

**Upward Bound (UB), Upward Bound Math-Science (UBMS),
and Veterans Upward Bound (VUB) Programs
Annual Performance Report
Program Year 2008–09
Authority: Public Law 102-325, as amended.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0762. The time required to complete this information collection is estimated to average eight and one-half hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Federal TRIO Programs, U.S. Department of Education, 1990 K Street, N.W., Suite 7000, Washington, D.C. 20006-8510.

SECTION I – PROJECT IDENTIFICATION, CERTIFICATION, AND WARNING

A. Identification (all fields with an asterisk [*] are mandatory):

1. PR/Award Number: [will be prepopulated]
2. Name of Grantee Institution/Agency: [will be prepopulated]
3. Address: Campus:
Street:*
City:*
State:* [dropdown box] Zip:*
4. Name of Project Director:
Prefix: [dropdown box allowing choice among Mr., Mrs., Ms., Dr., Sister, Father]
First Name:* MI: Last Name:*
5. Telephone Number:* ext.:
Fax Number: ext.:
E-mail Address:*
6. Report Period: [will be prepopulated]
7. Type of Project: [will be prepopulated]

8. For UBMS projects *only*, please indicate whether project is *

regional (i.e., serves at least two states) or

non-regional (i.e., operates within a state or a locality).

9. Project Characteristics (to be completed by all UB and UBMS projects; not applicable to VUB) *

a. Summer residential program (select one below)

___ Yes

___ No

___ Some participants are residential, others commute

b. Number of weeks of summer program (insert #) _____

c. Frequency of academic year contacts between project staff and participants (select only one)

___ Weekly

___ Twice a month

___ Once a month

___ Quarterly

___ No face-to-face contact

___ Other,

10. Data Entry Person:

Prefix [dropdown box allowing choice among Mr., Mrs., Ms., Dr., Sister, Father]

First Name:*

MI: Last Name:*

Telephone Number:*

ext.:

If you would like to receive an e-mail confirmation upon receipt of your Annual Performance Report, please enter your e-mail address:

B. Certification

The Project Director and Certifying Official are required to sign and date Section I of the 2008–09 Annual Performance Report form to certify the accuracy and completeness of the information submitted electronically. After completing the entire report online, you will be able to print a copy of Section I, which will include signature lines for the project director and certifying official. Please print and fax SECTION I *only* to the U. S. Department of Education at 703-832-1360. Please use the Print button provided on the Submit page.

Please review the information in this section for accuracy and make needed changes before proceeding to the next section of the report form.

I have verified the information in this section.

C. Warning

Any person who knowingly makes a false statement or misrepresentation on this report is subject to penalties which may include fines, imprisonment, or both, under the United States Criminal Code and 20 U.S.C. 1097.

Further federal funds or other benefits may be withheld under these programs unless this report is completed and filed as required by existing law (20 U.S.C. 1231a) and regulations (34 CFR 75.590 and 75.720).