5B) Interim Reports

The second payment of grant funds will be contingent upon the acceptance of the interim report by the Commission. The Interim Report and all associated forms can be found in Appendix H, the report must include:

- An assessment of the progress towards attainment of goals and objectives,
- A Participant Roster (form provided) that includes: position (teacher/principal/highly qualified paraprofessional, subject taught, participant's school, school district, grade levels taught, and number of students impacted by their teaching during the academic year in which the professional development takes place,
- A Participant Contact Hours by School Level table (form provided),
- A Budget Summary worksheet for the reporting period (form provided) that shows how much of the grant has been spent and how much remains in each line item of the original accepted budget proposal,
- Responses to the other questions posed on the interim report form, and
- Evidence that the project is progressing with sufficient effectiveness to continue.

See below under "Narrative Reports" for more information about gathering participant data. MHEC reserves the right to request a revised expenditure budget based on the Interim Report prior to the disbursement of subsequent payments on the grant.

Interim Report Improving Teacher Quality State Grant Program

Grant # and Project Title #:	16-14 <u>XX</u>	
Submitted By:		Reporting Period: April 4, 2016 to October 4, 2016

Please attach additional sheets for your responses. Address all questions and add any other information you think pertinent. This form is available online in MS Word format at http://mhec.maryland.gov/institutions_training/Pages/grants/itq.aspx. The budget form is available in Excel and Word formats.

1. Refer to your accepted proposal. List the project goals and objectives and any other related milestones indicated in your initial proposal. Under each one, indicate how the project is progressing in meeting those objectives. Indicate beside each how this interim assessment was made (evaluator's report, data sources, etc.) If your evaluator was to turn in an interim report, attach that report to this document.

2. Participant Information

- A. Submit a Participant Roster that lists each one's name and school affiliation, as well as grade level and/or subject taught. This roster should be the participant information sheet from the RFP. See Interim Report Table 1: Participant Roster.
- B. Complete the Participant Contact Hours table (Interim Report Table 2). Note the key for indicating if credits were earned. Put the number and the type together in the appropriate column(s). A contact hour means time higher education faculty spent with the professional development recipients in an activity; it does not include teacher preparation time. Contact hours refer to participant hours, not project staff hours, and should be calculated **per participating teacher**—do not multiply by the number of participants.

 Note: Contact hours are calculated based on participant time, not project staff time; contact hours are per participant (do not multiply by the total number of participants).
- C. Complete the Interim Report Table 3: Participant Activity (table optional, information may be reported as narrative).

Interim Report Table 1: Participant Roster (Required) Grant # _____and Project Title_____

	Position					
	(Principal, Asst.					
	Principal,					Estimated
	Teacher,				Grade	# of
	Paraeducator)					Students
	T araeaacaior)				Level(s)	
Name		School	LEA	Subject(s) Taught	Taught	Impacted ¹

Note:

Teachers - number of students taught in their classes during the academic year in which the grant project operates Asst. Principals & Principals: number of student in their school during the academic year in which the grant project operates Paraprofessionals - number of students taught in their classes during the academic year in which the grant project operates.

¹ Estimating number of students impacted

Interim Report Table 2: Participant Contact Hours by School Level (Required)

Grant Number and Project Title Reporting Period 04/04/16 – 10/04/16

		Element	ary		Middle			High		Total Participants
Type of Participants	#	Contact Hrs. Per Participant	Credits Earned by # & Type)	#	Contact Hrs. Per Participant	Credits Earned: # and Type	#	Contact Hrs. Per Participant	Credits Earned by # & Type	·
Principals										
In-service teachers:										
Out-of-field										
Provisional/ Conditional Certification										
Other:										
Highly qualified Paraprofessionals Other: Total Participants by School Level (Elem, MS, HS)										

TABLE KEY:

U = Undergraduate credit hours

C = MSDE continuing professional development credit

G = Graduate credit hours

O = Other (explain)

Interim Report Table 3: Participant Activities Grant Number and Grant Project Title Reporting Period 04/04/16 – 10/04/16

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

- 1. Please provide an overview of how your project is progressing:
 - (a) Did the project start on time? If not, please discuss why.
 - (b) Has the project recruited the projected number of participants? If not, please discuss the difference.
 - (c) What are the greatest challenges and/or major issues faced by the project? How will the project address these?
 - (d) What does the management team find to be the greatest successes of the project? Why?
- 2. If participants have agreed to be contacted later for a statewide evaluation, please attach any related documentation.
- 3. Include a roster of participants. Indicate where each teacher works and where each is in terms of the participant table categories. Fiscal report (see next page). Explain any anomalies.

Contact MHEC immediately if you anticipate any difficulties completing all activities on schedule and according to the proposed budget.

Sample Participant Sign-In Sheet for Improving Teacher Quality (ITQ) Grant Funded Activities

Use this form to track activity participation for tuition and/or stipend purposes as well as grant reporting requirements for Interim and Final reports.

Grant Number and Project Name:	
Lead Institution:	
Heading Abbreviations To Be Used—Please fill in the appropriate columns with all abbreviations that apply to your teaching for	r the current vear (vear one of
the grant project)	

Grade Level Taught:

- E Elementary (PK-5)
- M Middle School (6-8)
- H High School (9-12)
- S Special Education (use this initial with others as appropriate)

Experience Level:

Pre Pre-service (highly qualified paraprofessional) N New teacher (less than 2 years of experience)

P Administration (assistant principals, principals) O Out-of-field teaching

Instructional coach or central office specialist APC Advanced Professional Certificate

RTC Conditional or provisional certification

NAME		ADDRESS		Name of School AND School District	Grade Level Taught	Experience Level	Subject(s) Taught this Year & Next
Surname	First Name	Street Address	E-mail				

MHEC Improving Teacher Quality Grants Phase 14 INTERIM BUDGET SUMMARY REPORT (Excel)

Grant Number_____ and Project Title_____

Lead Institution Reporting Period 04/04/16 – 10/04/16

A. Salaries & Wages	column 1 TITLE II FUNDS	column 2 TITLE II FUNDS	column 3 INSTITUTION MATCHING FUNDS	column 4 INSTITUTION MATCHING FUNDS	column 5 OTHER FUNDS ¹	column 6 UNEXPENDED TITLE II FUNDS
Professional Personnel						
List each by name and title	BUDGETED	ACTUAL	BUDGETED	ACTUAL		UNSPENT Balance
	Expenditures	Expenditures	Expenditures	Expenditures		
1						
2						
3						
Other Personnel (list by job						
category & note # of each)						
6						
7						
Total Salaries and Wages	0					
B. Fringe Benefits						
C. Travel						
D. Participant Support Costs						
 Stipends Tuition 						
3. Subsistence						
4. Other (specify)						
Total Participant Costs	0					
E. Other Costs	0					
Materials and Supplies						
2. Consultant Services						
3. Computer Services						
4. Other (specify)						
Total Other Costs						
F. Total Direct Costs (A						
through E)						
G. Indirect Costs (cannot exceed						
8% of F)						
H. Total (F & G)						

¹ If any of these parties, or another agency, committed funds or in-kind donations for this project, indicate the specific breakdown and explanation of such funds for each on a separate sheet, while putting in the totals for appropriate categories

² MHEC encourages subgrantees to expend all funds awarded in accordance with the approved budget. Project directors should work with their finance offices to ensure that funds are used for their intended purposes. HOWEVER, any unexpended funds should be returned