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| **C:\Users\smelton.MVSU\Pictures\MVSU VS LOGO.jpg****TITLE III PROGRAMS****Progress Report** |

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| **Activity:** |  |

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| **Director:** |  |

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| **Reporting Period:** | Choose an item. |

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| **Focus Area (Select the one that best fits your Activity):** | Choose an item. |

1. **Summarize the purpose/intent of the activity as it relates to the University’s strategic plan and describe the target population that this activity addresses (Qualitative and Quantitative).**

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1. **Report on the status of the objectives as of the end of the current reporting period, as they were identified in your activity plan or as they have been added or revised. Please complete the table as follows:**
* List each *objective* along with the *performance indicators* for your activity.
* Indicate whether the *objective* for the current reporting period is *on schedule, completed, behind schedule, or not completed*. Also, provide details of the status of the objective in measurable terms (quantitative and/or qualitative). If the objective is behind schedule or if you have not completed an objective that should have been accomplished during the current reporting period, you must provide an explanation.
* For the *tangible outcome* (result) of each performance indicator, provide the quantitative and/or qualitative evidence of progress or completion. Include previous reporting data (or baseline data) first, then add current data, and indicate the increase in number and percentage, if applicable.
* Describe the *primary implementation strategies* (i.e., specific task(s), persons responsible, methods, etc.) employed during the reporting period and the success of these strategies in the accomplishment of the objective and performance indicator(s).
* Describe the *impact of the objective on the target group and University*. This will explain how the contributed to the overall intent of the activity.
* Discuss what *evidence* is being collected to document the achievement of each identified objective. Attach documentation to support your claims via email or as an appendix (see question 9).
* Indicate any *challenges* you are having in accomplishing your stated objectives (i.e. resources, change in organizational structure, key personnel, departmental priorities, etc.).

***Please add or delete tables and/or rows for the performance indicators as needed.***

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| **Objective 1**:  | **Status:** Choose an item. **Measureable Outcome of Objective:** |
| **Performance Indicators (Anticipated Results)** | **Tangible Outcomes****(Quantitative and/or Qualitative)** |
| 1. Performance Indicator 1 |  |
| 2. Performance Indicator 2 |  |
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| **Implementation strategies employed**: |
| **Impact of the objective on the target group and University**: |
| **Evidence of progress or completion**: |
| **Challenge(s)**: |

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| **Objective 2**:  | **Status:** Choose an item.**Measureable Outcome of Objective:**  |
| **Performance Indicators (Anticipated Results)** | **Tangible Outcomes****(Quantitative and/or Qualitative)** |
| 1. Performance Indicator 1 |  |
| 2. Performance Indicator 2 |  |
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| **Implementation strategies employed**: |
| **Impact of the objective on the target group and University**: |
| **Evidence of progress or completion**: |
| **Challenge(s)**: |

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| **Objective 3**:  | **Status:** Choose an item.**Measureable Outcome of Objective:**  |
| **Performance Indicators (Anticipated Results)** | **Tangible Outcomes****(Quantitative and/or Qualitative)** |
| 1. Performance Indicator 1 |  |
| 2. Performance Indicator 2 |  |
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| **Implementation strategies employed**: |
| **Impact of the objective on the target group and University**: |
| **Evidence of progress or completion**: |
| **Challenge(s)**: |

1. **List equipment, materials, or supplies purchased with Title III funds during this reporting period. Include the vendor’s name, brief description of items, location and cost (e.g., Office Depot; Misc. Office Supplies; Sutton Bldg Suite 100 - $2,972)**

| **Objective** | **Equipment ( $5,000 or more per unit cost) Cost *Per Invoice:*** | **Supplies (unit cost under $5,000) *Cost Per Invoice*****(include computers and other electronic items)** |
| --- | --- | --- |
|  | **Information** | **Cost** | **Information** | **Cost** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
|  | ***Total:*** |  | ***Total:*** |  |

***Please add/delete rows as needed***

1. **List Title III related travel.** **Include the date of event; name and location of event; purpose of travel; the outcome(s) that the travel supports to strengthen the activity or (for faculty/staff development) how the travel strengthen the department and/or University; and name of individual attending and cost.**

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| --- | --- | --- | --- | --- |
| **Date****00/00/0000** | **Event/Destination** | **Purpose of Travel** | **Incorporation of Outcomes to Strengthen Activity**  | **Traveler****Total Cost Per Traveler (Per Expense Report)** |
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|  |  |  |  |  |

