# APPENDIX D: Report Forms

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

* + - * 1. **Baseline Data**

Enrollment and Demographics Form

Student Outcomes Form

* + - * 1. **Project Amendments**

Amendment Request Form

Amendment/Revised Budget Summary

* + - * 1. **Interim Reports**

Interim Report Form/Response Questions

Interim Budget Summary

Interim Data: Enrollment and Demographics / Student Outcomes

* + - * 1. **Final Reports**

Final Report Form/Response Questions

Final Budget Summary (Financial Report)

Final Data: Enrollment and Demographics / Student Outcomes

**For more information on reports, see Grant Management in this RFP.**

|  |
| --- |
| **BASELINE DATA: ENROLLMENT AND DEMOGRAPHICS** Provide baseline data as follows: |
| Academic Year2016-2017 | 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  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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 26 of the RFP.

|  |
| --- |
| **Institution:** |
| **Project Title:** |
| **Grant Number:** | **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

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|  |
| --- |
| **AMENDMENT/REVISED BUDGET SUMMARY (use this Excel format)** |
| **CPIP College Preparation & Intervention Program FY 2016** |
| **Higher Education Institution:**  |
| **Project Number: 16-****Project Title:**  |
| SOURCE OF FUNDS |
|  | **COLUMN 1** | **COLUMN 2** | **COLUMN 3** | **COLUMN 4** |
|   | **\*CPIP FUNDS REQUESTED** | **\*\*INSTITUTION CONTIRBUTION** | **\*\*\*OTHER CONTRIBUTIONS** | **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, 2016)

|  |
| --- |
| **Project Title:****Grant #: CPIP 16-** |
| **Submitted By:** | **Reporting Period: May 16, 2016 – November 18, 2016** |

**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. **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 project outcome in proposal (re-state): By the end of January 2017, 120 9th grade students will have had three opportunities to participate in remedial classes. Of the 120 9th 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 2017, a total of 110 9th grade students participated in remedial classes. Of the 110 9th grade students, 50% (56 students) have increased their pretest baseline scores by 5 to 10 points at the end of classes.

![C:\Users\aaugins\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\MQUN8HA4\new[1].png]()

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. **Services 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Service****R = Required Activity** | **Number of Students in the Cohort Who Received the Service** | **Number of Students outside of the Cohort Who Received the Service** | **Average Hours of Service Per Participant Receiving the Service Per Year** |
|  | Comprehensive Mentoring |  |  |  |
|  | Financial aid counseling/advising |  |  |  |
|  | Tutoring |  |  |  |
|  | College visit/college student shadowing |  |  |  |
|  | Job site visit/job shadowing |  |  |  |
|  | Summer programs |  |  |  |
|  | Educational field trips |  |  |  |
|  | Workshops |  |  |  |
|  | Family/cultural events |  |  |  |
|  | Other (please specify) |  |  |  |

1. **Services Provided to Parents/Families and Guardians**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Service** | **Number of Parents/Families/Guardians of Students in the Cohort Who Received the Service** | **Number of Students outside of the Cohort Who Received the Service** | **Average Hours of Service Per Participant Receiving the Service Per Year** |
|  |  | Workshops on college preparation/financial aid |  |  |
|  |  | Counseling/advising |  |  |
|  |  | College visits |  |  |
|  |  | Family events |  |  |
|  |  | Other (please specify) |  |  |

1. **Services Provided to Teachers**. Please complete the following table indicating professional development provided to GEAR UP teachers. Include all teachers who taught GEAR UP students, whether or not their salaries are paid using GEAR UP funding.

|  |  |  |
| --- | --- | --- |
| **Number of Teachers Who Taught GEAR UP Students During the Reporting Period** | **Number of Teachers of GEAR UP Students Who Participated in GEAR UP Sponsored Professional Development During the****Reporting Period (May through November)** | **Average Hours of Professional Development Per Participating Teacher During the Reporting Period** |
|  |  |  |

1. **Services Provided to Schools**. Please complete the following table indicating services provided to GEAR UP schools.

|  |  |
| --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Service** |
|  | Curriculum development |
|  | Dual or current enrollment programs |
|  | Other (please specify) |

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) Which activity garnered the best response? Please discuss.

(d) What are the greatest challenges and/or major issues faced by the project?

Then discuss the factors that made it possible or not possible to meet the expectations of the project objectives.

