U.S. Department of Education
Grant Performance Report Cover Sheet (ED 524B)

General Information
1. PR/Award #: U396C1006412
   (Block 5 of the Grant Award Notification - 11 characters.)
   2. Grantee NCES ID#: 0805370
   (See instructions. Up to 12 characters.)

3. Project Title: 84.369 C St Vrain Valley School District I3 Project
   (Enter the same title as on the approved application.)

4. Grantee Name (Block 1 of the Grant Award Notification): St Vrain Valley School District Priority Schools

5. Grantee Address (See instructions.) 395 S Pratt Pkwy Longmont CO 80501

6. Project Director (See instructions.) Name: Regina Renaldi
   Title: Assistant Superintendent of Area 3 and Priority Programs
   Ph #: (303) 682-7211 Ext: ( )
   Fax #: (303) 682-7392
   Email Address: Renaldi_Regina@svvsd.org

Reporting Period Information (See instructions.)
7. Reporting Period: From: 10/01/2010 To: 09/30/2015 (mm/dd/yyyy)

Budget Expenditures (To be completed by your Business Office. See instructions. Also see Section B.)
8. Budget Expenditures

<table>
<thead>
<tr>
<th></th>
<th>Federal Grant Funds</th>
<th>Non-Federal Funds (Match/Cost Share)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Previous Budget Period</td>
<td>2,741,140</td>
<td>1,337,180</td>
</tr>
<tr>
<td>b. Current Budget Period</td>
<td>867,740</td>
<td>152,260</td>
</tr>
<tr>
<td>c. Entire Project Period</td>
<td>3,608,880</td>
<td>1,489,440</td>
</tr>
</tbody>
</table>

(For Final Performance Reports only)

Indirect Cost Information (To be completed by your Business Office. See instructions.)
9. Indirect Costs
   a. Are you claiming indirect costs under this grant? _X_ Yes ____ No
   b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federal Government? _X_ Yes ____ No
   c. If yes, provide the following information:
      Period Covered by the Indirect Cost Rate Agreement: From: 10/01/2010 To: 09/30/2015 (mm/dd/yyyy)
      Approving Federal agency: _________________________ Other (Please specify): Colorado Dept of Education
      Type of Rate (For Final Performance Reports Only): _X_ Provisional ____ Final ____ Other (Please specify): ______________________
   d. For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:
      _X_ Is included in your approved Indirect Cost Rate Agreement?
      _X_ Complies with 34 CFR 76.564(e)(2)?

Human Subjects (Annual Institutional Review Board (IRB) Certification) (See instructions.)
10. Is the annual certification of Institutional Review Board (IRB) approval attached? ____Yes ____ No _X_ N/A

Performance Measures Status and Certification (See instructions.)
11. Performance Measures Status
   a. Are complete data on performance measures for the current budget period included in the Project Status Chart? _X_ Yes ____ No
   b. If no, when will the data be available and submitted to the Department? ____/____/____ (mm/dd/yyyy)

12. To the best of my knowledge and belief, all data in this performance report are true and correct and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the data.

Greg Fieth
Name of Authorized Representative:
Signature: ____________________________ Date: 12/16/15

Title: Chief Financial Officer
**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted
   U.S. Department of Education

2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)
   U398C100841

3. Recipient Organization (Name and complete address including Zip code)
   Saint Vrain Valley School District,
   395 S Pratt Parkway
   Longmont, CO 80504

4a. DUNS Number
    010626331

4b. EIN
    84-6014380

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)
   5416

6. Report Type
   - Quarterly
   - Semi-Annual
   - Annual
   - Final
   - [ ] Cash
   - Accrual

7. Basis of Accounting
   [ ] Cash
   - Accrual

8. Project/Grant Period (Month, Day, Year)
   From: 10/01/2010
   To: 09/30/2015

9. Reporting Period End Date (Month, Day, Year)
   [ ] 09/30/2015

10. Transactions
    Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

- a. Cash Receipts
- b. Cash Disbursements
- c. Cash on hand (line a minus b)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

- d. Total Federal funds authorized $3,608,880
- e. Federal share of expenditures $3,608,880
- f. Federal share of unliquidated obligations $3,608,880
- g. Total Federal share (sum of lines e and f) $3,608,880
- h. Unobligated balance of Federal funds (line d minus g) $0

Recipient Share:

- i. Total recipient share required $1,095,000
- j. Recipient share of expenditures $1,489,440
- k. Remaining recipient share to be provided (line i minus j) 0

Program Income:

- l. Total Federal program income earned
- m. Program income expended in accordance with the deduction alternative
- n. Program income expended in accordance with the addition alternative
- o. Unexpended program income (line l minus line m or line n)

11. Indirect Expense

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Varied by year depending upon approved rate</td>
<td>10/01/2010</td>
<td>09/30/2015</td>
<td>2,367,740</td>
<td>135,888</td>
</tr>
</tbody>
</table>

| g. Totals: | 2,367,740 | 135,888 | 135,888 |

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: 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 intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to civil, criminal, or administrative penalties. (U.S. Code, Title 18, Section 1001)

   a. Typed or Printed Name and Title of Authorized Certifying Official
   Gregory Fieh

   b. Signature of Authorized Certifying Official
   [Signature]

   c. Telephone (Area code, number, and extension)
   303-702-7546

   d. Email Address
   Fieh Gregory@svvsd.org

   e. Date Report Submitted (Month, Day, Year)
   12/16/15

**Paperwork Burden Statement**

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0081. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0081), Washington, DC 20503.