PROGRESS REPORT FORM

ACADEMIC AFFAIRS DIVISION

2017-18 PROGRAM YEAR

Please complete this report and return (1) original and (2) copies to the Chancellor's Office, Academic Affairs Division, 1102 Q Street, Sacramento, CA 95811-6549. Attn: Jo Glenn

MCHS GRANT	GRANT NUMBER:	17-035-
AMOUNT AWARDED: $100,000	EXPENDITURES TO DATE:	$
PROGRAM TITLE:	MIDDLE COLLEGE HIGH SCHOOL PROGRAM	
MCHS PROJECT DIRECTOR:		PHONE:
EMAIL ADDRESS:		FAX:
STATE PROJECT MONITOR:	ALICE PEREZ	PHONE: (916) 327-5884
EMAIL ADDRESS:	aperez@cccco.edu	FAX: (916) 445-6268

Please Note: *The Progress Report Form is comprised of the following four components. The Grant Number begins with the numbering sequence: "17-035-____".*

1. **PROGRAM SUMMARY:** All grantees must respond to questions 1A – 1E. Answers will be used to assess the gains that have been made to date, and to assure that the project is following the MEA model and has institutional commitment.

2. **PROGRAM 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-January 31. *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. Indirect costs are represented by an amount or pro rata share of existing salaries and benefits, rent, equipment, materials, and utilities attributable to functions of the project; overhead.

4. **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 $3100 expended in object of expenditure 2000 (non-instructional salaries), the Budget Detail Sheet would itemize the positions and amounts that represent the $3100 expenditure.

CALIFORNIA COMMUNITY COLLEGES CHANCELLOR'S OFFICE CALIFORNIA		
ACADEMIC AFFAIRS DIVISION – MCHS PROGRAM	GRANT NUMBER:	17-035-
DISTRICT:	COLLEGE:	

1. PROGRAM SUMMARY

A. Provide a summary describing your efforts in accomplishing the goals and objectives of the project. Were the goals modified, were the objectives met, and was the activity described completed in a timely manner? Describe in detail the outcomes achieved to date. Add additional pages as needed.

1. PROGRAM SUMMARY (CONTINUED)

B. Please describe the efforts that have been undertaken to institutionalize this project. Identify who has been involved in this effort(s) [e.g., CEO, CIO, CSSO, Faculty, Administrators, etc.].

C. Identify the institutional planning documents that have been utilized in the development of this project e.g., strategic plan, district/college educational master plan, accreditation reports, etc.

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

1. PROGRAM SUMMARY (CONTINUED)

D. Provide an estimate of the numbers of students served through the implementation of this project # _____ for this program year.

E. In the area below, please provide a summary describing the challenges experienced in accomplishing the goals and objectives of the program. In your opinion, what areas of concern will need to be addressed in the spring semester and how may the project monitor assist you in addressing these areas of concern?

2. PROGRAM WORK STATEMENT

Please list individual objectives within the *Program Work Statement* and indicate completion status duplicate the form as needed to add more information.

Objective/Activity		Completion Status			Projected End Date	Actual End Date
		YES	In Progress	NO		
Objective	_____	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		

Objective/Activity		Completion Status			Projected End Date	Actual End Date
		YES	In Progress	NO		
Objective	_____	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		
Activity	___.___	❑	❑	❑		

On the following page, provide an explanation for each objective and activity that **has not** been completed; make additional copies as needed.

CCCCO – ACADEMIC AFFAIRS DIVISION MCHS PROGRAM	GRANT NUMBER:	17-035-
DISTRICT:	COLLEGE:	

BUDGET CONTACT	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER

3. PROGRESS REPORT EXPENDITURE BUDGET SUMMARY (Cumulative)

Check One: ☐ **Cumulative from July 1-January 31** ☐ **Cumulative other (please indicate)**

When entering dollar amounts, round off to nearest dollar.

Object of Expenditure	Classifications	Line	Project Approved Budget	Project Funds Expended	District Match Funds Expended ①	Other Source Expended ②	Other Source Expended ②	Total
1000	Instructional Salaries	1						
2000	Noninstructional Salaries	2						
3000	Employee Benefits	3						
4000	Supplies and Materials	4						
5000	Other Operating Expenses and 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						

①District General Fund (see match percentage requirement). Line item match not required.
②Provide 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 & Contracts Unit Approval Signature: _____	**Date:** _____
Project Monitor Approval Signature: _____	**Date:** _____

4. Expenditure Budget Detail Sheet

Object of Expenditure	Classifications	Amount
	Total Direct Costs	
	Total Indirect Costs (4% of line 8) *See specific RFA*	
	Total Program Costs	