**APPENDIX E. REPORT FORMS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Baseline Data: Enrolment and Demographics**

**Baseline Data: Student Outcomes**

**Quarterly In-Kind & Time and Effort Activity Report**

**Project Amendment Request**

**Interim Progress Report**

**Final Report**

|  |
| --- |
| **BASELINE DATA: ENROLLMENT AND DEMOGRAPHICS** Provide baseline data as follows: |
| Academic Year2018-2019 | Male | Female | Total | Hispanic | Asian | African American | Caucasian | American Indian/Alaskan Native | Other Race(s) | EnglishLanguageLearner(ELL) | Students with Disabilities | # of Students on Free& Reduced Meals |
| Demographics of the current total schoolpopulation |  |  |  |  |  |  |  |  |  |  |  |  |
| Demographics of Grade level(s) for CPIP GEAR UP Cohort Enrollment:[example 8th grade] |  |  |  |  |  |  |  |  |  |  |  |  |
| **Identify the number of students enrolled in the overall cohort:**  |

|  |
| --- |
| **BASELINE DATA: STUDENT OUTCOMES**Provide data as follows: |
| #Cohort / #School | *Example**Cohort 65/ School/ 2,500* | Male | Female | Total | Hispanic | Asian | African American | Caucasian | American Indian/Alaskan Native | Other Race(s) | EnglishLanguageLearner(ELL) | Students with Disabilities | # of Students on Freeand Reduced Meals |
| #Passed all MSAs or PARCC assessment  | Cohort 40/ School/1,850 |  |  |  |  |  |  |  |  |  |  |  |  |
| Average GPA | Cohort/ 2.2 School/ 3.2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for Math Remediation or Enrichment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for Reading Remediation or Enrichment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for College Awareness  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**College Preparatory Intervention Program (CPIP)**

**MONTHLY In-Kind & Time and Effort Activity Report**

|  |
| --- |
| State Audit Regulations, CFR 200, 225, 215, 230, and with EDGAR require that a Time and Effort Reporting system be used to document salary charges to grants and contracts for institution receiving grant funding. The distribution of faculty and other professional staff salaries that are connected to grants and contracts is based on budgeted, planned or assigned work activities, updated to reflect any significant changes in work distribution. A Time and effort Activity Report must be completed by each employee working on a sponsored program account to cover each month covered by the grant project The hours shown should be a reasonable distribution of the employee's time spent on the project. Failure to return these reports promptly will result in grant related compensation being delayed until the reports are submitted. |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Higher Education Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Hours Worked |  |  |  |  |  |  |  |
| Day | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| Hours Worked |  |  |  |  |  |  |  |
| Day  | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| Hours Worked |  |  |  |  |  |  |  |
| Day | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| Hours Worked |  |  |  |  |  |  |  |
| Day | 29 | 30 | 31 |  | **Total Hours for the Month: \_\_\_\_\_\_\_\_** **Rate per Hour: $\_\_\_\_\_\_\_\_****Monthly Total: $\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please provide a brief description of work performed.** |

**I certify that the above distribution of time and effort represents a reasonable estimate of the effort (time) expended by me during the pay period covered by this report.**

**Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MHEC College Preparation Intervention Program Grant Program**

**Project Amendment Request**

Grant recipients must obtain prior written approval to make any significant change to the approved project. An explanation of the change(s) and a revised budget must be provided. Please be specific when explaining all requested changes.

Requests to extend the approved project period must be made ***no less than one month*** prior to the originally established expiration date. Section C of this form must also be completed for requests to extend the project period.

