## USDE Annual Performance Reporting Worksheet

## *\*NOTE: The purpose of this document is to assist LEAs with completing the U.S. Department of Education’s (USDE) ESSER Annual Performance Report. This tool was created by TEA from USDE’s pre-existing data collection tool and was modified to only include LEA-specific data reporting requirements.*

## Subsection B – ESSER Mandatory Subgrants to LEAs, (at least 90% of the ESSER I, ESSER II, and ARP ESSER awards, respectively) – Use of Funds Detail[6](#_bookmark0)

**3.b1** Provide the amount of the LEA expenditures by ESSER Subgrant fund and expenditure category for the current reporting period. (*If the SEA operates as a unitary system then report for the* *entire SEA. The total amount reported for subgrant amounts to LEAs may not exceed the total grant amount (Section 1, Question 1.1a) minus total amount reserved (Section 2, Question 1.2a))*

**Report any expenditure ONLY ONCE** in the table below; All cells in each column should sum to the total expended by the LEA (or unitary SEA) in this reporting period. Please use the most appropriate and most specific applicable expenditure category/object for each expenditure. See Appendix, Question 3.b2 for examples of expenditures that should be counted within the four main expenditure categories.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **ESSER I (CARES Act)** | **ESSER II (CRRSAA)** | **ARP ESSER** |
|  |  |  |  |  |  |  |  | **Total Amount** |
|  |  |  |  |  |  |  |  | **Expended toward** |
|  |  |  |  |  |  |  |  | **required set-aside to** |
|  |  |  |  |  |  |  |  | **address learning loss** |
| **LEA****na****me** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Activities** | **Total Amount Expended by Activity**[**7**](#_bookmark1) | **Total Amount Expended by Activity** | **Total Amount Expended by Activity** | *(this amount will be* **exclusive** *of the amount reported in the* |
|  |  |  |  |  |  |  |  | *preceding column;* |
|  |  |  |  |  |  |  |  | *report each* |
|  |  |  |  |  |  |  |  | *expenditure in* ***only*** *one* |
|  |  |  |  |  |  |  |  | *of the two ARP ESSER* |
|  |  |  |  |  |  |  |  | *columns)* |
|  |  |  |  | **Addressing Physical Health and Safety** |  |  |  |  |
| a. Personnel Services – Salaries |  |  |  |  |
| b. Personnel Services -- Benefits |  |  |  |  |
| c. Purchased Professional and Technical Services |  |  |  |  |
| d. Purchased Property Services |  |  |  |  |
| e. Other Purchased Services |  |  |  |  |

6 For CARES Year 4, CRRSA Year 3 and ARP Year 3 reporting, questions 3.b1 will supplemented by question 3.b2 in the appendix.

7 This value should reflect ***only*** expenditures made in the current reporting period.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | f. Supplies |  |  |  |  |
| g. Property |  |  |  |  |
| h. Debt Service and Miscellaneous |  |  |  |  |
| i. Other Items |  |  |  |  |
| **Meeting Students’ Academic, Social, Emotional, and****Other Needs (Excluding Mental Health Supports)** |  |  |  |  |
| j. Personnel Services – Salaries |  |  |  |  |
| k. Personnel Services -- Benefits |  |  |  |  |
| l. Purchased Professional and Technical Services |  |  |  |  |
| m. Purchased Property Services |  |  |  |  |
|  | n. Other Purchased Services |  |  |  |  |
| o. Supplies |  |  |  |  |
| p. Property |  |  |  |  |
| q. Debt Service and Miscellaneous |  |  |  |  |
| r. Other Items |  |  |  |  |
| **Mental Health Supports for Students and Staff** |  |  |  |  |
| s. Personnel Services – Salaries |  |  |  |  |
| t. Personnel Services -- Benefits |  |  |  |  |
| u. Purchased Professional and Technical Services |  |  |  |  |
| v. Purchased Property Services |  |  |  |  |
| w. Other Purchased Services |  |  |  |  |
| x. Supplies |  |  |  |  |
| y. Property |  |  |  |  |
| z. Debt Service and Miscellaneous |  |  |  |  |
| aa. Other Items |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Operational Continuity and Other Allowed Uses** |  |  |  |  |
| bb. Personnel Services – Salaries |  |  |  |  |
| cc. Personnel Services -- Benefits |  |  |  |  |
| dd. Purchased Professional and Technical Services |  |  |  |  |
| ee. Purchased Property Services |  |  |  |  |
| ff. Other Purchased Services |  |  |  |  |
| gg. Supplies |  |  |  |  |
|  |  |  |  | hh. Property |  |  |  |  |
|  |  |  |  | ii. Debt Service and Miscellaneous |  |  |  |  |
|  |  |  |  | jj. Other Items |  |  |  |  |

