

**Office of Title III Program**

**End-of-Year Report**

**(October 1, 2023- September 30, 2024)**

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| --- | --- | --- | --- |
| **Date** | Click here to enter a date. | | |
| **Activity Director** |  | | |
| **Activity Name** |  | | |
| **Grant Year:**  **2023-2024** | **Choose your Title III Grant:**  **HBCU FUTURE ACT** | | |
| **Part I: Objective Status**  Provide a brief update of the status of each Objective and Performance Indicator.  Please type all objectives as they are written in the proposal. Include measurable outcomes, baseline data, and performance indicators.  ***Note: Continued funding requires evidence of substantial progress towards meeting your activity objectives*.** | | | |
| **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: Project Summary**  Please summarize the progress made during October 2023 – September 2024. | | | |
| What were the specified outcomes for the activity and what is the status of accomplishment? | |  | |
| What key processes, procedures, and activities contributed to the specified observable outcomes? | |  | |
| Were resources adequate during this period? | | Yes  No N/A | |
| 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? | |  | |
| **Part III: University Collaborations**  Provide any update on collaborated efforts of your activity with other college services. | | | |
|  | | | |
| **Part IV: Budget Analysis**  Please refer to your budget statements | | | |
| What is the 2023-2024 grant year award amount for your activity? | | | $ |
| What is the total amount of expenses for your activity during the 2023-2024 grant year? | | | $ |
| What is the available balance of your activity (unspent funds)? | | | $ |
| **Part V: Travel**  Please list all travel relative to your objectives, and include the following: | | | |
| Name of Event | | | Provide a location and how the trip had an impact on your activity and department. |
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| **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?  If no, provide a detailed explanation. | | | Yes No |
| Has all the equipment for your activity been tagged, logged, and filed in the Information Technology office?  If no, provide a detailed explanation. | | | Yes No |
| List the supporting documentation on file in your department that substantiates the achievement covering this period (2023-2024). | | |  |
| **Part VII: Impact Statement**  Describe how your activity has had a positive impact on the university and for the students in your program in detail. The information provided in this report will be also be used for the DOE Interim and Annual Performance Report.  **Note: This section is Mandatory** | | | |
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***(Note: Submit All Supporting Documents with Your Report)***

**Approval:**

Activity Director:

Signature Date

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

Signature Date

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

Signature Date