For further details about requesting project amendments, see page 24 of the RFP.

|  |
| --- |
| **Institution:** |
| **Project Title:** |
| **Grant Number: CPIP 18 - XXX** | **Project Director:** |

**Section A.** **Amendment Request Type**

[ ]  Project Extension [ ]  Programmatic Changes

[ ]  Reallocate Funds [ ]  Other

**Section B.** **Amendment Request Explanation**

Description:

Reason:

Expected Results:

**Section C.** **Project Extension: Additional Requirements**

For one time, no cost extensions, the following additional information must be included:

* Revised timeline of participant activities
* The role of key staff during the extension
* Estimated number of active participants during the extension period

|  |
| --- |
| **AMENDMENT/REVISED BUDGET SUMMARY (use this Excel format)** |
| **CPIP College Preparation & Intervention Program FY 2018** |
| **Higher Education Institution:**  |
| **Project Number: 18-XXX****Project Title:**  |
| SOURCE OF FUNDS |
|  | **COLUMN 1** | **COLUMN 2** | **COLUMN 3** | **COLUMN 4** |
|   | **\*CPIP FUNDS REQUESTED** | **\*\*INSTITUTION Required 25% Match** | **\*\*\*OTHER Contributions, Match or In-kind** | **TOTALS** |
| **A. Salaries & Wages** |   |   |   |   |
| **Professional Personnel**  |
| [List each by name followed by title in brackets] |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| **Other Personnel**  |
| (List categories & # of each in brackets) |
| 5 |   |   |   |
| 6 |   |   |   |
| **Total Salaries and Wages** |   |   |   |
| **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)** |   |   |   |
| **I. Total Indirect Costs (max. 8% of H)** |   |   |   |
| **J. Total (H and I)** |   |   |   |
| \*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. |

**MHEC College Preparation Intervention Program Grant Program**

***Interim Report Response Questions* (Due: November 30, 2018)**

|  |
| --- |
| **Project Title:****Grant #: CPIP 18-XXX** |
| **Submitted By:** | **Reporting Period: May 21, 2018 – November 22, 2018** |

**Please attach additional sheets for your responses. Address all questions and feel free to add any other additional information you think pertinent. The budget form is available at** [**http://mhec.maryland.gov/Grants/CollegePreparationInterventionProgram/CPIP.asp**](http://mhec.maryland.gov/Grants/CollegePreparationInterventionProgram/CPIP.asp)

1. **Program Overview**
	1. Please provide a brief description (no more than one page) of the current status of your project.
	2. Did the project start on time? If not, please discuss why.
	3. Has the project recruited the projected number of students? If not, please discuss the differences.
	4. Which activity garnered the best response (had the greatest impact)? Please discuss.
2. **Evaluation**
	1. Include phase one (1) of the evaluation plan (see RFP on Evaluation Plan for details).
	2. 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. Then 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.

Project objective in proposal (re-state): To provide opportunities for LEA SCHOOL GEAR UP cohort students at Jones Middle School to attend remedial mathematics and English/language arts support to increase their baseline assessment scores.

* + 1. Projected outcome in proposal (re-state): By the end of January 2019, 120 11th grade students will have had three opportunities to participate in remedial classes. Of the 120 11th grade students, 60% will increase their pretest baseline scores by 5 to 10 points by the end of the classes.
	1. If after completing phase one of the project evaluation, it was determined that mid-grant programmatic changes are needed, please describe your plan for project improvement.

Interim Report Example

* + 1. Was this project objective and outcome met? Partially
		2. Project outcome (quantified): By the end of January 2019, a total of 110 11th grade students participated in remedial classes. Of the 110 11th grade students, 50% (56 students) have increased their pretest baseline scores by 5 to 10 points at the end of classes.
1. **Activity and Participant Information**
2. **Students Served**. Please complete and submit the following table indicating the number of students served by your project.

|  |  |
| --- | --- |
|  | **Number of Students** |
| Number of students you proposed to serve during the reporting period |  |
| Actual number of students in your cohort(s) during the reporting period (i.e., number of students served) |  |

1. **Summary of Participation**. *For each activity*, submit a summary of participants 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**).