### 3.b3 Planned Uses of Remaining ESSER I Funds

What are the LEA’s planned uses of remaining **ESSER I mandatory subgrant funds**? *(Provide the percentage of remaining funds planned for the below expenditure categories. All categories must sum to 100% of remaining ESSER I mandatory subgrant funds.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of LEA****awarded ESSER I****Mandatory LEA****Subgrant** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total ESSER I Expenditures in Prior Reporting Period** | **Remaining ESSER I Funds** | **Planned Uses of Remaining ESSER I Mandatory Subgrant Funds** |
| **% Remaining Funds Planned for** | **% Remaining Funds Planned for** | **% Remaining Funds Planned for** | **% Remaining Funds Planned for** | **% Remaining Funds** |
|  |  |  |  |  |  | **Addressing Physical****Health and Safety** | **Meeting Students’****Academic, Social, Emotional, and Other Needs** | **Mental Health****Supports for Students and Staff** | **Operational****Continuity and Other Uses** | **Not Yet Planned for****Specific Use** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **(Excluding Mental Health Supports)** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

### 3.b4 Planned Uses of Remaining ESSER II Funds

What are the LEA’s planned expenditures of remaining **ESSER II mandatory subgrant funds**? *(Provide the percentage of remaining funds planned for the below expenditure categories. All categories must sum to 100% of remaining ESSER I mandatory subgrant funds.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of LEA****awarded ESSER II****Mandatory LEA****Subgrant** | **DUNS #** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Remaining ESSER II Funds** | **Planned Uses of Remaining ESSER II Mandatory Subgrant Funds** |
| **% Remaining Funds Planned for****Addressing Physical Health and Safety** | **% Remaining Funds Planned for****Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for****Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for****Operational Continuity and Other Uses** | **% Remaining Funds****Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  |  |  |

### 3.b5 Planned Uses of Remaining ARP ESSER Funds

What are the LEA’s planned uses of remaining **ARP ESSER mandatory subgrant funds**? *(Provide the percentage of remaining funds planned for the below expenditure categories. All categories must sum to 100% of remaining ESSER I mandatory subgrant funds.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of LEA****awarded** | **DUNS #** | **UNIQUE ENTITY** | **NCES ID#** | **Remaining ARP ESSER Funds** | **Planned Uses of Remaining ARP ESSER Mandatory Subgrant Funds** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ARP ESSER****Mandatory LEA****Subgrant** |  | **ID (SAM)** |  |  | **% Remaining Funds Planned for****Addressing Physical Health and Safety** | **% Remaining Funds Planned for****Meeting Students’ Academic, Social, Emotional, and Other Needs (Excluding Mental Health Supports)** | **% Remaining Funds Planned for****Mental Health Supports for Students and Staff** | **% Remaining Funds Planned for****Operational Continuity and Other Uses** | **% Remaining Funds****Not Yet Planned for Specific Use** |
|  |  |  |  |  |  |  |  |  |  |

### b6 Maintaining Safe In-Person Instruction

Did the LEA expend ESSER funds on any of the items below in ***the current reporting period*** *(note, ESSER refers to ESSER I, ESSER II, and ARP ESSER funds and includes* ***both mandatory subgrants and SEA Reserve subgrants****)*: *(Mark Y/N for each)*

* 1. Promoting vaccination
	2. Consistent and correct mask use
	3. Physical distancing
	4. Screening testing to promptly identify cases, clusters, and outbreaks
	5. Ventilation
	6. Handwashing and respiratory etiquette
	7. Staying home when sick and getting tested
	8. Contact tracing
	9. Cleaning and disinfection