1. **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.)*
2. **Financial Report:** complete a budget summary (see table on page 60) and attach a brief budget narrative describing expenditures made.

|  |
| --- |
| **INTERIM DATA: ENROLLMENT AND DEMOGRAPHICS** Provide data as follows: |
| Academic Year2016-2017 | 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, 2016 for the reporting period (5/16/16-11/18/16) |
| **Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project#: \_\_\_\_\_\_\_\_\_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** | **CONTRIBUTIONS BUDGETED** | **CONTRIBUTIONS 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. |

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**MHEC College Preparation Intervention Program Grant Program**

FINAL Report Response Questions (Due: August 31, 2017)

|  |
| --- |
| **Project Title:****Grant #: CPIP 16-** |
| **Submitted By:** | **Reporting Period: May 16, 2016 – May 31, 2017** |

**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. **Evaluation**
	1. Include phase two (2) of the evaluation plan (see RFP on Evaluation Plan for details) along with a comprehensive evaluation of the entire project.
	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. 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 2017, 120 9th grade students will have had three opportunities to participate in remedial classes. Of the 120 9th grade students, 60% will increase their pretest baseline scores by 5 to 10 points by the end of the classes.

Final Report Example

 ii. Was this project objective and outcome met? Yes

* + 1. Project outcome (quantified): By the end of October 2017, a total of 110 9th grade students participated in remedial classes (fall, spring, and summer courses). Of those 110 students, 60% (66 students) increased their pretest baseline scores by 5 to 10 points at the end of classes.
	1. Provide information pertaining to the sustainability of the project in the future without grant funds.

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

**Not just the second half of the grant.)**

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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. **Services 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Service****R = Required Activity** | **Number of Students in the Cohort Who Received the Service** | **Number of Students outside of the Cohort Who Received the Service** | **Average Hours of Service Per Participant Receiving the Service Per Year** |
|  | Comprehensive Mentoring |  |  |  |
|  | Financial aid counseling/advising |  |  |  |
|  | Tutoring |  |  |  |
|  | College visit/college student shadowing |  |  |  |
|  | Job site visit/job shadowing |  |  |  |
|  | Summer programs |  |  |  |
|  | Educational field trips |  |  |  |
|  | Workshops |  |  |  |
|  | Family/cultural events |  |  |  |
|  | Other (please specify) |  |  |  |

1. **Services Provided to Parents/Families and Guardians**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Service** | **Number of Parents/Families/Guardians of Students in the Cohort Who Received the Service** | **Number of Students outside of the Cohort Who Received the Service** | **Average Hours of Service Per Participant Receiving the Service Per Year** |
|  |  | Workshops on college preparation/financial aid |  |  |
|  |  | Counseling/advising |  |  |
|  |  | College visits |  |  |
|  |  | Family events |  |  |
|  |  | Other (please specify) |  |  |

1. **Services Provided to Teachers**. Please complete the following table indicating professional development provided to GEAR UP teachers. Include all teachers who taught GEAR UP students, whether or not their salaries are paid using GEAR UP funding.

|  |  |  |
| --- | --- | --- |
| **Number of Teachers Who Taught GEAR UP Students During the Reporting Period** | **Number of Teachers of GEAR UP Students Who Participated in GEAR UP Sponsored Professional Development During the****Reporting Period (entire Project Period)** | **Average Hours of Professional Development Per Participating Teacher During the Reporting Period** |
|  |  |  |

1. **Services Provided to Schools**. Please complete the following table indicating services provided to GEAR UP schools.

|  |  |
| --- | --- |
| **Place an “X” in the column if your project provides this type of service** | **Type of Service** |
|  | Curriculum development |
|  | Dual or current enrollment programs |
|  | Other (please specify) |

1. **Discuss the factors that made it possible and/or challenging to meet (or not meet) the expectations of the project objectives.**
2. (c) Which activity garnered the best response? Please discuss.
3. (d) What are the greatest challenges and/or major issues faced by the project?
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 64) and attach a brief budget narrative describing expenditures made.

**Any unspent grant funds should be returned with the financial report.** Contact MHEC’sDirector of Budget and Administration, Jeff Cann, at 410.767.3044 or jeff.cann@maryland.gov for payment assistance or to obtain agency codes. The CPIP Coordinator must also receive a copy of all correspondence.

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| --- |
| **CPIP – College Preparation & Intervention Program** |
| **FINAL REPORT BUDGET SUMMARY** |
| (Due August 31, 2017 for the reporting period (5/16/16-5/31/17) |
| **Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Project #: \_CPIP 16-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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** | **CONTRIBUTIONS BUDGETED** | **CONTRIBUTIONS 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 Year2016-2017 | 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 9th grade] |  |  |  |  |  |  |  |  |  |  |  |  |
| **Identify the number of students enrolled in the overall cohort:**  |

|  |
| --- |
| **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  |  |  |  |  |  |  |  |  |  |  |  |  |  |