***Please complete this report and return (1) original and (2) copies to the Chancellor’s Office, Educational Services & Support, Intersegmental Services & Support Unit, Suite 4600, 1102 Q Street, Sacramento, CA 95811-6549.***

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| **PROGRAM INFORMATION** | | | | | |
| PROGRAM TITLE: | Middle College High School (MCHS) | GRANT NUMBER: | | | **18-035-** |
| AMOUNT AWARDED: | $100,000 | EXPENDITURES TO DATE | | | $ |
| PROJECT DIRECTOR: |  | | PHONE: |  | |
| EMAIL ADDRESS: |  | | FAX: |  | |
| **CHANCELLOR”S OFFICE CONTACT** | | | | | |
| STATE PROJECT MONITOR: | Stephanie Ricks-Albert | | PHONE: | 916.323.3093 | |
| EMAIL ADDRESS: | [sricksal@cccco.edu](mailto:sricksal@cccco.edu) | | FAX: | 916.327.8283 | |

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| **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. |

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| PROGRAM: | Middle College High School | GRANT NUMBER: | | **18-035-** |
| DISTRICT: |  | COLLEGE: |  | |

# PROGRAM SUMMARY

* 1. Provide a summary describing the 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.

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| PROGRAM: | Middle College High School | GRANT NUMBER: | | **18-035-** |
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# PROGRAM SUMMARY (CONTINUED)

* 1. Describe the efforts taken to institutionalize this project. Identify who has been involved in these effort(s) [e.g., CEO, CIO, CSSO, Faculty, Administrators, etc.].
  2. 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.

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| PROGRAM: | Middle College High School | GRANT NUMBER: | | **18-035-** |
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# PROGRAM SUMMARY (CONTINUED)

* 1. Provide an estimate of the numbers of students served through the implementation of this project

# for this program year.

* 1. Provide a summary describing the challenges experienced in accomplishing the goals and objectives of the program. What areas of concern need to be addressed in the spring semester and how may the project monitor assist you in addressing these areas of concern?

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| PROGRAM: | Middle College High School | GRANT NUMBER: | | **18-035-** |
| DISTRICT: |  | COLLEGE: |  | |

# 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.

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| **Objective/Activity** | | **Completion Status** | | | **Projected End Date** | **Actual End Date** |
|  |  | **YES** | **In Progress** | **NO** |  |  |
| Objective |  | **□** | **□** | **□** |  |  |
| Activity | . | **□** | **□** | **□** |  |  |
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| **Objective/Activity** | | **Completion Status** | | | **Projected End Date** | **Actual End Date** |
|  |  | **YES** | **In Progress** | **NO** |  |  |
| Objective |  | **□** | **□** | **□** |  |  |
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Provide an explanation for each objective and activity that **has not** been completed on the following page. Make additional copies as needed.

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| PROGRAM: | Middle College High School | GRANT NUMBER: | **18-035-** |
| DISTRICT: |  | COLLEGE: |  |

BUDGET CONTACT NAME EMAIL ADDRESS PHONE NUMBER FAX NUMBER

**PROGRESS REPORT EXPENDITURE BUDGET SUMMARY (Cumulative)**

|  |  |  |  |  |  |
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| *Check One:* | □ | **Cumulative from July 1-January 31** | □ | **Cumulative other (**enter date here**)** | **Enter amounts rounded off to nearest dollar.** |

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| **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** |  |  |  |  |  |  |

***1*** *District General Fund (see match percentage requirement). Line item match not required.*

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

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| **Project Director Signature: District Chief Business Officer Signature(or Authorized Designee):** | **Date: Date:** |

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

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| PROGRAM: | Middle College High School | GRANT NUMBER: | | **18-035-** |
| DISTRICT: |  | COLLEGE: |  | |

1. **Expenditure Budget Detail Sheet**

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| --- | --- | --- | --- | --- |
| **Object of Expenditure** | **Classifications** | **Expended**  **Funds** | **Expended  Gen. Fund**  **Dist. Match** | **Expended Other**  **Sources** |
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| **Total Direct Costs** | |  |  |  |
| **Total Indirect Costs (4% of line 8)** *See specific RFA* | |  |  |  |
| **Total Program Costs** | |  |  |  |