### 3.b7 ESSER Funds to Provide Internet Access

Did this LEA use ESSER to provide home Internet access for any students in the ***current reporting period***? *(ESSER refers to ESSER I, ESSER II and ARP ESSER awards and includes* ***both mandatory subgrants and SEA Reserve subgrants****)*

|  |  |  |
| --- | --- | --- |
| **Did this LEA use ESSER funds to provide home Internet access for****any students? (Y/N)** | **If yes, what types of home Internet services were provided by the district using ESSER funds? Internet Service type:** | **Yes/No** |
|  | a. Mobile hotspots with paid data plans |  |
| b. Internet connected devices with paid data plans |  |
| c. District pays for the cost of home Internet subscription for student |  |

|  |  |  |
| --- | --- | --- |
|  | d. District provides home Internet access through a district-managed wireless network |  |
| e. Other *(Please specify):*  |  |

### 3.b8 Reengaging Students

*Provide a response for all LEAs that received ESSER I, ESSER II or ARP ESSER funds.*

Did the LEA seek to reengage students with poor attendance or participation? (*Mark Y or N)*

Y/N

### b9 Reengaging Students Activities

How did the LEA seek to reengage students with poor attendance or participation? Please answer *regardless* of whether ESSER funds were used for this purpose. *(Mark Y/N for each)*

* 1. Direct outreach to families
	2. Engaging the school district homeless liaison
	3. Partnering with community-based organizations
	4. Offering home internet service and/or devices
	5. Implementing new curricular strategies to improve student engagement
	6. Offering credit recovery and/or acceleration strategies
	7. Other *(please describe): \_(1500 character limit)*

**3.b10 LEA Hiring and Retention of Specific Positions with ESSER I, ESSER II, and/or ARP ESSER LEA Mandatory and SEA Reserve Funds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEA****Name** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Total Amount Expended for These Staff *(cumulative across all ESSER funds)*** | Indicate the total number of ***these specific positions*** supported with any of the ESSER funds for the following positions for the reporting period. Support indicates salaries and/or benefits were partially or fully paid with ESSER funds. *(Note, ESSER refers to ESSER I, ESSER II, and ARP ESSER funds and includes both mandatory subawards and SEA Reserve awards)* |
|  |  |  |  |  |  Special educators and related service personnel Paraprofessionals |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  Bilingual or English as a second language educators School counselors, school psychologists and/or social workers Nurses Short term contractors Classroom educators, not covered by previous categories Support personnel, not covered by previous categories Administrative staff, not covered by previous categories |

## Subsection C –Allocation of ESSER Resources within LEA

**3.c** Did this LEA allocate some portion of ESSER funds to schools in this reporting period? *Note, ESSER refers to ESSER I, ESSER II, and ARP ESSER funds and includes both mandatory subawards and SEA Reserve awards* Y/N

How did this LEA allocate ESSER funds? Mark ‘Y/N’ to indicate whether the below criteria were used to allocate ESSER funds to schools. For example, if the LEA allocated funds using a weighted formula of total number of enrollments *and* total number of enrolled students with disabilities, the LEA should mark ‘Y’ to rows ***a*** and ***b*** below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEA****Name** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | Criteria Used to Allocate Funds to Schools Within LEA(Y/N) |
|  |  |  |  | 1. Flat amount per school or per pupil
2. Number or proportion of students at the school with specific curricular needs, such as students with disabilities or English language learners
3. Number or proportion of students at the school who are eligible for Free or Reduced-Price Lunch and/or other indicators of low- income background
4. Measure(s) of lost instructional time (“learning loss”)
5. Stakeholder or community input
6. Title I status
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | g. Other data (please specify) (*1500 character limit*) |

## Subsection D– ARP ESSER Mandatory Subgrants to LEAs, Reserve to Address Impact of Learning Loss

**3.d1** The total amount reserved by the LEA to address the impact of learning loss (*note: this value must be at least 20% of the value reported in 3a for ARP ESSER)*

