**Colorado GEER/RISE and EANS Closeout and Final Narrative Report**

**The GEER/RISE and EANS Close out and Final Narrative Paper Version is provided for planning and drafting purposes only. Applicants are encouraged to use this file to draft and review required responses and to access and download required file uploads, but will be required to submit via the GEER/RISE and** [**EANS Closeout and Final Narrative Report Form**](https://app.smartsheet.com/b/form/8f72f925b5b8429dbd3a71be235ec68f)

**The purpose of this form is twofold:**

1. **EANS:** The purpose of this closeout report is to collect the impact of Emergency Assistance to Non-public School support and to identify and understand if the items provided to the non-public school can remain at the school or if the items need to be collected and remain in local control.
2. **Governor’s Emergency Education Relief (GEER) funds/Response, Innovation, and Student Equity (RISE) Education Fund and/or EANS reverted to GEER:** The purpose of this closeout report is to collect data on the impact of the GEER/RISE projects as well as to ensure that final grant reports are received, evaluated and in compliance with federal regulations. Please make sure that all subaward or contract agreements are finalized and closed out prior to completing and certifying this form.

***NOTE: This report collects information regarding multiple programs. The language listed may or may not apply to your grant program however the questions have been tailored for the GEER (RISE) and/or EANS program.***

***If the grant award was issued to a Fiscal Agent (serving as administrator/acting on behalf of grantee), the agency is responsible for ensuring that this form is accurately completed. Please also include the name of the fiscal agent. The fiscal agent must prepare and certified the RISE/GEER form. If the grant award document was not issued to a fiscal agent, put “Not applicable” in the “fiscal agent” box below.***

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| --- | --- |
| Number | Field Response |
| 1. Grant Name: | Response, Innovation, and Student Equity (RISE) Education Fund  Governor Education Emergency Relief Funds (GEER), Emergency Assistance to Non-public Schools (EANS). |
| 1. GEER Program **(If GEER/Rise selected only)** | Please select one of the following::   1. RISE (GEER) II 2. RISE Turnaround 3. Governor's Bright Spot Award (GBSA) 4. Governor's Math Bright Spot Recipients (GMBS) 5. Other: ***Please specified*** |
| 1. Organization Name |  |
| 1. Organization Address: |  |
| 1. Program Manager or Authorized Representative |  |
| 1. Fiscal Agent (if applicable) |  |
| 1. Contact Name |  |
| 1. Contact Title |  |
| 1. Email |  |
| 1. Telephone Number |  |
| 1. Total Awarded Amount: |  |
| 1. Total Amount Spent |  |
| 1. Total Amount Reimbursed |  |
| 1. Total remaining award amount to be deobligated |  |
| 1. Grant Period (Start date to End Date): |  |

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**Please note:** all of the below questions/sections are mandatory and must be addressed.

Part I. Final Narrative Report

**Accomplishments (Required for all programs)**

1. (a) What were the major goals of the project? List the major goals of the project as stated in the approved applications and/or any modified, including any technological or scientific objectives of the project.

b) What specific performance measures were used to assess whether the goals of the project would be met?

1. Describe in detail the work that was performed during the life of the project. What were the key activities accomplished during the grant period? Describe any approach used to obtain these project goals. List milestones and target dates for important activities/phases during the project.
2. Were there any project objectives not fulfilled during the life of the grant? If yes, please discuss and include any circumstances or obstacles that limited or impeded your work?

**Collaborations: Organizations/Partnerships – (Required for GEER/RISE only)**

1. Did you partner with other organizations, communities, or school districts on your project? If yes, please list and comment on its effect on the project.
2. If applicable, list other funding sources and amounts received during the period of this program.

**Impact/Outcomes Measures (Show for all unless noted otherwise)**

1. What was the impact of the project? *Specifically, how were the project’s goals met, and what specific performance outcomes did the project achieve?*
2. How did your project contribute to the COVID-19 pandemic in terms of responding to, preparing for, and preventing it from spreading?
3. Has this grant been instrumental in attracting additional resources in the form of people, money, goods, services, or publicity? If so, please describe it in-depth. (Required for GEER & RISE only)
4. What do you consider to be the greatest strength(s) of the program? What do you consider to be the most important concern(s) – apart from finances – during the program?
5. What populations were served with the grant funds? Select all that apply.
6. Birth to Pre-K
7. K-12
8. Post-Secondary
9. Students and teachers in both Title 1 and Non-Title 1 schools
10. Students and teachers in Title 1 schools only
11. How many students and teachers were served with grant funds?
12. What impact did the grant have on the population you serve? Your staff? The community?
13. What were the overall primary lessons that you and your staff learned from this grant project? How might these lessons impact your future (grant) performance, thinking, or services? (required for GEER & RISE only)
14. If sub-awards were given, please comment on the impact this grant had on those awards. (required for GEER & RISE only)

**Future Plans**

1. If applicable, explain any plans to continue the project and or item purchased for use in your school. Include description of other sources you currently have, expect to have for on-going support, or replication of the program.

Any other comments?

**Part 2: Final Property Report**

1. Was any permanent equipment acquired under this award or subaward? Permanent equipment is defined as a tangible item that is durable and nonexpendable, has a useful life of at least one year, and an acquisition cost of $5,000 or more. Please read 2 CFR 200.313 for additional information on equipment purchased with a federal grant.

🔲Yes.

If yes, a detailed listing is required. Please complete the **Equipment Inventory form** and attach it to this closeout submission.

🔲No.

If NO, complete the **Equipment Inventory form** for tracking purposes.

1. Do you have any residual inventory of unused supplies exceeding $5,000 in total aggregate value? Total aggregate value is the sum of combined supplies purchased with these funds that are unused at the completion of the project. Please reference 2 CFR 200.314 and 2 CFR 200.453 for additional information.

🔲Yes,

If yes, answer the following questions.

* + Do you request the continued use of the supplies/materials? If so, identify such supplies by completing the **Residual Supplies & Material Inventory form** and upload to this closeout submission

🔲No

1. Will the residual materials and/or supplies be used on other federally supported programs?

🔲Yes.

If yes, please indicate the program name and account number of the **Residual**

**Supplies & Materials Inventory Form**, ignore column J and K. Read the below 2 CFR 200 closeout instructions then attach allapplicable closeout documentation to this report.

🔲No. The materials/supplies will be used for the intent and purpose of the existing program.

**Required Attachments**

* CRRSA EANS Closeout and Final Narrative Certifications (Required for EANS)
* GEER/RISE Certifications (Required for all GEER/RISE)
* Residual Supplies and Materials Inventory (Required for all programs if applicable)
* Equipment Inventory Form (Required for all programs if applicable)