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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****.** |
| **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.**
 |
|       |
| 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:**       |