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| **Instructions: A designated SROGP grant official within the school/district must complete *and sign* this report. Click the fields and checkboxes to fill them in. Press “tab” to easily navigate between the fields. Email the signed form and all supporting documentation to** [**MSP-SchoolSafety@michigan.gov**](mailto:MSP-SchoolSafety@michigan.gov)**.** | | | | | | | |
| **I. Grantee Information** | | | | | | | |
| 1. School/district name: | | | | | | 2. Grant number: | |
| **II. Reporting Period** | | | | | | | |
| Select the reporting period for this PSR: Click here to select period | | | | | | | |
| **III. Performance Measures** | | | | | | | |
| 1. **What is the overall status of your SRO position (SRO position posted, SRO position filled, etc.)? If applicable, include any relevant changes or updates since the previous reporting period.** | | | | | | | |
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| 1. **Which school buildings does the SROGP-funded SRO currently cover? Please include school names and grade levels.** | | | | | | | |
|  | | | | | | | |
| 1. **Describe how the SRO has impacted the safety and climate of the school(s) listed above in #2.** | | | | | | | |
|  | | | | | | | |
| 1. **Do you have any specific success stories you would like to share?** | | | | | | | |
|  | | | | | | | |
| 1. **Are you having any difficulties with this grant that you need MSP GCSD assistance with?** | | | | | | | |
|  | | | | | | | |
| **IV. Training  Note:** Training listedon the FSR but not below on the PSR will not be reimbursed. | | | | | | | |
| 1. **Did the SRO attend any SRO-specific trainings during this period as a result of receiving this grant?** | | | | | | | |
| Yes  No  (If no, skip to Section V) | | | | | | | |
| 1. **If yes, how many SRO-specific trainings did the SRO attended during this period?** | | | | | | | |
|  | | | | | | | |
| 1. **Complete the below table for this period.** | | | | | | | |
| **Name of Training** | **Date of Training** | | **Name of Training Agency** | | | **Name of Hosting Agency**  **(If different from Training Agency)** | |
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| **V. Review and Certification** | | | | | | | |
| The person certifying this PSR must be designated as one of the following grant official roles (select one): | | | | | | | |
| **Point of Contact** | | **Financial Officer** | | | **Authorized Official** | | |
| I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. | | | | | | | |
| This is my final report for this grant. | Yes  No | | | | | | |
| **Signature of Certifying Official:** | | | | **Name of Certifying Official:** | | | **Date:** |