

APPENDIX E. REPORT FORMS

Baseline Data: Enrolment and Demographics
Baseline Data: Student Outcomes
Quarterly In-Kind & Time and Effort Activity Report
Project Amendment Request
Interim Progress Report
Final Report

BASELINE DATA: ENROLLMENT AND DEMOGRAPHICS

Provide baseline data as follows:

<u>Academic Year 2018-2019</u>	Male	Female	Total	Hispanic	Asian	African American	Caucasian	American Indian/Alaskan Native	Other Race(s)	English Language Learner (ELL)	Students with Disabilities	# of Students on Free & Reduced Meals
Demographics of the current total school population												
Demographics of Grade level(s) for CPIP GEAR UP Cohort Enrollment: [example 8 th grade]												
Identify the number of students enrolled in the overall cohort:												

**College Preparatory Intervention Program (CPIP)
MONTHLY In-Kind & Time and Effort Activity Report**

State Audit Regulations, CFR 200, 225, 215, 230, and with EDGAR require that a Time and Effort Reporting system be used to document salary charges to grants and contracts for institution receiving grant funding. The distribution of faculty and other professional staff salaries that are connected to grants and contracts is based on budgeted, planned or assigned work activities, updated to reflect any significant changes in work distribution. A Time and effort Activity Report must be completed by each employee working on a sponsored program account to cover each month covered by the grant project. The hours shown should be a reasonable distribution of the employee's time spent on the project. Failure to return these reports promptly will result in grant related compensation being delayed until the reports are submitted.

Name: _____

Higher Education Institution: _____

Month: _____ Year: _____

Day	1	2	3	4	5	6	7
Hours Worked							
Day	8	9	10	11	12	13	14
Hours Worked							
Day	15	16	17	18	19	20	21
Hours Worked							
Day	22	23	24	25	26	27	28
Hours Worked							
Day	29	30	31		Total Hours for the Month: _____ Rate per Hour: \$ _____ Monthly Total: \$ _____		

Please provide a brief description of work performed.

I certify that the above distribution of time and effort represents a reasonable estimate of the effort (time) expended by me during the pay period covered by this report.

Signature of Employee: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

**MHEC College Preparation Intervention Program Grant Program
Project Amendment Request**

Grant recipients must obtain prior written approval to make any significant change to the approved project. An explanation of the change(s) and a revised budget must be provided. Please be specific when explaining all requested changes.

Requests to extend the approved project period must be made ***no less than one month*** prior to the originally established expiration date. Section C of this form must also be completed for requests to extend the project period.

For further details about requesting project amendments, see page 24 of the RFP.

Institution:	
Project Title:	
Grant Number: CPIP 18 - XXX	Project Director:

Section A. Amendment Request Type

- | | |
|--|---|
| <input type="checkbox"/> Project Extension | <input type="checkbox"/> Programmatic Changes |
| <input type="checkbox"/> Reallocate Funds | <input type="checkbox"/> Other |

Section B. Amendment Request Explanation

Description:

Reason:

Expected Results:

Section C. Project Extension: Additional Requirements

For one time, no cost extensions, the following additional information must be included:

- Revised timeline of participant activities
- The role of key staff during the extension
- Estimated number of active participants during the extension period

AMENDMENT/REVISED BUDGET SUMMARY (use this Excel format)

CPIP College Preparation & Intervention Program FY 2018

Higher Education Institution: _____

Project Number: 18-XXX _____

Project Title: _____

SOURCE OF FUNDS				
	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
	*CPIP FUNDS REQUESTED	**INSTITUTION Required 25% Match	***OTHER Contributions, Match or In-kind	TOTALS
A. Salaries & Wages				
Professional Personnel				
[List each by name followed by title in brackets]				
1				
2				
3				
Other Personnel				
(List categories & # of each in brackets)				
5				
6				
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.

MHEC College Preparation Intervention Program Grant Program

Interim Report Response Questions (Due: November 30, 2018)

Project Title: Grant #: CPIP 18-XXX	
Submitted By:	Reporting Period: May 21, 2018 – November 22, 2018

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 at <http://mhec.maryland.gov/Grants/CollegePreparationInterventionProgram/CPIP.asp>

1. Program Overview

- a. Please provide a brief description (no more than one page) of the current status of your project.
- b. Did the project start on time? If not, please discuss why.
- c. Has the project recruited the projected number of students? If not, please discuss the differences.
- d. Which activity garnered the best response (had the greatest impact)? Please discuss.

2. Evaluation

- a. Include phase one (1) 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 Middle School to attend remedial mathematics and English/language arts support to increase their baseline assessment scores.

- i. Projected 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.

Interim Report Example

- i. Was this project objective and outcome met? Partially
- 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 CPIP 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) <i>Unduplicated</i> Number of GEAR UP Students Who Participated in the Activity	(b) Sum Total of Hours that GEAR UP Students Participated in the Activity
	Supportive Services		
	Rigorous Academic Curricula		
	Comprehensive Mentoring		

	Financial aid counseling/advising		
	Counseling/advising/academic planning/career counseling		
	College visit/college student shadowing		
	Tutoring/Homework Assistance		
	Job site visit/job shadowing		
	Summer programs		
	Educational field trips		
	Workshops		
	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) Unduplicated 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
	Workshops on college preparation/financial aid		
	Counseling/advising		
	College visits		
	Family events		
	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)	

4. **Please discuss the factors that made it possible or not possible to meet the expectations of the project objectives to date.**
5. **What are the greatest challenges and/or major issues faced by the project?**

6. **Do you anticipate any difficulties completing all activities on schedule and according to the proposed budget?** If so, please explain any anticipated modifications. *(Note that when such difficulties arise, project directors are encouraged to contact MHEC as soon as possible to begin discussing possible ways of addressing the problems encountered.)*
7. **Financial Report:** Complete a budget summary (see table on page 62) and attach a brief budget narrative describing expenditures made.

INTERIM DATA: ENROLLMENT AND DEMOGRAPHICS

Provide data as follows:

<u>Academic Year 2018-2019</u>	Male	Female	Total	Hispanic	Asian	African American	Caucasian	American Indian/Alaskan Native	Other Race(s)	English Language Learner (ELL)	Students with Disabilities	# of Students on Free & Reduced Meals
Demographics of the current total school population												
Demographics of Grade level(s) for CPIP GEAR UP Cohort Enrollment: [example 8 th grade]												

Identify the number of students enrolled in the overall cohort:

**CPIP – College Preparation & Intervention Program
INTERIM REPORT BUDGET SUMMARY**

(Due November 30, 2018 for the reporting period (5/21/18-11/22/18))

Institution: _____
Project#: 18-XXX _____ **Title:** _____

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
	*CPIP FUNDS BUDGETED	*CPIP FUNDS EXPENDED	*CPIP 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 grant project in this column.

MHEC College Preparation Intervention Program Grant Program

FINAL Report Response Questions (Due: August 31, 2019)

(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 #: CPIP 18-XXX	
Submitted By:	Reporting Period: May 21, 2018 – May 31, 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 at <http://mhec.maryland.gov/Grants/CollegePreparationInterventionProgram/CPIP.asp>

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 table on page 69) 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/CPIP Coordinator, Kendall Cook, at (410) 767-7269 or kendall.cook@maryland.gov for payment assistance or to obtain agency codes. The GEAR UP/CPIP 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.

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- i. Projected project outcome in proposal (re-state): By the end of January 2019, 120 10th grade students will have had three opportunities to participate in remedial classes. Of the 120 10th 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 10th grade students participated in remedial classes. Of the 110 10th 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.

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Actual number of students in your cohort(s) during the reporting period (i.e., number of students served)	

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

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Place an “X” in the column if your project provides this type of service	Type of Activity	(c) <i>Unduplicated</i> Number of GEAR UP Students Who Participated in the Activity	(d) Sum Total of Hours that GEAR UP Students Participated in the Activity
	Supportive Services		
	Rigorous Academic Curricula		
	Comprehensive Mentoring		
	Financial aid counseling/advising		
	Counseling/advising/academic planning/career counseling		
	College visit/college student shadowing		
	Tutoring/Homework Assistance		
	Job site visit/job shadowing		
	Summer programs		
	Educational field trips		
	Workshops		
	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	(a) Unduplicated Number of GEAR UP Parents,	(b) Sum Total of Hours that GEAR UP Parents, Guardians, or

type of service		Guardians, or Family Members Who Participated in the Activity	Family Members Who Participated in the Activity
	Workshops on college preparation/financial aid		
	Counseling/advising		
	College visits		
	Family events		
	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
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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)	

**CPIP – College Preparation & Intervention Program
FINAL REPORT BUDGET SUMMARY**

(Due August 31, 2019 for the reporting period (5/21/18-5/31/19))

Institution: _____

Project #: CPIP 18-XXX **Title:** _____

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
	*CPIP FUNDS BUDGETED	*CPIP FUNDS EXPENDED	*CPIP 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: _____

FINAL DATA: ENROLLMENT AND DEMOGRAPHICS

Provide data as follows:

Academic Year 2018-2019	Male	Female	Total	Hispanic	Asian	African American	Caucasian	American Indian/Alaskan Native	Other Race(s)	English Language Learner (ELL)	Students with Disabilities	# of Students on Free & Reduced Meals
Demographics of the current total school population												
Demographics of Grade level(s) for CPIP GEAR UP Cohort Enrollment: [example 10 th grade]												

Identify the number of students enrolled in the overall cohort:

