

**Office of Title III Program**

**Quarterly Report**

**2023-2024**

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| --- | --- |
| **Date** | Click here to enter a date. |
| **Activity Director** |  |
| **Activity Name** |  |
| **Choose your Title III Grant:** [ ] **HBCU** [ ] **FUTURE ACT**[ ] **1st Quarterly Report (October 1, 2023 – December 31, 2023)**[ ] **3rd Quarterly Report (April 1, 2024 – June 30, 2024)** |
| **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 [ ] NoIf 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 achievement of each approved objective?  |  |

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

**Approval:**

Activity Director:

 Signature Date

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

 Signature Date

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

 Signature Date