identified as IETP/Credential in LACES? | Yes No  If NO, explain: | | | |
| Use LACES NRS Table 11 to complete MSG via Achievement of at Least One Educational Functioning Level Gain | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Secondary School Diploma/Recognized Equivalent | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Postsecondary Transcript | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Passing Technical/Occupational Skills Exam | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
|  | | | | |
| Are you collaborating with another adult education agency/provider? | Yes No  If YES, list the agency/provider: | | | |
|  | | | |
| If YES, how are the students of the collaborating agency/provider entered into the LACES database? |  | | | |
| If YES, Primary Grantee and Collaborating Agency/Provider are | Sharing funding  Not sharing funding  Explain, if necessary: | | | |

|  |  |
| --- | --- |
| Describe one promising practice or program highlight related to the priority area to date |  |

List the Project Objectives Identified in your Project Plan and the Current Successes Toward Meeting those Objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Describe your Current Progress Toward IELCE Outcomes.

|  |  |
| --- | --- |
| Achieved Citizenship Skills  (Participant attains the skills necessary to pass the U.S. citizenship exam) |  |
| Voter Registration  (Participant registers to vote or votes for the first time anytime during the program year) |  |
| Involvement in Community Activities  (Participant increases involvement in the following community activities: attending or organizing meetings of neighborhood, community, or political organizations; volunteering to work for such organizations; contributing to the support of such organizations; volunteering to work on community improvement activities) |  |

**Family Literacy Services**

|  |  |
| --- | --- |
| Requested Federal Funds |  |
| Target Population | ESL 1-6/ ABE 1-4  ABE/ASE 5-6 |
| Planned Number of Students |  |
| Current Number of Students 1 hour or more |  |
| Do you anticipate meeting your planned number of students? | Yes No  If NO, explain: |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |
| Total weeks of instruction to date |  |
| Total hours of instruction to date |  |
| Are all Family Literacy students identified as a Family Literacy participant in LACES? | Yes No  If NO, explain: |

|  |  |
| --- | --- |
| Describe one promising practice or program highlight related to the priority area to date |  |

List the Project Objectives Identified in your Project Plan and the Current Successes Toward Meeting those Objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Describe your Current Progress Toward Family Literacy Outcomes.

|  |  |
| --- | --- |
| Increased Involvement in Children’s Education  (Participant increases involvement in the education of dependent children under his/her care, including: helping children more frequently with their schoolwork; increasing contact with children’s teachers to discuss school education; having more involvement in the children’s school, such as attending school activities and parent meetings and volunteering to work on school projects) |  |
| Increased Involvement in Children’s Literacy-Related Activities  (Participant increases involvement in the literacy-related activities of dependent children under his/her care, including: reading to children; visiting a library; purchasing books or magazines for children) |  |

**National External Diploma Program (NEDP) Expansion**

|  |  |  |
| --- | --- | --- |
| Requested Federal Funds |  | |
| Target Population | NEDP | |
| Planned Number of Students |  | |
| Current Number of Students 1 hour or more |  | |
| Number of currently enrolled students who reside outside your service area |  | |
| Do you anticipate meeting your planned number of students? | Yes No  If NO, explain: | |
| Target number of NEDP students to graduate this year |  | |
| Instruction is offered | Virtual In-person Hybrid Other: | |
| Provide NEDP student enrollment for | 2021-2022: | 2020-2021: |

|  |  |
| --- | --- |
| Describe one promising practice or program highlight related to the priority area to date |  |

List the Project Objectives Identified in your Project Plan and the Current Successes Toward Meeting those Objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**Nontraditional/Special Populations Adult Education Instruction**

|  |  |
| --- | --- |
| Requested Federal Funds |  |
| Target Population | ESL ABE GED NEDP  CDP Citizenship |
| Planned Number of Students |  |
| Current Number of Students 1 hour or more |  |
| Corrections/Nontraditional Setting | Correctional Institution/Re-entry program Halfway House  Homeless Shelter Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of collaborating agency(ies) |  |
| Do you anticipate meeting your planned number of students? | Yes No  If NO, explain: |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |
| Total weeks of instruction to date |  |
| Total hours of instruction to date |  |

|  |  |
| --- | --- |
| Describe one promising practice or program highlight related to the priority area to date |  |

List the Project Objectives Identified in your Project Plan and the Current Successes Toward Meeting those Objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**Connecticut Adult Virtual High School**

|  |  |  |
| --- | --- | --- |
| Requested Federal Funds |  | |
| Target Population | ABE GED  CDP | |
| Planned Number of Students |  | |
| Current Number of Students |  | |
| Do you anticipate meeting your planned number of students? | Yes No  If NO, explain: | |
| Past # of Students | 2021-2022: | 2020-2021: |

|  |  |
| --- | --- |
| Describe one promising practice or program highlight related to the priority area to date |  |

List the Project Objectives Identified in your Project Plan and the Current Successes Toward Meeting those Objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**PEP Comprehensive Revised Budget Form (ED-114) –Be sure to include the Comprehensive Revised Budget Form (ED-114) and/or the IELCE Revised Budget Form with this report.**

**Budget Revision:**

|  |
| --- |
| 1. Revisions were made to the ED-114 (Comprehensive and/or IELCE) for these PEP Grants. YES NO |
| 2. If NO, write **“no revision necessary” in the Budget column on the ED 114** and return with this report**.**  Do **not** include Budget Narrative pages with your report if there is no revision. |
| 3. If YES, **indicate the changes to line items in the Budget column**. Complete the Budget Narrative pages and Matching Budget Narrative pages as necessary and return the revised ED-114 and the revised Budget Narrative pages with this report. Be sure to enter any budget revisions into the electronic grant management system (e-GMS). |

**Budget Reduction:**

|  |
| --- |
| 1. Reductions were made to the ED-114 (Comprehensive and/or IELCE) for these PEP Grants. YES NO |
| 2. If YES, **indicate the changes to line items in the Budget column**. Complete the Budget Narrative pages and Matching Budget Narrative pages as necessary and return the revised ED-114 and the revised Budget Narrative pages with this report. Be sure to enter any budget reductions into the electronic grant management system (e-GMS). |
| 3. If YES, provide an explanation for the request for reduction of allocation below. |

|  |
| --- |
| An on-site monitoring visit is requested.YES NO |
| Additional comments, concerns, or questions: |