FY2009 Self-Evaluation/Quarterly Report

District IRN + Grant Name and Number		
Grant Award Amount	**Funds Received to Date**	**Funds Expended to Date**
Grant Contact	**Phone Number**	**Email**

To provide oversight to federal and state grants, the Ohio Department of Education, Office of Career-Technical and Adult Education (CTAE), has established four levels of monitoring. Level One is a Self Evaluation to be completed by the grant recipient and returned to **CTAE Project Operations**, **Ohio Department of Education, 25 S. Front St., Mail Stop 605, Columbus, Ohio 43215-4183** within 15 days of the date circled. All grants greater than $25,000 are required to comply with Level One monitoring prior to further disbursements**.**

Please circle one:	**October 15**	**January 15**	**April 15**

1. Grant goals and objectives are being achieved according to planned timelines.	Yes	No
Please explain a "no" response.		
2. List obstacles/barriers to achieving grant goals and objectives.		
3. What technical assistance is needed to meet the goals and objectives of the grant?		
4. Will all grant funds be expended by the close of the fiscal year?	Yes	No
5. If "no," what is the projected amount that will not be expended?		

Signature of Authorized Representative:_____

Typed Name and Title:_____

School District/University_____**Date:**_____

Reviewed by and Date	**Follow-up: N/A Copy sent to:**