***Please add /delete rows as needed***

1. **Summarize all campus consultants/workshops sponsored with Title III funds during the reporting period. Provide the date, name, and purpose of the workshop/consultation; the name of the consultant(s) and number and type of participants (i.e., faculty, staff, and/or students); the outcome(s) of the workshop/consultation; overall evaluation results; and how the evaluation results were or will be used. For sections that do not apply, please reply “N/A” under that section. Attach, via email or as an appendix (see question 9), the program/consultant schedule; findings/consultant report; evaluation results; and other relevant documents.**

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| --- | --- | --- | --- | --- |
| **Date/Name of Workshop/Purpose** | **Consultant(s)****Participants** | **Outcomes/ Incorporation of Outcomes to Strengthen Activity** | **Summary of Evaluation Results** | **How Results Were/Will Be Used** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

***Please add /delete rows as needed***

1. **List Title III supported personnel.** **Personnel not paid by Title III, interns, student workers, and volunteers should not be reported in this section. However, the activities of other individuals involved can be reported throughout the form if they are coordinated or supervised by the Activity Director or Activty personnel or if Title III funds substantially support their activities. You may report on the use of such individuals in question 2 or question 5, depending on applicability.**

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| **Name** | **Title** | **Percent Title III Support/# Months** | **Primary Activities for Reporting Period** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

***Please add/delete rows as needed***

1. **Do you feel that the Title III office supports the accomplishment of your objectives? List recommendations to facilitate the accomplishment of this activity’s objectives and performance indicators, including technical assistance that you may need.**

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1. **State the percentage of your spending level for items that have been *paid*. Are you on target with expending your grant funds (Mid-Year: 35-50%, End-of-Year: 85-100%)? If no, explain why. Be specific.**

Choose

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1. **Document the activity budget expenditures for the reporting period. These expenditures MUST fall within one the categories listed below and MUST be Legislative *ALLOWABLE Expenditure*:**

| **LAA Category [Note: All listed activities are directly from legislation.]** | **Dollars Spent During Reporting Period** | **% of Activity Budget Spent in Each Category** |
| --- | --- | --- |
| Purchase, rental, or lease of scientific or laboratory equipment for educational purposes, including instructional and research purposes. |  |  |
| Construction, maintenance, renovation, and improvement in classrooms, libraries, laboratories, and other instructional facilities, including purchase or rental of telecommunications and technology equipment or services. |  |  |
| Support of faculty exchanges, faculty development, and faculty fellowships to assist in attaining advanced degrees in the field of instruction of the faculty. |  |  |
| Academic instruction in disciplines in which Black Americans are underrepresented. |  |  |
| Purchase of library books, periodicals, and other educational materials, including telecommunications program material. |  |  |
| Tutoring, counseling, and student service programs designed to improve academic success. |  |  |
| Funds management, administrative management, and acquisition of equipment for use in strengthening funds management. |  |  |
| Joint use of facilities, such as laboratories and libraries. |  |  |
| Establishing or improving a development office to strengthen or improve contributions from alumni and the private sector. |  |  |
| Establishing or enhancing a program of teacher education designed to qualify students to teach in a public elementary or secondary school in the State that shall include, as part of such program, preparation for teacher certification. |  |  |
| Establishing community outreach programs which will encourage elementary and secondary students to develop the academic skills and the interest to pursue postsecondary education. |  |  |
| Establishing or improving an endowment fund. |  |  |
| Acquisition of real property in connection with the construction, renovation, or addition to or improvement of campus facilities. |  |  |
| Education or financial information designed to improve the financial literacy and economic literacy of students or the students' families, especially with regard to student indebtedness and student assistance programs. |  |  |
| Services necessary for the implementation of projects or activities that are described in the grant application and that are approved, in advance, by the Secretary, except that not more than two percent of the grant amount may be used for this purpose. |  |  |
| **SAFRA ONLY:** Other activities, consistent with the institution's comprehensive plan and designed to increase the institution's capacity to prepare students for careers in the physical or natural sciences, mathematics, computer science or information technology or sciences, engineering, language instruction in the less-commonly taught languages or international affairs, or nursing or allied health professions. |  |  |
| OTHER ACTIVITIES—PLEASE DESCRIBE IN SIMILAR DETAIL:  |  |  |
| **GRAND TOTAL** |  |  |

1. **Please include other documentation of the activity (e.g., workshops/activities) in (1) the form of tables/charts that may not be suitable for the tables provided above or as (2) attachments (via email preferred) with a list of the submitted documents provided below. Please use the same Font (Arial, 10) for your tables/charts for uniformity.**

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**Appendices:**