**3.d2:** Total expenditures of ARP ESSER LEA Reserve in this reporting period:

1. **d3** Which activities or interventions did the LEA implement to satisfy the LEA’s mandatory set-aside requirements of ARP ESSER funds, which respond to students’ academic, social, and emotional needs and address the disproportionate impact of COVID-19 on underserved student groups, including each major racial and ethnic group, children from low-income families, children with disabilities, English learners, migratory students, students experiencing homelessness, youth in foster care, and other groups disproportionately impacted by the pandemic that have been identified by the SEA (e.g., youth involved in the criminal justice system, students who have missed the most in-person instruction during the 2019-2020 and 2020-2021 school years, students who did not consistently participate in remote instruction when offered during school building closures, and LGBTQ+ students):

*(Mark Y/N for each)*

* 1. Summer learning or summer enrichment
	2. Afterschool programs
	3. Extended instructional time (school day, school week, or school year)
	4. Tutoring
	5. Additional classroom teachers
	6. Other additional staffing and/or activities to assess and support social-emotional well-being (excluding mental health supports), for students, educators and/or families
	7. Other additional staffing and/or activities to assess and support mental health needs, for students, educators and/or families
	8. Other additional staffing and/or activities to identify and/or respond to unique student needs and/or provide targeted support for vulnerable students (including low-income children or students, students with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and children and youth in foster care)
	9. Universal screening, academic assessments, and intervention data systems, such as early warning systems and/or opportunity to learn data systems.
	10. Improved coordination of services for students with multiple types of needs, such as full-service community schools or improved coordination with partner agencies, such as foster care services
	11. Early childhood programs
	12. Curriculum adoption and learning materials
	13. Core staff capacity building / training to increase instructional quality and advance investments in talent pipelines for teachers and/or classified staff
	14. Other *(Please specify):*\_*(1,500 character limit)*
1. **d4** Please describe how the selected activities or interventions address the disproportionate impact of COVID-19 on each listed underserved student groups, including each major racial and ethnic group, children from low-income families, children with disabilities, English learners, migratory students, students experiencing homelessness, youth in foster care, and other groups disproportionately impacted by the pandemic that have been identified by the SEA.

