

MHEC Workforce and Employability Skills Program

FINAL Report Response Questions (Due: January 3, 2020)

(Report the information for the full term of the grant;
Not just the second half of the grant. Be sure to attach Time & Effort Report along
with this submission.)**

| | |
|---|---|
| Project Title: Grant #: WESP 19-XXX | |
| Submitted By: | Reporting Period: October 5, 2018 to October 4, 2019 |

Please attach additional sheets for your responses. Address all questions and feel free to add any other additional information you think pertinent. The budget form is available on MHEC's website.

1. Program Overview

- a. Please describe the extent to which you have implemented all program activities and components planned for this activity reporting period, highlighting your major outcomes, successes, and challenges as it pertains to:
 - i. Improving the academic performance of GEAR UP students;
 - ii. Increasing educational expectations of participating students and their parents, guardians, or family members;
 - iii. Improving knowledge regarding postsecondary education preparation and financing for students and their parents, guardians, or family members; and
 - iv. Working to improve high school graduation and postsecondary enrollment rates.
- b. Has the project recruited the projected number of students? If not, please discuss the differences.
- c. Which activity garnered the best response (had the greatest impact)? Please discuss.
- d. Please provide an assessment of the sustainability of this project in the future without grant funds.
- e. Financial Report: Complete a budget summary (see RFP) and attach a brief budget narrative describing expenditures made.

Any unspent grant funds should be returned with the financial report. Contact MHEC's GEAR UP Coordinator, Mr. Kendall Cook, **at** (410) 767-7269 or kendall.cook@maryland.gov for payment assistance or to obtain agency codes. The GEAR UP Coordinator must also receive a copy of all correspondence.

2. Evaluation

- a. Include phase two (2) of the evaluation plan (see RFP on Evaluation Plan for details).
- b. Please describe the major activity outcome(s). The specific and measurable project objectives and outcomes submitted in the approved proposal should be restated in this section. Then this section should state if each project objective and outcome was partially met, met or not met depending on the phase of the project. If the project objective/intended outcome was not met, explain why. An example has been provided below.

Project objective in proposal (re-state): To provide opportunities for LEA SCHOOL GEAR UP cohort students at Jones High School to attend remedial mathematics and English/language arts support to increase their baseline assessment scores.

- i. Projected project outcome in proposal (re-state): By the end of January 2019, 120 11th grade students will have had three opportunities to participate in remedial classes. Of the 120 11th grade students, 60% will increase their pretest baseline scores by 5 to 10 points by the end of the classes.
- c. If after completing phase one of the project evaluation, it was determined that mid-grant programmatic changes are needed, please describe your plan for project improvement.

Final Report Example

- i. Was this project objective and outcome met? Yes
- ii. Project outcome (quantified): By the end of January 2019, a total of 110 11th grade students participated in remedial classes. Of the 110 11th grade students, 50% (56 students) have increased their pretest baseline scores by 5 to 10 points at the end of classes.

3. Activity and Participant Information

- A. **Students Served.** Please complete and submit the following table indicating the number of students served by your project.

| | Number of Students |
|---|---------------------------|
| Number of students you proposed to serve during the reporting period | |
| Actual number of students in your cohort(s) during the reporting period (i.e., number of students served) | |

- B. **Summary of Participation.** For each activity, submit a summary of participants and the number of attendees/participants for each. A list of individual participants should support this summary sheet (**include sign-in sheets at the very least**).

Here is a sample of the summary participation worksheet:

| Type of Activity | Activity Date(s)/Frequency | Major Activity Objective(s) | Number of Participants (Identify Participant Type) | Contact Hours |
|------------------|----------------------------|-----------------------------|--|---------------|
| | | | | |
| | | | | |

C. Core Activities Provided to Students. In the following table, place an “X” in the first column next to the types of services provided by your project with WESP funding or matching funds. For each type of service provided, indicate the number of students who received the service during the reporting period and the average number of hours of service provided per student during the reporting period. Be careful to not duplicate the counting of students. For example, a student who participated in afterschool tutoring and went on a college tour should be counted only once not twice!!

| Place an “X” in the column if your project provides this type of service | Type of Activity | (a) Unduplicated Number of GEAR UP Students Who Participated in the Activity | (b) Sum Total of Hours that GEAR UP Students Participated in the Activity |
|--|---|--|---|
| | Soft Skill Workshops – Communication | | |
| | Soft Skill Workshops – Collaboration and Teamwork | | |
| | Soft Skill Workshops – Self Management and Advocacy | | |
| | Job Exploration Counseling | | |
| | Experiential Learning | | |
| | Workplace Readiness Training and Youth Employment | | |
| | Other (please specify) | | |