 Here is a 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** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Core Activities Provided to Students**. In the following table, place an “X” in the first column next to the types of services provided by your project with CPIP funding or matching funds. For each type of service provided, indicate the number of students who received the service during the reporting period and the average number of hours of service provided per student during the reporting period. Be careful to not duplicate the counting of students. For example, a student who participated in afterschool tutoring and went on a college tour should be counted only once not twice!!

|  |  |  |  |
| --- | --- | --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Activity** | * 1. ***Unduplicated* Number of GEAR UP Students Who Participated in the Activity**
 | * 1. **Sum Total of Hours that GEAR UP Students Participated in the Activity**
 |
|  | Supportive Services |  |  |
|  | Rigorous Academic Curricula |  |  |
|  | Comprehensive Mentoring |  |  |
|  | Financial aid counseling/advising |  |  |
|  | Counseling/advising/academic planning/career counseling |  |  |
|  | College visit/college student shadowing |  |  |
|  | Tutoring/Homework Assistance |  |  |
|  | Job site visit/job shadowing |  |  |
|  | Summer programs |  |  |
|  | Educational field trips |  |  |
|  | Workshops |  |  |
|  | Other (please specify) |  |  |

1. **Core Activities Provided to Parents, Guardians, and Family Members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Service** | **(a) Unduplicated Number of GEAR UP Parents, Guardians, or Family Members Who Participated in the Activity** | **(b) Sum Total of Hours that GEAR UP Parents, Guardians, or Family Members Who Participated in the Activity** |
|  | Workshops on college preparation/financial aid |  |  |
|  | Counseling/advising |  |  |
|  | College visits |  |  |
|  | Family events |  |  |
|  | Other (please specify) |  |  |

1. **Professional Development Activities Provided to Educators**. Please complete the following table indicating professional development provided to educators as part of your approved project design during the reporting period. Include all educators who directly benefited from GEAR UP-sponsored professional development. Indicate (a) the unduplicated number of educators who participated in GEARUP-sponsored professional development; and (b) the sum total of hours that educators participated in GEAR UP-sponsored professional development.

|  |  |
| --- | --- |
| **(a) Unduplicated Number of Educators Who Participated in GEAR UP-Sponsored Professional Development During the Reporting Period** | **(b) Sum Total of Hours that Educators Participated in GEAR UP-Sponsored Professional Development** |
|  |  |

1. **Other GEAR UP Activities**. Please complete the following table indicating services provided to GEAR UP schools.

|  |  |
| --- | --- |
| **Type of Activity** | **Place an “X” in the Column if Your Project Implemented this Type of Activity During the Reporting Period** |
| Encouraging student enrollment in rigorous and challenging curricula and coursework |  |
| Providing services to students in their first year of postsecondary education |  |
| Supporting the development of implementation of rigorous academic curricula, which may include college preparatory, Advanced Placement (AP), or International Baccalaureate (IB) programs, and providing participating students access to rigorous core academic courses that reflect challenging State academic standards. |  |
| Supporting dual or concurrent enrollment programs |  |
| Providing special programs or tutoring in science, technology, engineering, or math |  |
| Providing an intensive extended school day or school year |  |
| Providing skills assessments to students |  |
| Activities specially designed for students who are limited English proficient |  |
| Enabling eligible students to enroll in AP, IB, or college entrance examination preparation courses |  |
| Disseminating information that promotes the importance of higher education, explains college preparation and admission requirements, and raises awareness of the resources and services provided by the eligible entities to eligible students, their families, and communities |  |
| Credit recovery programs |  |
| Other (please specify) |  |

1. **Please discuss the factors that made it possible or not possible to meet the expectations of the project objectives to date.**
2. **What are the greatest challenges and/or major issues faced by the project?**
3. **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 possible ways of addressing the problems encountered.)*
4. **Financial Report:** Complete a budget summary (see table on page 62) and attach a brief budget narrative describing expenditures made.

|  |
| --- |
| **INTERIM DATA: ENROLLMENT AND DEMOGRAPHICS** Provide data as follows: |
| Academic Year2018-2019 | Male | Female | Total | Hispanic | Asian | African American | Caucasian | American Indian/Alaskan Native | Other Race(s) | EnglishLanguageLearner(ELL) | Students with Disabilities | # of Students on Free& Reduced Meals |
| Demographics of the current total schoolpopulation |  |  |  |  |  |  |  |  |  |  |  |  |
| Demographics of Grade level(s) for CPIP GEAR UP Cohort Enrollment:[example 8th grade] |  |  |  |  |  |  |  |  |  |  |  |  |
| **Identify the number of students enrolled in the overall cohort:**  |