*(3,000 character limit)*

## Subsection B: Activities by subpopulations

1. **b1** How did this LEA use ESSER (ESSER I, ESSER II and/or ARP ESSER) funds to support learning recovery or acceleration for student groups who were disproportionately impacted by the COVID- 19 pandemic? *(Note, ESSER refers to ESSER I, ESSER II, and ARP ESSER funds and includes both mandatory subawards and SEA Reserve awards. If this LEA provided an activity or support to all students* ***and*** *additional or supplemental services/activities targeted specific student groups, please answer yes to the activity “for all students” and select the student group for whom additional support/access was provided.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEA** | **DUNS#** | **UNIQUE ENTITY****ID (SAM)** | **NCES ID#** | **Methods/Intervention****Y/N** | **(If Yes, then) Capacity and Participation** |
|  |  |  |  | 1. Evidence- based summer learning or summer enrichment programs | Is this program available to all students? Y/NIf no, indicate the number of students this program serves at full capacity: Total ***unique*** headcount of students that participated in this activity: Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Student Group***(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be**counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup participating** |
| a. Students with one or more disabilities |  |  |
| b. Low-income students |  |  |
| c. English learners |  |  |
| d. Students in foster care |  |  |
| e. Migratory students |  |  |
| f. Students experiencing homelessness |  |  |
| g. American Indian or Alaska Native |  |  |
| h. Asian |  |  |
| i. Black or African American |  |  |
| j. Hispanic/Latino |  |  |
| k. Native Hawaiian or Other Pacific Islander |  |  |
| l. White |  |  |
| m. Two or more races |  |  |
| n. Other student subpopulation (Please specify): |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | 2. Evidence- based afterschool programs | Is this program available to all students? Y/NIf no, indicate the number of students this program serves at full capacity: Total ***unique*** headcount of students that participated in this activity: Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. |
| **Student Group***(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be**counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup participating** |
| a. Students with one or more disabilities |  |  |
| b. Low-income students |  |  |
| c. English language learners |  |  |
| d. Students in foster care |  |  |
| e. Migratory students |  |  |
| f. Students experiencing homelessness |  |  |
| g. American Indian or Alaska Native |  |  |
| h. Asian |  |  |
| i. Black or African American |  |  |
| j. Hispanic/Latino |  |  |
| k. Native Hawaiian or Other Pacific Islander |  |  |
| l. White |  |  |
| m. Two or more races |  |  |
| n. Other student subpopulation (Please specify): |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | 3. Extended Instructional Time (including extended school day or school week or school year) | Is this program available to all students? Y/NIf no, indicate the number of students this program serves at full capacity: Total ***unique*** headcount of students that participated in this activity: Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. |
| **Student Group***(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be**counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup participating** |
| a. Students with one or more disabilities |  |  |
| b. Low-income students |  |  |
| c. English language learners |  |  |
| d. Students in foster care |  |  |
| e. Migratory students |  |  |
| f. Students experiencing homelessness |  |  |
| g. American Indian or Alaska Native |  |  |
| h. Asian |  |  |
| i. Black or African American |  |  |
| j. Hispanic/Latino |  |  |
| k. Native Hawaiian or Other Pacific Islander |  |  |
| l. White |  |  |
| m. Two or more races |  |  |
| n. Other student subpopulation (Please specify): |  |  |
|  | Is this program available to all students? Y/NIf no, indicate the number of students this program serves at full capacity:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | 4. Evidence-based high dosage tutoring | Total ***unique*** headcount of students that participated in this activity: Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. |
| **Student Group***(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup participating** |
| a. Students with one or more disabilities |  |  |
| b. Low-income students |  |  |
| c. English language learners |  |  |
| d. Students in foster care |  |  |
| e. Migratory students |  |  |
| f. Students experiencing homelessness |  |  |
| g. American Indian or Alaska Native |  |  |
| h. Asian |  |  |
| i. Black or African American |  |  |
| j. Hispanic/Latino |  |  |
| k. Native Hawaiian or Other Pacific Islander |  |  |
| l. White |  |  |
| m. Two or more races |  |  |
| n. Other student subpopulation (Please specify): |  |  |
| 5. Early childhood education program expansion or enhancement | Is this program available to all students? Y/NIf no, indicate the number of students this program serves at full capacity: Total ***unique*** headcount of students that participated in this activity:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***participated*** in this activity:***Eligible*** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. |
| **Student Group***(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup participating** |
| a. Students with one or more disabilities |  |  |
| b. Low-income students |  |  |
| c. English language learners |  |  |
| d. Students in foster care |  |  |
| e. Migratory students |  |  |
| f. Students experiencing homelessness |  |  |
| g. American Indian or Alaska Native |  |  |
| h. Asian |  |  |
| i. Black or African American |  |  |
| j. Hispanic/Latino |  |  |
| k. Native Hawaiian or Other Pacific Islander |  |  |
| l. White |  |  |
| m. Two or more races |  |  |
| n. Other student subpopulation (Please specify): |  |  |
| 6. Full-Service Community Schools | How many new or additional full-service community schools were launched using these funds in this LEA?How many current full-service community schools received additional services and/or support using these funds? What is the total enrollment in full-service community schools supported with ESSER funds within this LEA? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | 7. Purchasing educational technology | Was educational technology purchased for all students? Y/NIf no, indicate the number of students for whom educational technology was purchased Indicate the number of eligible students within each of the following student groups, and the number of eligible students from that student group that ***received or were directly supported by*** the educational technology:***Eligible*** refers to students within the student group who meet eligibility criteria for the educational technology, such as belonging to the appropriate grade and/or having a specific need for the educational technology. |
| **Student Group***(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in multiple rows.)* | **# Enrolled eligible Students at LEA in subgroup** | **# Eligible students in subgroup receiving or supported by the education technology** |
| a. Students with one or more disabilities |  |  |
| b. Low-income students |  |  |
| c. English language learners |  |  |
| d. Students in foster care |  |  |
| e. Migratory students |  |  |
| f. Students experiencing homelessness |  |  |
| g. American Indian or Alaska Native |  |  |
| h. Asian |  |  |
| i. Black or African American |  |  |
| j. Hispanic/Latino |  |  |
| k. Native Hawaiian or Other Pacific Islander |  |  |
| l. White |  |  |
| m. Two or more races |  |  |
| n. Other student subpopulation (Please specify): |  |  |

