|  |  |
| --- | --- |
| COLLEGE:  | DATE OF REPORT: |
| PROJECT TITLE:  | CONTROL #:  |
| GRANT AWARD DATE:  | FINAL REPORT: [ ]  YES [ ]  NO |

*An update on project performance must be provided to be eligible for reimbursement on allowable expenses. This information will be used by ACCS for reports 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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| --- | --- | --- |
| **EQUIPMENT MILESTONES (IF APPLICABLE)** | **PROJECTED\*** | **ACTUAL** |
| Equipment Bid Date (if applicable): |  |  |
| Bid Close Date (if applicable): |  |  |
| Date equipment ordered:  |  |  |
| Date equipment received: |  |  |
| Equipment upgrade or installation date:  |  |  |
| **TRAINING OR OTHER PROPOSED ACTIVITIES** | **PROJECTED** | **ACTUAL** |
| Start date: |  |  |
| End date:  |  |  |
| Number of Participants Served this Period (since last report): |  |  |
| Cumulative Number of Participants Served this Fiscal Year: |  |  |
| Of cumulative served, number who have or is projected to complete: |  |  |
| Credentials to be earned by completers (if applicable): |  |
| **Performance Narrative\*\*** ***Note:*** *If there has not been any activity after the initial projected start date (ex. training and/or expenditures), the recipient must provide a detailed explanation or reason for the inactivity.* |
|  |

*\*Projected numbers should remain the same for each report.*

*\*\*Final report summaries should address challenges encountered; weaknesses and strengths of the project; student and community feedback; long term impact (spin-off programs, etc.); were other sources of funding utilized; are there plans to continue the project after grant period has ended; were new collaborative partnerships formed; was the project marketed - if so how; summary of populations served; etc.*

**CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose set forth in the award documents**

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| --- | --- | --- | --- |
| Project Contact: |  | Phone Number: |  |
| Title: |  | Email Address: |  |
| Signature: |  | Date: |  |