

## **G. REPORT FORMS & TABLES**

**Interim Report  
Improving Teacher Quality State Grant Program**

<b>Grant # and Project Title #:</b> 12-10XX	
<b>Submitted By:</b>	<b>Reporting Period:</b>

Please attach additional sheets for your responses. Address all questions and add any other information you think pertinent. This form is available online in MS Word format at <http://www.mhec.state.md.us/grants/ITQ/ITQ.asp>. The budget form is available in Excel and Word formats.

1. Refer to your accepted application. List the project goals and objectives and any other related milestones indicated in your initial application. Under each one, indicate how the project is progressing in meeting those objectives. Indicate beside each how this interim assessment was made (evaluator's report, data sources, etc.) If your evaluator was to turn in an interim report, attach that report to this document.

**2. Participant Information**

- A. Submit a Participant Roster that lists each one's name and school affiliation, as well as grade level and/or subject taught. This roster should be the participant information sheet from the RFP. See Interim Report Table 1: Participant Roster
- B. Complete the Participant Contact Hours table (Interim Report Table 2). Note the key for indicating if credits were earned. Put the number and the type together in the appropriate column(s). A contact hour means time higher education faculty spend with the professional development recipients in an activity; it does not include teacher preparation time. Contact hours refer to participant hours, not project staff hours, and should be calculated **per participating teacher**—do not multiply by the number of participants.  
Note: Contact hours are calculated based on participant time, not project staff time; contact hours are per participant (do not multiply by the total number of participants).
- C. Complete the Interim Report Table 3: Participant Activity (table optional, information may be reported as narrative).



**Interim Report Table 2: Participant Contact Hours by School Level (Required)**

**Grant Number and Project Title  
Reporting Period xx/xx/xx – yy/yy/yy**

Type of Participants	Elementary			Middle			High			Total Participants
	#	Contact Hrs. Per Participant	Credits Earned by # & type)	#	Contact Hrs. Per Participant	Credits Earned: # and Type	#	Contact Hrs. Per Participant	Credits Earned by # & Type	
<b>Principals</b>										
<b>In-service teachers:</b>										
Out-of-field										
Provisional/ Conditional Certification										
Other: _____										
<b>Highly qualified Paraprofessionals</b>										
<b>Other: _____</b>										
<b>Total Participants by School Level (Elem, MS, HS)</b>										

**TABLE KEY:**

- U = undergraduate credit hours
- C = MSDE continuing professional development credit
- G = graduate credit hours

**Interim Report Table 3: Participant Activities**  
**Grant Number and Grant Project Title**  
**Reporting Period xx/xx/xx – yy/yy/yy**

Type of Activity	Activity Date(s)	Major Activity Objective(s)	Number of Participants (Identify Participant Type)	Contact Hours

1. 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) What are the greatest challenges and/or major issues faced by the project? How will the project address these?
  - (d) What does the management team find to be the greatest successes of the project? Why?
2. If participants have agreed to be contacted later for a statewide evaluation, please attach any relevant documentation.
3. Include a roster of participants. Indicate where each teacher works and where each is in terms of the participant table categories. Fiscal report (see next page). Explain any anomalies.

**Contact MHEC immediately if you anticipate any difficulties completing all activities on schedule and according to the proposed budget.**

**Sample Participant Sign-In Sheet for Improving Teacher Quality (ITQ) Grant Funded Activities**

*Use this form to track activity participation for tuition and/or stipend purposes as well as grant reporting requirements for Interim and Final reports.*

Grant Number and Project Name \_\_\_\_\_

Lead Institution \_\_\_\_\_

**Heading Abbreviations To Be Used—Please fill in the appropriate columns with all abbreviations that apply to your teaching for the current year (year one of the grant project)**

**Grade Level Taught:**

- E Elementary (pK-5)
- M Middle School (6-8)
- H High School (9-12)
- S Special Education (use this initial with others as appropriate)

**Experience Level:**

- Pre Pre-service (highly qualified paraprofessional)
- P Administration (assistant principals, principals)
- I Instructional coach or central office specialist
- RTC Conditional or provisional certification
- N New teacher (less than 2 years of experience)
- O Out-of-field teaching
- APC Advanced Professional Certificate

NAME		ADDRESS		Name of School and District	Grade Level Taught	Experience Level	Subject(s) Taught this Year & Next
Surname	First Name	Street Address	E-mail				

**MHEC Improving Teacher Quality Grants Phase 10  
FINAL BUDGET SUMMARY REPORT (Excel)  
Grant Number and Project Title  
Lead Institution  
Reporting Period xx/xx/xx – yy/yy/yy**

	column 1 TITLE II FUNDS	column 2 TITLE II FUNDS	column 3 INSTITUTION MATCHING FUNDS	column 4 INSTITUTION MATCHING FUNDS	column 5 OTHER FUNDS <sup>1</sup>	column 6 UNEXPENDED TITLE II FUNDS <sub>2</sub>
<b>A. Salaries &amp; Wages</b>						
Professional Personnel						
List each by name and title	BUDGETED	ACTUAL	BUDGETED	ACTUAL		UNSPENT Balance
	Expenditures	Expenditures	Expenditures	Expenditures		
1						
2						
3						
Other Personnel (list by job category & note # of each)						
6						
7						
Total Salaries and Wages	0					
<b>B. Fringe Benefits</b>						
<b>C. Travel</b>						
<b>D. Participant Support Costs</b>						
1. Stipends						
2. Tuition						
3. Subsistence						
4. Other (specify)						
Total Participant Costs	0					
<b>E. Other Costs</b>						
1. Materials and Supplies						
2. Consultant Services						
3. Computer Services						
4. Other (specify)						
Total Other Costs						
<b>F. Total Direct Costs (A through E)</b>						
<b>G. Indirect Costs (cannot exceed 8% of F)</b>						
<b>H. Total (F &amp; G)</b>						

<sup>1</sup> If any of these parties, or another agency, committed funds or in-kind donations for this project, indicate the specific breakdown and explanation of such funds for each on a separate sheet, while putting in the totals for appropriate categories

<sup>2</sup> MHEC encourages subgrantees to expend all funds awarded in accordance with the approved budget. Project directors should work with their finance offices to ensure that funds are used for their intended purposes. HOWEVER, any unexpended funds should be returned

**Signature of Finance Officer:** \_\_\_\_\_

**Name & Title of Finance Officers (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FINAL REPORT - SPECIAL RULE (50% RULE)**

**Improving Teacher Quality State Grant Program**

**Project Title/Grant #**

**Lead Institution**

**Grant Period**

**Project Director**

**Grant Budget Amount**

*Every application and final report must demonstrate that no one partner receives more than 50% of the total benefit of the grant funds. (Each participating division of a four-year institution is a separate partner.) Although this chart does not have to be the means of demonstrating that the 50% rule has been followed, the application must be explicit in its demonstration that no partner receives more than 50% benefit. It is recommended that applications have no one partner very close to 50 percent.*

<b>Partner</b>	<b>Budget Item Benefiting Partner</b>	<b>Dollar Value</b>	<b>% Benefit</b>	<b>How the Item Benefits the Partner</b>
Arts & Sciences				
--list budget items, add as many rows as needed				
High Need LEA				
--list budget items, add as many rows as needed				
Teacher Preparation				
--list budget items, add as many rows as needed				
<b>TOTAL (= total requested funds)</b>				

\* If there are additional partners (e.g. other LEAS), please add rows to table as needed.

