#### California Community Colleges Chancellor’s Office

#### Academic Affairs Division

2017-18 Final Report

**MESA**

***Please complete each page and return (1) original and (2) copies of the completed Final Report to the Chancellor’s Office, Attn.: Jo Glenn, Grants and Contracts Coordinator, Fourth Floor, 1102 Q Street, Sacramento, CA 95811*.**

|  |  |
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| MESA Grant | Grant Number: 17-034- |
| Amount Awarded: $74,515 | Expenditures to date: $ |
|  |
| Program Title: | Mathematics, Engineering, Science Achievement Program |
| MESA Project Director: |  | Phone: |
| Email Address: |  | Fax: |
|  |  |  |
| State Project Monitor: | Stephanie Ricks-Albert | Phone: (916) 323-3093 |
| Email Address: | sricksal@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–1E.

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 (non-instructional salaries), the Budget Detail Sheet would itemize the positions and amounts that represent the $3,100 expenditure.

5) **Project Evaluation**

6) **Project Recommendations**

7) **MESA Student Outcomes – Report for all MESA Students. *Note: Aligns with MIS Data Element SG05.***

8) **ASEM Student Outcomes – Report only if you serve ASEM Students**

 *ASEM**Reminder: These are students with demonstrated Achievement in a Science, Engineering, or Mathematics major with an intent to transfer to a four-year college or university but does not fully meet the MESA eligibility criteria. These data are collected to demonstrate unmet workload measures performed by MESA Directors and staff to support future funding requests and opportunities.* ***Note: Aligns with MIS Data Element SG05.***

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034  |

**1. Project Summary**

1. Provide a summary describing your efforts in accomplishing the goals and outcomes of the MESA program. Specifically, describe how the goals and objectives that have been met, those that have been modified, and plans to incorporate any unmet objectives in the future, provided continued funding is received.

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034  |

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

B. **Institutional Support:** Please identify the institutional support MESA has received and those who have been involved and their respective contribution, i.e., CEO, CIO, CSSO, Faculty, business industry partners, etc. to the program.

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1. **Professional Chapters and Organizations:** Describe student participation in professional chapters and organizations, as well as highlights of student internships, and awards received.

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D. **Student Recruitment:** 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.

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| CCCCO – Academic Affairs Division MESA Program | Grant Number: | 17-034- |
| District: |  College: |

1. **Program Summary – Continued**

 E. Provide complete information for the spring semester *Academic Excellence Workshops* offered.

|  |  |
| --- | --- |
| **Workshop #1** | **Subject:** |
| Facilitator Name: |  |
| Faculty**Yes** □ or **No** □ | Student **Yes** □ or **No** □ | Graduate Student **Yes** □ or **No** □ |
|  |  |  |  |
| **Student Name (*first and last name*)** | **MESA Student\*** | **ASEM Student\*\*** |
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 \*MESA student = A fully eligible student

 \*\*ASEM student = A student who is not MESA eligible, but for whom you include in MESA activities such as AEW’s, etc.

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| CCCCO – Academic Affairs Division MESA Program | Grant Number: | 17-034- |
| District: |  College: |

1. **Program Summary – Continued**
2. Provide complete information for the spring semester AEW workshops offered.

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| **Workshop #2** | **Subject:** |
| Facilitator Name: |  |
| Faculty**Yes** □ or **No** □ | Student **Yes** □ or **No** □ | Graduate Student **Yes** □ or **No** □ |
|  |  |  |  |
| **Student Name (*first and last name*)** | **MESA Student\*** | **ASEM Student\*\*** |
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 \*MESA student = A fully eligible student

\*\*ASEM student = A student who is not MESA eligible, but for whom you include in MESA activities such as AEW’s, etc.

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034-  |

**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 |  | . |  |  |  |  |  |  |  |  |  |
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| Activity |  |  |  |  |  |  |  |  |  |  |  |

On the following page, provide a brief explanation for each objective and activity. Include an explanation for those that have not been completed.

**Provide additional pages as needed.**

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

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| --- | --- | --- | --- |
| **Objective/Activity #** |  | . |  |

*Comments:*

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| **Objective/Activity #** |  | . |  |

*Comments:*

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| **Objective/Activity #** |  | . |  |

*Comments:*

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**Provide additional pages as needed.**

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| **Chancellor's Office** | District: |  |
| **California Community College** | College: |  |
|  | Grant Number: | 17-034- |
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CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Report Expenditure Budget Summary** *(Cumulative)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Check One****:*** |  | *Cumulative from July 1, 2017 - June 30, 2018* |  |  *July 1, 2018 - January 31, 2019 \_\_\_\_* |