|  |
| --- |
| **INTERIM DATA: STUDENT OUTCOMES**Provide data as follows: |
| #Cohort / #School | *Example**Cohort 65/ School/ 2,500* | Male | Female | Total | Hispanic | Asian | African American | Caucasian | American Indian/Alaskan Native | Other Race(s) | EnglishLanguageLearner(ELL) | Students with Disabilities | # of Students on Freeand Reduced Meals |
| #Passed all MSAs or PARCC assessment  | Cohort 40/ School/1,850 |  |  |  |  |  |  |  |  |  |  |  |  |
| Average GPA | Cohort/ 2.2 School/ 3.2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for Math Remediation or Enrichment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for Reading Remediation or Enrichment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for College Awareness  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **CPIP – College Preparation & Intervention Program** |
| **INTERIM REPORT BUDGET SUMMARY** |
| (Due November 30, 2018 for the reporting period (5/21/18-11/22/18) |
| **Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project#: 18-XXX\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |  |
|  | COLUMN 1 | COLUMN 2 | COLUMN 3 | COLUMN 4 | COLUMN 5 | COLUMN 6 |
|  | **\*CPIP** | **\*CPIP** | **\*CPIP** | **\*\*INSTITUTION** | **\*\*INSTITUTION** | **\*\*\*OTHER** |
|  | **FUNDS BUDGETED** | **FUNDS EXPENDED** | **FUNDS REMAINING** | **Required 25% Match/In-Kind BUDGETED** | **Required 25% Match/In-Kind ACTUAL** | **CONTRIBUTIONS** |
| A. Salaries & Wages |  |  |  |  |  |  |
| Professional Personnel |  |  |  |  |  |  |
|  |  |  |  |  |  |
| [List each by name followed by title in brackets] |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| Other Personnel (list categories & # of each in brackets) |  |  |  |  |  |  |
| 5. [ ] |  |  |  |  |  |  |
| 6. [ ] |  |  |  |  |  |  |
| 7. [ ] |  |  |  |  |  |  |
| 8. [ ] |  |  |  |  |  |  |
| Total Salaries and Wages |  |  |  |  |  |  |
| 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) |  |  |  |  |  |  |
| I. Total Indirect Costs (max. 8% of H) |  |  |  |  |  |  |
| J. Total (H and I) |  |  |  |  |  |  |
| \*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. |

**MHEC College Preparation Intervention Program Grant Program**

***FINAL Report Response Questions* (Due: August 31, 2019)**

**(\*\*Report the information for the full term of the grant;**

**Not just the second half of the grant. Be sure to attach Time & Effort Report along with this submission.)**

|  |
| --- |
| **Project Title:****Grant #: CPIP 18-XXX** |
| **Submitted By:** | **Reporting Period: May 21, 2018 – May 31, 2019** |

**Please attach additional sheets for your responses. Address all questions and feel free to add any other additional information you think pertinent. The budget form is available at** [**http://mhec.maryland.gov/Grants/CollegePreparationInterventionProgram/CPIP.asp**](http://mhec.maryland.gov/Grants/CollegePreparationInterventionProgram/CPIP.asp)

1. **Program Overview**
	1. Please describe the extent to which you have implemented all program activities and components planned for this activity reporting period, highlighting your major outcomes, successes, and challenges as it pertains to:
		1. Improving the academic performance of GEAR UP students;
		2. Increasing educational expectations of participating students and their parents, guardians, or family members;
		3. Improving knowledge regarding postsecondary education preparation and financing for students and their parents, guardians, or family members; and
		4. Working to improve high school graduation and postsecondary enrollment rates.
	2. Has the project recruited the projected number of students? If not, please discuss the differences.
	3. Which activity garnered the best response (had the greatest impact)? Please discuss.
	4. Please provide an assessment of the sustainability of this project in the future without grant funds.
	5. Financial Report: Complete a budget summary (see table on page 69) and attach a brief budget narrative describing expenditures made.

**Any unspent grant funds should be returned with the financial report.** Contact MHEC’sGEAR UP/CPIP Coordinator, Kendall Cook, **at** (410) 767-7269 or kendall.cook@maryland.gov for payment assistance or to obtain agency codes. The GEAR UP/CPIP Coordinator must also receive a copy of all correspondence.