### 4.b2 Total LEA Student Enrollment by Demographic Subgroup

Indicate the total number of enrolled students within the LEA by each student group below. Students should be counted in all student groups to which they belong. Please use the same methodology to identify student counts as used to report enrollment data to EdFacts.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEA** | **DUNS#** | **UNIQUE ENTITY****ID (SAM)** | **NCES ID#** | **Student Group** | **Count Enrolled Students at LEA** |
|  |  |  |  | a. Students with one or more disabilities |  |
| b. Low-income students |  |
| c. English learners |  |
| d. Students in foster care |  |
| e. Migratory students |  |
| f. Students experiencing homelessness |  |
| g. American Indian or Alaska Native |  |
| h. Asian |  |
| i. Black or African American |  |
| j. Hispanic/Latino |  |
| k. Native Hawaiian or Other Pacific Islander |  |
| l. White |  |
| m. Two or more races |  |
| n. Other student subpopulation (Please specify): |  |
| **Total *Unique* Headcount of Enrolled Students***(Note, the total unique headcount does* ***not*** *need to equal the sum of rows a – n, as a student may be counted in**multiple rows.)* |  |

## Subsection C. Access to select staff, SY 2020-21

**4.c1** Please provide the count of FTE staff assigned to serve each school in this LEA, regardless of funding source, as of September 30, 2020. For example, if one full-time nurse is shared equally by five schools within an LEA, allocate 0.2 FTE to each school served. These data will be merged with school membership data to calculate staff-to-student ratios for the 2020-21 school year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEA NAME** | **DUNS #** | **UNIQUE ENTITY ID****(SAM)** | **NCES ID#** | **School Name (within LEA)** | Count FTE by Staff Type (to the nearest tenth) |
|  |  |  |  |  |  | Staff Type | FTE |  |
| Special educators and related service personnel,including paraprofessionals |  |  |
| Bilingual educators or English as a second languageeducators |  |  |
| School counselors, social workers, or schoolpsychologists |  |  |
| Nurses |  |  |

# Section 5- Full-Time Equivalent (FTE) Positions

### [Note to reviewers: these questions will be appended to the LEA and non-LEA entities tables above in the online data collection tool.]

* 1. Provide the number of full-time equivalent (FTE) positions for the LEA, or non-LEA Entity as of the listed reporting dates. *(The number of FTE positions includes all staff regardless of whether the position is funded by Federal, State, local, or other funds—and equals the sum of the number of full-time positions plus the full-time equivalent of the number of part-time positions.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of LEA/non-LEA Entity** | **DUNS#** | **UNIQUE ENTITY ID (SAM)** | **NCES ID#** | **Full-time equivalent (FTE) positions on September 30,****2021\*** |
|  |  |  |  |  |

## Appendix: Use of Funds Detail for Prospective Reporting

Note: Grantees will complete question 3.b2 *in addition* to question 3.b1 beginning in Year 4 of CARES annual performance reporting, Year 3 of CRRSA and ARP annual performance reporting.

**3.b2** Provide the amount of the LEA expenditures by ESSER Subgrant fund and activity for the current reporting period. (*If the SEA operates as a unitary system then report for the entire SEA. The total amount reported for subgrant amounts to LEAs may not exceed the total grant amount (Section 1, Question 1.1a) minus total amount reserved (Section 2, Question 1.2a))*