***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)** | **Other Source Expended****(4)** | **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** |  |  |  |  |  |  |  |
| **Total Direct Costs** | **8** |  |  |  |  |  |  |  |
| **Total Indirect Costs (4% of Line 8) *See specific RFA*** | **9** |  |  |  |  |  |  |  |
| **Total Program Costs** | **10** |  |  |  |  |  |  |  |

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*)**

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| **FOR CHANCELLOR’S OFFICE USE ONLY** |
| **Grants and Contracts Unit****Approval Signature**: **Project Monitor****Approval Signature**:  | **Date**: **Date**:  |

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034-  |

**4. Expenditure Budget Detail Sheet**

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| --- | --- | --- | --- | --- |
| **Object of****Expenditure** | **Classification** | **Project****Funds****Expended** | **District Match Fund Expended** | **Other****Sources Expended** |
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|  | **Total Direct Cost** |  |  |  |
|  | **Total Indirect Cost (4%)*See specific RFA*** |  |  |  |
|  | **Total Program Cost** |  |  |  |

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034-  |

**5. Project Evaluation**

B. Identify those activities that were not effective in reaching the goals and outcomes of the project and what might be done to improve the program.

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** | **District**: **College**: **Grant Number**: 17-034-  |

**6. 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., required personnel, facility space, materials, equipment, lead time in planning efforts, community and/or business support, institutional support, etc.

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034-  |

**7. MESA Student Outcomes – Report for all MESA Students**

A. Total Number MESA Students Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. MESA Student Ethnicity – enter the number of students per ethnic identifier:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **No.** | **Ethnicity** | **No.** | **Ethnicity** | **No.** |
| African-American |  | Latino/Mexican American |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Asian-American |  | Native American |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Asian Pacific-Islander |  | White-Caucasian |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. MESA Students l First-Time and Returning/Continuing
* Number of First-time MESA students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of Returning/Continuing MESA students: \_\_\_\_\_\_\_\_\_\_\_\_\_
1. MESA Student Majors – Total for New and Continuing Students

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Major** | **No.** | **Major:** | **No.** | **Major** | **No.** |
| Biochemistry |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Biology |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Civil Engineering |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Computer Engineering |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Computer Science |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Electrical Engineering |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Mathematics |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Mechanical Engineering |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Physics |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Science |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Teacher |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034-  |

E. **Transfer Information**

Total MESA Students Transferred:\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT NAME****AND****STUDENT COLLEGE ID** | **TRANSFER INSTITUTION** | **MAJOR** | **REPORT FIRST TERM OF ACCEPTANCE** | **REPORT ENTRY MATH AND ENCLISH LEVEL****(use algebra, calculus, ESL, college English, etc.)** |
| *Ex: Maria Madrigal**970-00-1234* |  |  |  |  |
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**Provide additional pagers as needed.**

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034-  |

**8. ASEM Student Outcomes – Report only if you serve ASEM Students**

*ASEM**Reminder: These are students with demonstrated Achievement in a Science, Engineering, or Mathematics major with an intent to transfer to a four-year college or university but does not fully meet the MESA eligibility criteria. These data are collected to demonstrate unmet workload measures performed by MESA Directors and staff to support future funding requests and opportunities.* ***Note: Aligns with MIS Data Element SG05.****.*

A. Total Number ASEM Students Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. ASEM Student Ethnicity – enter the number of students per ethnic identifier:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **No.** | **Ethnicity** | **No.** | **Ethnicity** | **No.** |
| African-American |  | Latino/Mexican American |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Asian-American |  | Native American |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Asian Pacific-Islander |  | White-Caucasian |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. ASEM Students l First-Time and Returning/Continuing
* Number of First-time ASEM students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of Returning/Continuing ASEM students: \_\_\_\_\_\_\_\_\_\_\_\_\_
1. ASEM Student Majors – Total for New and Continuing Students

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Major** | **No.** | **Major:** | **No.** | **Major** | **No.** |
| Biochemistry |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Biology |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Civil Engineering |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Computer Engineering |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Computer Science |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Electrical Engineering |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Mathematics |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Mechanical Engineering |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Physics |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Science |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Teacher |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Chancellor’s Office****California Community Colleges** | **District**: **College**: **Grant Number**: 17-034-  |

E. **ASEM** **Transfer Information**

Total ASEM Students Transferred:\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT NAME****AND****COLLEGE STUDENT ID** | **TRANSFER INSTITUTION** | **MAJOR** | **MESA CRITERIA NOT MET****(Identify which criteria were not met – if you have it.)** **FINANCIAL EDUCATIONAL**  |
| *Ex: Mary Montana**970-00-1235* |  |  | *X* |  |
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**Provide additional pagers as needed.**