1. **Evaluation**
	1. Include phase two (2) of the evaluation plan (see RFP on Evaluation Plan for details).
	2. 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. Then 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.

Project objective in proposal (re-state): To provide opportunities for LEA SCHOOL GEAR UP cohort students at Jones Middle School to attend remedial mathematics and English/language arts support to increase their baseline assessment scores.

* + 1. Projected project outcome in proposal (re-state): By the end of January 2019, 120 10th grade students will have had three opportunities to participate in remedial classes. Of the 120 10th grade students, 60% will increase their pretest baseline scores by 5 to 10 points by the end of the classes.
	1. If after completing phase one of the project evaluation, it was determined that mid-grant programmatic changes are needed, please describe your plan for project improvement.

Final Report Example

* + 1. Was this project objective and outcome met? Yes
		2. Project outcome (quantified): By the end of January 2019, a total of 110 10th grade students participated in remedial classes. Of the 110 10th grade students, 50% (56 students) have increased their pretest baseline scores by 5 to 10 points at the end of classes.
1. **Activity and Participant Information**
2. **Students Served**. Please complete and submit the following table indicating the number of students served by your project.

|  |  |
| --- | --- |
|  | **Number of Students** |
| Number of students you proposed to serve during the reporting period |  |
| Actual number of students in your cohort(s) during the reporting period (i.e., number of students served) |  |

1. **Summary of Participation**. For each activity, submit a summary of participants 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**).

 Here is a 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** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Core Activities Provided to Students**. In the following table, place an “X” in the first column next to the types of services provided by your project with CPIP funding or matching funds. For each type of service provided, indicate the number of students who received the service during the reporting period and the average number of hours of service provided per student during the reporting period. Be careful to not duplicate the counting of students. For example, a student who participated in afterschool tutoring and went on a college tour should be counted only once not twice!!

|  |  |  |  |
| --- | --- | --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Activity** | * 1. ***Unduplicated* Number of GEAR UP Students Who Participated in the Activity**
 | * 1. **Sum Total of Hours that GEAR UP Students Participated in the Activity**
 |
|  | Supportive Services |  |  |
|  | Rigorous Academic Curricula |  |  |
|  | Comprehensive Mentoring |  |  |
|  | Financial aid counseling/advising |  |  |
|  | Counseling/advising/academic planning/career counseling |  |  |
|  | College visit/college student shadowing |  |  |
|  | Tutoring/Homework Assistance |  |  |
|  | Job site visit/job shadowing |  |  |
|  | Summer programs |  |  |
|  | Educational field trips |  |  |
|  | Workshops |  |  |
|  | Other (please specify) |  |  |

1. **Core Activities Provided to Parents, Guardians, and Family Members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Service** | **(a) Unduplicated Number of GEAR UP Parents, Guardians, or Family Members Who Participated in the Activity** | **(b) Sum Total of Hours that GEAR UP Parents, Guardians, or Family Members Who Participated in the Activity** |
|  | Workshops on college preparation/financial aid |  |  |
|  | Counseling/advising |  |  |
|  | College visits |  |  |
|  | Family events |  |  |
|  | Other (please specify) |  |  |

1. **Professional Development Activities Provided to Educators**. Please complete the following table indicating professional development provided to educators as part of your approved project design during the reporting period. Include all educators who directly benefited from GEAR UP-sponsored professional development. Indicate (a) the unduplicated number of educators who participated in GEARUP-sponsored professional development; and (b) the sum total of hours that educators participated in GEAR UP-sponsored professional development.

|  |  |
| --- | --- |
| **(a) Unduplicated Number of Educators Who Participated in GEAR UP-Sponsored Professional Development During the Reporting Period** | **(b) Sum Total of Hours that Educators Participated in GEAR UP-Sponsored Professional Development** |
|  |  |

1. **Other GEAR UP Activities**. Please complete the following table indicating services provided to GEAR UP schools.

