

**Office of Title III Program**

**3RD Quarterly Report**

**April 1, 2025- June 30,2025**

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| --- | --- | --- |
| **Date** | Click here to enter a date. | |
| **Activity Director** |  | |
| **Activity Name** |  | |
| **Title III Grant:** | **HBCU FUTURE ACT** | |
| **Part I: Objective Status**  Provide a brief update of the status of each objective.  **Please type all objectives as they are written in the proposal. Include measurable outcome, baseline data, and performance indicators.** | | |
| **Status of Objective(s): Type out objectives as it is written in the approved proposal.** | | **Status of Performance Indicators** |
| Objective #1: | | Status of Performance Indicators: |
| Objective #2: | | Status of Performance Indicators: |
| Objective #3: | | Status of Performance Indicators: |
| Objective #4: | | Status of Performance Indicators: |
| Have you encountered any challenges? Yes No  If yes, describe any challenges encountered (in the below space). | | |
| **Part II: 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?  If no, provide a detailed explanation. | | Yes No |
| Has all the equipment for your activity been tagged by the Office of Title III?  If no, provide a detailed explanation. | | Yes No N/A |
| What supporting documentation is being collected to display the achievement of each approved objective? | |  |
| Projected total spend by September 30, 2024? | | $ |
| Encumbered to Date? | | $ |

***(Note: Submit All Supporting Documents with Your Report)***

**Approval:**

Activity Director:

Signature Date

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Title III Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date