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| **COLLEGE:**  | **DATE OF REPORT:**   |
| **PROJECT TITLE:**  | **CONTROL #:**  |

**Performance Report**

*An update on project performance must be provided to be eligible for reimbursement on allowable expenses. This information will be used by ACCS on the quarterly report to the Alabama Legislature.*

*Limit performance reporting to the categories below. Enter NA for categories that do not apply. Actual performance will be compared to the outcomes and performance measures as estimated on the application for funds.*

|  |
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| CUMULATIVE Number of Participants Served in Training this Fiscal Year:  |
| Of those served, number projected to complete: (obtain completion certificate)  |
| Date equipment is expected to be installed or upgraded:  |
| Credentials to be earned by completers: |
| Optional explanation of activities: |

*Final reports should address both weaknesses and strengths; what did the public like/dislike; long term impact (spin-off programs, etc.); was dual enrollment used; are there plans to continue the project after grant period has ended; were new collaborative partnerships formed; was the project marketed - if so how; etc.*

Name and Contact Information of Preparer

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