**Report any expenditure ONLY ONCE** in the table below; All cells in each column should sum to the total expended by the LEA (or unitary SEA) in this reporting period. Please use the most appropriate and most specific applicable activity for each expenditure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **ESSER I (CARES Act)** | **ESSER II (CRRSAA)** | **ARP ESSER** |
| **LEA****name** | **DUNS#** | **UNIQUE ENTITY ID****(SAM)** | **NCES ID#** | **Activities** | **Total Amount Expended by Activity**[**[1]**](https://gbc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DUS&rs=en%2DUS&actnavid=eyJjIjo1NjkzMDM4ODJ9&wopisrc=https%3A%2F%2Fusdedeop.sharepoint.com%2Fteams%2FOPEPDOCDO-CARES_implementation_internal%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F62ffef92caee4200a062f0170824c83e&wdlor=c616F5897%2d7A80%2d49A7%2d9D6A%2d96DB094F2047&wdenableroaming=1&mscc=1&hid=1A070DA0-901B-C000-ACB3-7002F1E5E1CB&wdorigin=Other&jsapi=1&jsapiver=v1&newsession=1&corrid=ee4ae551-0be2-9494-c63a-22f68abcf8cd&usid=ee4ae551-0be2-9494-c63a-22f68abcf8cd&sftc=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&preseededsessionkey=e5b5b756-b5b2-8be3-8061-f755489f7d30&preseededwacsessionid=ee4ae551-0be2-9494-c63a-22f68abcf8cd&rct=Medium&ctp=LeastProtected&_ftn1) | **Total Amount Expended by Activity** | **Total Amount Expended by Activity** |
|  |  |  |  | **Addressing Physical Health and Safety** |  |
| a. Building and facilities upgrades and maintenance, including ventilation systems andnew construction |  |  |  |
| b. Assistance with meals for students |  |  |  |
| c. Cleaning and/or sanitization supplies |  |  |  |
| d. Temporary classroom space to support socialdistancing |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | e. Temporary or additional transportation servicesto support social distancing to and from school |  |  |  |
| f. Capacity-building to improve disaster preparedness and response efforts, including coordination with State, local, Tribal, and territorial public health departments, and other relevant agencies to improve coordinated responses to prevent, prepare for, and respondto COVID-19 |  |  |  |
| g. Other health protocols ***not listed above*** and aligned to guidance from the Centers for Disease Control and Prevention (CDC) such as: vaccines for staff and/or students, COVID-19 testing for staff and/or students, contact-tracing, masks |  |  |  |
| **Meeting Students’ Academic, Social, Emotional, and****Other Needs Excluding Mental Health Supports** |  |
| h. Extended learning and/or summer learning |  |  |  |
| i. High-dosage intensive tutoring |  |  |  |
| j. Additional staffing and/or activities to identify and/or respond to unique student needs and/or provide targeted support for underserved student groups, including each major racial and ethnic group, children from low-income families, children with disabilities, English learners, LGBTQ+ students, migratory students, students experiencing homelessness, youth in foster care, and other groups disproportionately impacted by the pandemicthat have been identified by the SEA |  |  |  |
|  | k. Universal screening, academic assessments,and intervention data systems, such as early |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | warning systems and/or opportunities to learndata systems |  |  |  |
| l. Improved coordination of services for students with multiple types of needs, such as full- service community schools or improved coordination with partner agencies, such as thefoster care services |  |  |  |
| m. Early Childhood Programs |  |  |  |
| n. Hardware and software |  |  |  |
| o. Wi-Fi, broadband, or other connectivity |  |  |  |
| p. Curriculum adoption and learning materials |  |  |  |
|  |  |  | q. Core staff capacity building / training to increase instructional quality and advanceequity |  |  |  |
| r. Investments in talent pipelines for teachersand/or classified staff |  |  |  |
| **Mental Health Supports for Students and Staff** |  |
| s. Additional staffing and/or activities to assess and support social-emotional well-being, including mental health, for students,educators and/or families |  |  |  |
| **Operational Continuity and Other Allowed Uses** |  |
| t. Any activity not described above that is authorized by the McKinney-Vento HomelessAssistance Act |  |  |  |
| u. Any activity not described above that is authorized by the Elementary and SecondaryEducation Act of 1965 |  |  |  |
| v. Any activity not described above that is authorized by the Individuals with DisabilitiesEducation Act |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | w. Any activity not described above that isauthorized by the Adult Education and Family Literacy Act |  |  |  |
| x. Any activity not described above that is authorized by the Carl D. Perkins Career andTechnical Education Act of 2006 |  |  |  |
| y. Other activities ***not described above*** that are necessary to maintain the operation of and continuity of services in local educational agencies and continuing to employ existingstaff of the local educational agency |  |  |  |