

**Office of Title III Program**

**Mid-Year Report**

**(January 1, 2024- March 31, 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 Indicators.  **Please type all objectives as they are written in the proposal. Include measurable outcomes, 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: Project Summary**  Please summarize the progress made during October 2023 – March 2024. | | | |
| What key processes, procedures, and activities contributed to the specified outcomes? | |  | |
| Were resources adequate during this period? | | Yes  No | |
| 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: Percentage**  Provide a percentage level of completion for each objective: | | | |
| Objective #1: \_#\_\_\_%  Objective #2: \_#\_\_\_%  Objective #3: \_#\_\_\_%  Objective #4: \_#\_\_\_% | | | |
| **Part IV: 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 |

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

**Approval:**

Activity Director: \_\_\_\_\_\_

Signature Date

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

Signature Date

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

Signature Date