

Date	Click here to enter a date.	
Activity Director		
Activity Name		
Grant Year	2019-2020 <input type="checkbox"/> Title III-B <input type="checkbox"/> SAFRA	
Reporting Period	October 1, 2019 – March 31, 2020 (6 Months)	
PART I: OBJECTIVE STATUS		
Continued funding requires evidence of substantial progress towards meeting your activity objectives. Please list your objectives for each activity carried out this reporting period.		
Objective #1:	Status of Objective #1:	
Objective #2:	Status of Objective #2:	
Objective #3:	Status of Objective #3:	
Objective #4:	Status of Objective #4:	
Objective #5:	Status of Objective #5:	
Describe any challenges encountered in achieving the objectives of this activity.		
PART II: PROJECT SUMMARY		
Please summarize the progress made during the current period (October 1, 2019 -March 31, 2020).		
What key processes, procedures, and activities contributed to the specified observable outcomes?		
Were resources adequate during this period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What resource (or lack thereof), including the quantitative and qualitative characteristics of people, funding, equipment, supplies, training, preliminary plans, strategies, etc., contributed to activity outcomes?		
What impact did your activity have on the Institution?		
How was the prior performance report used to enhance activity outcomes during this period?		

PART III: UNIVERSITY COLLABORATIONS

Provide any update on collaboration efforts of your activity with other college services.

PART IV: PERCENTAGE OF COMPLETION

Provide the completion level of each objective.

Objective #1: _____

Objective #2: _____

Objective #3: _____

Objective #4: _____

Objective #5: _____

PART V: SPENDING LEVEL

Provide the spending level of your activity through March 31, 2020. If

(Note: refer to your month budget statements)

Is your activity at the recommended spending level: Yes No (provide an explanation)

Spending Level: _____

Provide a detailed explanation:

PART VI: ACTIVITY MANAGEMENT AND DOCUMENTATION

Please respond to the following

Are all Time and Efforts completed, submitted and up-to-date in the Title III office?

Yes No

If no, provide a detailed explanation.

Has all the equipment for your activity been tagged, logged and filed with the Sponsored Programs and Grants Office?

Yes No

If no, provide a detailed explanation below.

Note: (The SPGO has purchased tags. Contact the SPGO once equipment has been set-up and/or installed.)

List the supporting documentation on file in your department that substantiates the achievement covering this period (i.e. sign-in sheets, evaluations, schedules, etc.)

Signatures:

Activity Director

Date

Supervisor

Date

Title III Director/Grants Office

Date