|  |  |
| --- | --- |
| **Type of Activity** | **Place an “X” in the Column if Your Project Implemented this Type of Activity During the Reporting Period** |
| Encouraging student enrollment in rigorous and challenging curricula and coursework |  |
| Providing services to students in their first year of postsecondary education |  |
| Supporting the development of implementation of rigorous academic curricula, which may include college preparatory, Advanced Placement (AP), or International Baccalaureate (IB) programs, and providing participating students access to rigorous core academic courses that reflect challenging State academic standards. |  |
| Supporting dual or concurrent enrollment programs |  |
| Providing special programs or tutoring in science, technology, engineering, or math |  |
| Providing an intensive extended school day or school year |  |
| Providing skills assessments to students |  |
| Activities specially designed for students who are limited English proficient |  |
| Enabling eligible students to enroll in AP, IB, or college entrance examination preparation courses |  |
| Disseminating information that promotes the importance of higher education, explains college preparation and admission requirements, and raises awareness of the resources and services provided by the eligible entities to eligible students, their families, and communities |  |
| Credit recovery programs |  |
| Other (please specify) |  |

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| **CPIP – College Preparation & Intervention Program** |
| **FINAL REPORT BUDGET SUMMARY** |
| (Due August 31, 2019 for the reporting period (5/21/18-5/31/19) |
| **Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Project #: \_CPIP 18-XXX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |  |
|  | COLUMN 1 | COLUMN 2 | COLUMN 3 | COLUMN 4 | COLUMN 5 | COLUMN 6 |
|  | **\*CPIP** | **\*CPIP** | **\*CPIP** | **\*\*INSTITUTION** | **\*\*INSTITUTION** | **\*\*\*OTHER** |
|  | **FUNDS BUDGETED** | **FUNDS EXPENDED** | **FUNDS REMAINING** | **Required 25% Match/In-Kind BUDGETED** | **Required 25% Match/In-Kind ACTUAL** | **CONTRIBUTIONS** |
| A. Salaries & Wages |  |  |  |  |  |  |
| Professional Personnel |  |  |  |  |  |  |
|  |  |  |  |  |  |
| [List each by name followed by title in brackets] |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| Other Personnel (list categories & # of each in brackets) |  |  |  |  |  |  |
| 5. [ ] |  |  |  |  |  |  |
| 6. [ ] |  |  |  |  |  |  |
| 7. [ ] |  |  |  |  |  |  |
| 8. [ ] |  |  |  |  |  |  |
| Total Salaries and Wages |  |  |  |  |  |  |
| 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) |  |  |  |  |  |  |
| I. Total Indirect Costs (max. 8% of H) |  |  |  |  |  |  |
| J. Total (H and I) |  |  |  |  |  |  |
| \*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. |
| **Signature of Finance Officer** |  |  |  |  |  |  |
| **Name & Title of Finance Officer** |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |

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| **FINAL DATA: ENROLLMENT AND DEMOGRAPHICS** Provide data as follows: |
| Academic Year2018-2019 | Male | Female | Total | Hispanic | Asian | African American | Caucasian | American Indian/Alaskan Native | Other Race(s) | EnglishLanguageLearner(ELL) | Students with Disabilities | # of Students on Free& Reduced Meals |
| Demographics of the current total schoolpopulation |  |  |  |  |  |  |  |  |  |  |  |  |
| Demographics of Grade level(s) for CPIP GEAR UP Cohort Enrollment:[example 10th grade] |  |  |  |  |  |  |  |  |  |  |  |  |
| **Identify the number of students enrolled in the overall cohort:**  |

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| **FINAL DATA: STUDENT OUTCOMES**Provide data as follows: |
| #Cohort / #School | *Example**Cohort 65/ School/ 2,500* | Male | Female | Total | Hispanic | Asian | African American | Caucasian | American Indian/Alaskan Native | Other Race(s) | EnglishLanguageLearner(ELL) | Students with Disabilities | # of Students on Freeand Reduced Meals |
| #Passed all MSAs or PARCC assessment | Cohort 40/ School/1,850 |  |  |  |  |  |  |  |  |  |  |  |  |
| Average GPA | Cohort/ 2.2 School/ 3.2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for Math Remediation or Enrichment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for Reading Remediation or Enrichment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pretest Score for College Awareness  |  |  |  |  |  |  |  |  |  |  |  |  |  |