D. Core Activities Provided to Parents, Guardians, and Family Members

| Place an "X" in the column if your project provides this type of service | Type of Service | (a) Unduplicate d Number of GEAR UP Parents, Guardians, or Family Members Who Participated in the Activity | (b) Sum Total of Hours that GEAR UP Parents, Guardians, or Family Members Who Participated in the Activity |
|--|---|--|--|
| | Soft Skill Workshops – Communication | | |
| | Soft Skill Workshops – Collaboration and Teamwork | | |
| | Soft Skill Workshops – Self Management and Advocacy | | |
| | Job Exploration Counseling | | |
| | Experiential Learning | | |
| | Workplace Readiness Training and Youth Employment | | |
| | Other (please specify) | | |

E. Professional Development Activities Provided to Educators. Please complete the following table indicating professional development provided to educators as part of your approved project design during the reporting period. Include all educators who directly benefited from GEAR UP-sponsored professional development. Indicate (a) the unduplicated number of educators who participated in GEARUP-sponsored professional development; and (b) the sum total of hours that educators participated in GEAR UP-sponsored professional development.

| (a) Unduplicated Number of Educators Who Participated in GEAR UP-Sponsored Professional Development During the Reporting Period | (b) Sum Total of Hours that Educators Participated in GEAR UP-Sponsored Professional Development |
|---|--|
| | |

F. Other GEAR UP Activities. Please complete the following table indicating services provided to GEAR UP schools.

| Type of Activity | Place an "X" in the Column if Your Project Implemented this Type of Activity During the Reporting Period |
|---|--|
| Encouraging student enrollment in rigorous and challenging curricula and coursework | |
| Providing services to students in their first year of postsecondary education | |
| Supporting the development of implementation of rigorous academic curricula, which may include college preparatory, Advanced Placement (AP), or International Baccalaureate (IB) programs, and providing participating students access to rigorous core academic courses that reflect challenging State academic standards. | |
| Supporting dual or concurrent enrollment programs | |
| Providing special programs or tutoring in science, technology, engineering, or math | |
| Providing an intensive extended school day or school year | |
| Providing skills assessments to students | |
| Activities specially designed for students who are limited English proficient | |
| Enabling eligible students to enroll in AP, IB, or college entrance examination preparation courses | |
| Disseminating information that promotes the importance of higher education, explains college preparation and admission requirements, and raises awareness of the resources and services provided by the eligible entities to eligible students, their families, and communities | |
| Credit recovery programs | |
| Other (please specify) | |

WESP – Workforce and Employability Skills Program
FINAL REPORT BUDGET SUMMARY

(Due January 3, 2020 for the reporting period (10/5/2018 – 10/4/2019)

Institution: _____

Project #: WESP 19-XXX

Title: _____

| | COLUMN 1 | COLUMN 2 | COLUMN 3 | COLUMN 4 | COLUMN 5 | COLUMN 6 |
|---|----------------------|----------------------|-----------------------|---|---|------------------------|
| | *WESP FUNDS BUDGETED | *WESP FUNDS EXPENDED | *WESP FUNDS REMAINING | **INSTITUTION Required 25% Match/In-Kind BUDGETED | **INSTITUTION Required 25% Match/In-Kind ACTUAL | ***OTHER CONTRIBUTIONS |
| A. Salaries & Wages | | | | | | |
| Professional Personnel | | | | | | |
| [List each by name followed by title in brackets] | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| Other Personnel (list categories & # of each in brackets) | | | | | | |
| 5. [] | | | | | | |
| 6. [] | | | | | | |
| 7. [] | | | | | | |
| 8. [] | | | | | | |
| Total Salaries and Wages | | | | | | |
| B. Fringe Benefits | | | | | | |
| C. Travel | | | | | | |
| D. Equipment | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| E. Materials and Supplies | | | | | | |
| F. Consultant and Contractual Services | | | | | | |
| G. Other (specify) | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| H. Total Direct Costs (A through G) | | | | | | |
| I. Total Indirect Costs (max. 8% of H) | | | | | | |
| J. Total (H and I) | | | | | | |

*Include all grant-funded expenses.

**Include any contributions from applicant institution in this column. Include both cash and in-kind contributions, distinguishing in the budget narrative which type of contribution is provided for a given item.

***Include any contributions from other partners in the grant project in this column.

Signature of Finance

Officer _____

Name & Title of Finance

Officer _____

Date: _____