

**California Community College Chancellor's Office**  
**Internal Operations Division**  
**Grants Administration Unit**  
**Final Report**  
**MESA**

*Please complete each page and return (1) original and (2) copies of the completed Final Report to the Chancellor's Office, Grants Administration Unit, 1102 Q Street, Sacramento, CA 95814-6511.*

Grant Number: 08-101-

Amount Awarded: \_\_\_\_\_ Expenditures to \_\_\_\_\_  
Date: \_\_\_\_\_

Project Title: MESA COMMUNITY COLLEGE PROGRAM

District/College: \_\_\_\_\_

Project Director: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Monitor: Sally Lenz Phone: (916) 327-1260

E-Mail: slenz@CCCCO.edu Fax: (916) 445-6268

**PLEASE NOTE: The final release of funds will be processed upon approval of the final report pages 1-12.**

The *Final Report* is comprised of the following components:

- 1) **Project Summary:** All grantees must respond to questions 1A–1D, Fund for Student Success/MESA. These are essentially the “status” questions for your project.
- 2) **Project Work Statement:** *Objective Report* form: This page must be completed for each objective. If an objective/activity will not be completed by the specified objective date, please provide comments that clarify the reasons for the delay.
- 3) **Expenditure Budget Summary:** Check the box for July 1-June 30. *Project Approved Budget:* This is the state's portion of your total project funds; *Project Funds Expended:* These are your expenditures to date; *District Match Funds Expended:* Identify the amount of local funds provided to the project by the district; *Other Source:* Use these columns if your project is supported by funds that are local, but do not derive from the district's general fund.
- 4) **Expenditure Budget Detail Sheet:** This page is required for each funding source. Here you will provide a cost breakdown of each budget object of expenditure. For example, if the Expenditure Budget Summary lists \$3,100 expended in object of expenditure 2000 (noninstructional salaries), the Budget Detail Sheet would itemize the positions and amounts that represent the \$3,100 expenditure.
- 5) **Project Evaluation**
- 6) **Student Data/Reports**
- 7) **Project Recommendations**

The *Final Report* must be submitted on or before the specified deadline, unless the grant has been amended and the final report filing date has changed.

---

Chancellor's Office  
California Community Colleges  
Educational Services Division

**District:** \_\_\_\_\_  
**College:** \_\_\_\_\_  
**Grant Number:** \_\_\_\_\_

---

**1. Project Summary**

- A. Provide a summary describing your efforts in accomplishing the goals and outcomes of the project: were objectives met, were goals modified, and was the project completed in a timely manner.

1. **Project Summary** *(Continued)*

B. MESA requires the strong institutional support of the project. Please identify who has been involved in this effort, and their contribution ,i.e. CEO, CIO, CSSO, Faculty, etc. **BE BRIEF**

---

---

---

C. **Briefly** describe student participation in professional chapters and organizations, as well as highlights of student internships

---

---

---

---

---

---

---

---

---

---

---

---

D. Please describe the efforts undertaken to ensure participation by students from groups with the lowest eligibility to four year institutions in math, engineering and science majors.

---

---

---

---

---

---

---

---

---

---

---

---

**2. Project Work Statement Objective Report Form — Final**

List the status of each individual objective and activity within the Project Work Statement. Duplicate this form as needed.

Objective/Activity		Completed				Projected End Date	Actual End Date
		Yes		No			
Objective							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							
Activity							

On the following page, provide an **SHORT** explanation for each objective and activity.

Provide a thorough explanation for those that **have not** been completed.

**Make additional copies of these pages as needed.**

2. **Project Work Statement** *(Continued)*

**Objective/Activity #** \_\_\_\_\_ . \_\_\_\_\_

*Comments:*

---

---

---

---

---

---

---

---

---

---

**Objective/Activity #** \_\_\_\_\_ . \_\_\_\_\_

*Comments:*

---

---

---

---

---

---

---

---

---

---

**Objective/Activity #** \_\_\_\_\_ . \_\_\_\_\_

*Comments:*

---

---

---

---

---

---

---

---

---

---

**Make additional copies of this page as needed**

Chancellor's Office

District: \_\_\_\_\_

California Community Colleges

College: \_\_\_\_\_

Educational Services and Economic Development Division

Grant Number: \_\_\_\_\_

Budget

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Final Report Expenditure Budget Summary (Cumulative)

Check One:  Cumulative from July 1, 2008 - June 30, 2009  Other time period- please indicate \_\_\_\_\_

When entering dollar amounts, round off to nearest dollar.

Object of Expenditure	Classification	Line	Project Approved Budget	Project Funds Expended	District Match Funds Expended (1)	Other Source Expended (2)	Other Source Expended (3)	Total
1000	Instructional Salaries	1						
2000	Non-instructional Salaries	2						
3000	Employee Benefits	3						
4000	Supplies and materials	4						
5000	Other Operating Expenses & Services	5						
6000	Capital Outlay	6						
7000	Other Outgo	7						
<b>Total Direct Costs</b>		<b>8</b>						
<b>Total Indirect Costs (4% of Line 8) See specific RFA</b>		<b>9</b>						
<b>Total Program Costs</b>		<b>10</b>						

1 District General Fund (100% match percentage requirement). Line-item match not required.

2 Provide an Expenditure Detail Sheet for each funding source by category.

Project Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Chief Business Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(or Authorized Designee)

FOR CHANCELLOR'S OFFICE USE ONLY

Grants and Contracts Unit Approval Signature: _____	Date: _____
Project Monitor Approval Signature: _____	Date: _____



---

Chancellor's Office  
California Community Colleges  
Educational Services Division

**District:** \_\_\_\_\_  
**College:** \_\_\_\_\_  
**Grant Number:** \_\_\_\_\_

---

**5. Project Evaluation**

- A. Identify and describe those activities that **were particularly effective** in reaching the goals and outcomes of the project.

5. **Project Evaluation** *(Continued)*

B. Identify those activities that **were not** effective in reaching the goals and outcomes of the project, and explain why not.

C. Indicate if this evaluation was conducted by a project staff member or an outside evaluator. Identify the person responsible for conducting the evaluation.

Please check one:

***Outside Evaluator***

***Staff Evaluator***

Evaluator Information:

*Name:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Organization:* \_\_\_\_\_

*Telephone No.:* \_\_\_\_\_

*Fax:* \_\_\_\_\_

*E-Mail:* \_\_\_\_\_



---

Chancellor's Office  
California Community Colleges  
Educational Services Division

**District:** \_\_\_\_\_  
**College:** \_\_\_\_\_  
**Grant Number:** \_\_\_\_\_

---

**7. Project Recommendations**

- A. Identify specific recommendations regarding this project. Take into consideration those who may wish to replicate this project within their own district and/or college, i.e., personnel required, facility space, materials, equipment, lead time in planning efforts, community and/or business support, institutional support, etc.

7. **Project Recommendations** *(Continued)*

B. General Comments: