**MARYLAND STATE DEPARTMENT OF EDUCATION**

## **Division of Early Intervention and Special Education Services**

### **INTERIM PROGRESS/CUMULATIVE VARIANCE REPORT**

**IDEA Part B 611, 619, and Part D Grant Lines**

## **Complete this reporting form for each grant line/initiative on the Notice of Grant Award (NOGA).**

**Recipient Agency Name**: Click here to enter text. **Agency Finance Officer:** Click here to enter text.

**State Fiscal Year:** Click here to enter text. **Phone #:** Click here to enter text.

**Grant #/Line # (Ex. 123456/02):** Click here to enter text. **Email Address:** Click here to enter text.

**End Date:** Click to here enter a date. **Agency Program Director:** Click here to enter text.

**Grant Initiative Name:** Click here to enter text. **Phone #:** Click here to enter text.

**Reporting Period:** Click here to enter text. **Email Address:** Click here to enter text.

**through** Click here to enter text.

## **For each grant line/initiative on the NGA, complete the applicable sections as indicated:**

**SECTIOn I:** All grantees, including Non-LSS and IHE, must complete the embedded EXCEL form demonstrating expenditures and cumulative variances for each grant line/initiative

**SECTION II:** Passthrough Grant Lines (611 and 619), including Comprehensive Coordinated Early Intervening Services (CCEIS), if applicable

**SECTION III:** Part B Passthrough (611) and Preschool Passthrough (619) Parentally Placed Private School Students (PPPSS)

**SECTION IV:** Special Education Citizens Advisory Committee

**SECTION V:** All Non-LSS and IHE Initiatives, and LSS/ PA Discretionary Grants

## **SECTION I: Cumulative Variance (Complete this section for each grant line.)**

Double click to enter data. Click outside of the spreadsheet to return to **Word** controls.

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**\* Total Expenses to Date must equal Liquidations / No Encumbrances.**

**Is spending consistent with projected 611 budget? If not, why?** [ ]  YES [ ]  NO

Click or tap here to enter text.

**Will 100% of the funds be expended by the end of the grant period If not, why?** [ ]  YES [ ]  NO

Click or tap here to enter text.

**Will a request to amend the approved budget be submitted**

 **at least 45 days prior to the grant end date?**  [ ]  YES [ ]  NO

## **SECTION II: Passthrough Grant Lines (611 and 619) (Summarize progress to date.)**

Click or tap here to enter text.

## **SECTION III: Part B 611 and 619 Parentally Place Private School Students (Summarize progress to date.)**

**Did the LSS follow the plan presented in the LAFF to ensure timely and meaningful consultation with private school and parent representative of the PPPSS with disabilities? If not, why?** [ ]  YES [ ]  NO

Click or tap here to enter text.

**Provide data to substantiate the number of students.**

 Evaluated: Click or tap here to enter text. # Served ages 3 – 5 years: Click or tap here to enter text.

 Determined to be a child with a # Served ages 6 – 21 years: Click or tap here to enter text.

 Disability: Click or tap here to enter text.

**Provide a list of parental complaints filed since the beginning of the grant period and the status/resolution.**

Click or tap here to enter text.

**Provide a breakdown of the location of services, including transportation, provided.**

Click or tap here to enter text.

## **SECTION IV: Special Education Citizens Advisory Committee (Summarize progress to date.)**

**Provide a list of SECAC activities that have taken place since the beginning of the grant period.**

Click or tap here to enter text.

**Is the current membership the same as presented in the LAFF? If not, provide a list of current membership by category.**

Click or tap here to enter text.

**Provide a summary of the main concerns/recommendations presented to the LSS through the SECAC and the outcomes since the beginning of the grant.**

Click or tap here to enter text.

## **SECTION V: Non-LSS, IHE, and LSS/PA Discretionary**

Summarize progress to date for each goal and/or related benchmark identified in the grant plan.

**Goal and/or related benchmark #** Select #.**.**

Click or tap here to enter text.

**List the strategies necessary to achieve the goal and/or related benchmark.**

Click or tap here to enter text.

**Provide the data demonstrating progress or evidence of change for this goal and reporting period.**

Click or tap here to enter text.

**Include accessibility criteria embedded within the products created (applicable to grantees creating a product).**

Click or tap here to enter text.

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**Will this the goal and/or related benchmark need to be revised, updated, or amended?** [ ]  Yes [ ]  No

**Goal and/or related benchmark #** Select #.**.**

Click or tap here to enter text.

**List the strategies necessary to achieve the goal and/or related benchmark.**

Click or tap here to enter text.

**Provide the data demonstrating progress or evidence of change for this goal and reporting period.**

Click or tap here to enter text.

**Include accessibility criteria embedded within the products created (applicable to grantees creating a product).**

Click or tap here to enter text.

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**Will this the goal and/or related benchmark need to be revised, updated, or amended?** [ ]  Yes [ ]  No

Use the **SECTION V: Non-LSS, IHE, and LSS/PA Discretionary Addendum** to report progress for additional goals and/or related benchmarks.

## **Certification**

In accordance with 2 CFR §200.415, the following certification must be signed by an official who is authorized to legally bind the non-Federal entity:) By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812)

Click or tap here to enter text.

Local Director of Special Education (Print and Sign) Date

Click or tap here to enter text.

Local Finance Officer (Print and Sign)

**\*\*\*\*For Office Use ONLY\*\*\*\***

**MSDE Signature(s)**

MSDE, DEI/SES Fiscal Liaison (Print and Sign) Date

MSDE, DEI/SES Program Liaison (Print and Sign) Date

MSDE, DEI/SES Resource Management and Monitoring Branch Chief (Print and Sign) Date

MSDE, DEI/SES Performance Support and (Print and Sign) Date

Technical Assistance Branch Chief

**SECTION V: Non-LSS, IHE, and LSS/PA Discretionary Addendum**

Summarize progress to date for each outcome, goal, and/or related benchmark identified in the grant plan.

**Goal and/or related benchmark #** Select #.**.**

Click or tap here to enter text.

**List the strategies necessary to achieve the goal and/or related benchmark.**

Click or tap here to enter text.

**Provide the data demonstrating progress or evidence of change for this goal and reporting period.**

Click or tap here to enter text.

**Include accessibility criteria embedded within the products created (applicable to grantees creating a product).**

Click or tap here to enter text.

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**Will this the goal and/or related benchmark need to be revised, updated, or amended?** [ ]  Yes [ ]  No

**Goal and/or related benchmark #** Select #.**.**

Click or tap here to enter text.

**List the strategies necessary to achieve the goal and/or related benchmark.**

Click or tap here to enter text.

**Provide the data demonstrating progress or evidence of change for this goal and reporting period.**

Click or tap here to enter text.

**Include accessibility criteria embedded within the products created (applicable to grantees creating a product).**

Click or tap here to enter text.

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**Will this the goal and/or related benchmark need to be revised, updated, or amended?** [ ]  Yes [ ]  No

Duplicate **SECTION V: Non-LSS, IHE, and LSS/PA Discretionary Addendum** as needed.