

**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 [ ] NoIf 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