College Preparation Intervention Program

Interim Report

| Institution: | |
|-------------------|-------|
| Project Title: | |
| Grant #: | |
| Project Director: | Date: |

Please complete each section below. Attach additional sheets as needed. Please include any additional information that is pertinent to your progress.

1. Evaluation

- a. Include phase one of the evaluation plan (see RFP on Project Evaluation for details).
- b. Please describe the major activity outcome(s). The specific and measurable project objectives and outcomes submitted in the approved proposal should be restated in this section. This section should state if each project objective and outcome was partially met, met or not met depending on the phase of the project. If the project objective/intended outcome was not met, explain why. An example has been provided below.

<u>Project objective in proposal (re-state)</u>: To provide opportunities for cohort students at to attend remedial mathematics and English/language arts to increase their baseline assessment scores.

- i. <u>Projected project outcome in proposal (re-state)</u>: By the end of January 20XX, 120 students will have had three opportunities to participate in remedial classes. Of the 120 students, 60% will increase their pretest baseline scores by 5 to 10 points by the end of the classes.
- ii. Was this project objective and outcome met? Partially
- iii. <u>Project outcome (quantified):</u> By the end of January 20XX, a total of 110 students participated in remedial classes. Of the 110 students, 50% (56 students) have increased their pretest baseline scores by 5 to 10 points at the end of classes.

2. Activity and Participant Information

Submit a summary of participants for each activity and the number of attendees/participants for each. A list of individual participants should support this summary sheet (include sign-in sheets at the very least).

Sample of the summary participation worksheet:

| Type of Activity | Activity Date(s)/Frequency | Major Activity Objective(s) | Number of Participants (Identify Participant Type) | Contact Hours |
|------------------|-------------------------------|--------------------------------|----------------------------------------------------|------------------|
| | | | | |
| | | | | |
| | | | | |

- 3. Please provide an overview of how your project is progressing:
 - a. Did the project start on time? If not, please discuss why.
 - b. Has the project recruited the projected number of participants? If not, please discuss the difference.
 - c. Which activity garnered the best response? Please discuss.
 - d. What are the greatest challenges and/or major issues faced by the project?
 - e. What is the impact of any challenges encountered on meeting project goals objectives?
- 4. Do you anticipate any difficulties completing all activities on schedule and according to the proposed budget? If so, please explain any anticipated modifications. (Note that when such difficulties arise, project directors are encouraged to contact MHEC as soon as possible to begin discussing ways of addressing the problems encountered.)
- 5. Project Amendment Plans
 - a. Do you plan to request a programmatic project amendment?
 - b. Are you considering requesting a one-time no cost extension?
 - c. Do you plan to request a budget amendment/reallocation?
- **6. Financial Report:** Complete the interim report budget summary and budget narrative to support expenditures.

Remit electronic copy of the interim report and interim budget summary to priscilla.moore@maryland.gov

INTERIM REPORT BUDGET SUMMARY (use this Excel format)

College Preparation & Intervention Program

| Institution: | | | | | |
|-------------------------------------------|-------------------------|--------------------------------|--------------------------------|--------------------------------------------|---------------------------------------|
| Grant #: | | | | | |
| Project Title: | | | | | |
| | | SOURCE OF FUN | DS | | |
| | COLUMN 1 | COLUMN 2 | COLUMN 3 Funds Remaining | COLUMN 4 Institution Contributions** | COLUMN 5 Other Contributions*** |
| | Awarded/Budgeted | Awarded/Budgeted Expenditures* | | | |
| A. Salaries & Wages | | | | | |
| Professional Personnel [L | ist each by name follow | ed by title in brackets] | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| Other Personnel (list categories | & # of each in brackets | 3) | | | |
| 5. [] | | | | | |
| 6. [] | | | | | |
| 7. [] | | | | | |
| 8. [] | | | | | |
| Total Salaries and Wages | 0 | | 0 | 0 | |
| B. Fringe Benefits | | | | | |
| C. Travel | | | | | |
| D. Equipment | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| E. Materials and Supplies | | | | | |
| F. Consultant and Contractual Services | | | | | |
| G. Other (specify) | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| H. Total Direct Costs (A through G) | 0 | | 0 | 0 | |
| Total Indirect Costs (max. of H) | 0 | | 0 | 0 | |
| J. Total (H and I) | 0 | | 0 | 0 | |

^{*}Include all grant-funded expenses.

^{**}Include any contributions from applicant institution in this column. Include both cash and in-kind contributions, distinguishing in the budget narrative which type of contribution is provided for a given item.

^{***}Include any contributions from other partners in the grant project in this column.