# Grant Information

**Institution Name**

**Street Address:**

**City / State / Zip Code:**

**Project Title:**

**Project Director Name and Title:**

**Email Address:**

**Phone # and Ext:**

**Cell Phone #:**

**Additional Contact Name:**

**Email Address:**

**Phone # and Ext:**

**Cell Phone #:**

**Data Entry Name:**

**Email Address:**

**Phone # and Ext:**

**Cell Phone #:**

**Institution Type/Control:**

**Grant Type:**
Section 1—Executive Summary

Unless otherwise stipulated, please answer each question in 1,000 words or less.

When answering, please organize your responses according to the following focus areas:

- Academic Quality
- Student Services
- Institutional Management
- Fiscal Stability

Keep in mind that these questions, unless otherwise stated, pertain to the most recent grant year.

SECTION 1-A: Use this section to summarize how your grant is enabling your institution to fulfill the legislative intent of the Title III, V, or VII Program during the current grant year.

1. The goals of Title III, V, and VII grants are to strengthen an institution's capacity to serve low-income and minority students. Summarize, in 1,000 words or less, the impact your institution's Title III, Title V, or Title VII grant has had this year on the following institutional measures: (a) Enrollment, (b) Graduation, (c) Retention, and/or (d) Fiscal Stability. Summarize the impact your Promoting Postbaccalaureate Opportunities for Hispanic Americans grant has had this year on your institution's capacity to contribute to fulfilling the goals of the legislation.

1A. Summarize, in 250 words or less, some of the major milestones reached this year as a result of the grant project(s).

1B. Summarize, in 250 words or less, where your institution needs support for the grant project(s).

1C. Has your institution's project(s) contributed to (a) research, (b) knowledge, (c) practice, and/or (d) policy over the past year? If so, how? These may be presentations, publications, program development and/or expansion, and recommendations for policy changes due to the work being conducted on campus.
2. How has the grant helped your institution to carry out its mission?

3. For continuous improvement, what modifications do you wish to make to your grant project(s) during the upcoming reporting year?

4. How did the cooperative arrangement aspect of the grant benefit the institutions involved?

5. For those programs that required standards of evidence in the application (ANNH, AANAPISI, NASNTI, SIP, etc...), how are you meeting the standards you cited in your grant application?

5A. If you have conducted program evaluation, assessment, or research related to the grant, please summarize your results.

If you have any documents (journal articles, institutional publications, presentations, etc.) that provide greater detail of your results that you would like to highlight, please attach them for review.

You can upload a maximum of 3 documents. Each file should be no larger than 20MB in size.
SECTION 1-B: From the list of questions below, select at least two questions that document your institution's experience with the grant during this reporting period. Click the 'Save and Continue' button, then on the next page please discuss each item selected in 10,000 characters and spaces or less.

1. Besides this grant, please provide how you are leveraging other Office of Postsecondary Education (OPE) grants (Title III, V, VII, SSS, GEAR UP, etc.) and if your institution has received more than one Promoting Postbaccalaureate Opportunities for Hispanic Americans grant over time, discuss the long-range impact Promoting Postbaccalaureate Opportunities for Hispanic Americans these grants have had on your institution's capacity to fulfill the goals of the legislation.

2. If your institution has experienced any unexpected outcomes as a result of due to this grant, that which affect, for better or worse, its capacity to fulfill the goals of the legislation, tell us about them here.

3. Tell us about any challenges that you have faced during the reporting period or that you anticipate in the coming year that may affect your institution's ability to meet the goals of your grant. Include, if applicable, your institution's plans to meet combat these challenges.

4. Has the grant facilitated or contributed to bringing additional resources to your institution, for example, new Federal, State, or local dollars that can be attributed partly to your grant activities?

5. How would you improve or change the Promoting Postbaccalaureate Opportunities for Hispanic Americans Grant Program (e.g., customer service, allowable activities, regulations, statute)?
Section 2 - Accreditation

Institutional Measures (GPRA indicators):

The Government Performance and Results Act of 1993 (GPRA) is a statute that requires all Federal agencies to manage their endeavors and corresponding results. Each agency states what it intends to accomplish, identifies the resources required, and periodically reports its progress to Congress. It is expected GPRA indicators will contribute to improvements in accountability for the expenditures of public funds, improve congressional decision-making through more objective information on the effectiveness of Federal programs, and promote a new government focus on results, service delivery, and customer satisfaction. As of 2017, the GPRA indicators for Title III, Title V, and Title VII grants within the Higher Education Act (HEA) and (1) Enrollment, (2) Retention, (3) Graduation, and (4) Fiscal Stability.

Complete the following table based on this grant year's data. The Annual Performance Reports are typically completed from November until January. Your "Total Fall Enrollment" and "Fall-to-Fall Retention %" will be from the most recent Fall Census Data.

<table>
<thead>
<tr>
<th>Grant Year Collection Year Pre-Grant</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>20xx</td>
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<td>20xx</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total Fall Enrollment (#)</th>
<th>Fall-to-Fall Retention Rate (%)</th>
<th>2-yr Graduation Rate (%) (*asked of 2-yr schools only)</th>
<th>4-yr Graduation Rate (%) (*asked of 2-yr &amp; 4-yr schools)</th>
<th>6-yr Graduation Rate (%) (*asked of 4-yr schools only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>%</td>
<td>%</td>
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<td>%</td>
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</tbody>
</table>

Institutional Leadership:

1. Have there been changes in institutional leadership (presidents, vice-presidents, provosts, etc.) or in the Grant leadership (project director, activity director, etc.)? Yes/No
If yes, how has this affected the Grant?

2. Who is your institution’s primary accrediting agency? [Please check one.]

- Middle States Commission on Higher Education
- New England Association of Schools and Colleges, Commission on Institutions of Higher Education
- Northwest Commission on Colleges and Universities
- Southern Association of Colleges and Schools, Commission on Colleges
- The Higher Learning Commission of the North Central Association of Colleges and Schools
- Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges
- Western Association of Schools and Colleges Senior College and University Commission

- Other (please specify) ____________________________

3. Has the accreditation of your institution changed since you began the project? Yes/No

If yes, please explain in the space below:

4. Has an audit that complies with OMB Circular A-133 been completed? Yes/No

4a. Were there any findings in the audit? Yes/No

4b. Year the most recent audit was conducted:

Please attach the report(s) with the findings.

You can upload a maximum of 3 documents. Each file should be no larger than 20MB in size.

4c. Explain how these findings are being addressed:
5. Do you have an Endowment Challenge Grant?  Yes/No

6. Are grant funds being used for an Endowment activity?  Yes/No

7. Do you have an endowment on a previous award not matured?  Yes/No

   If yes, what is the award number?
Section 3: Grant Activities and Focus Areas

Activities and Focus Areas: Grantees describe their activities during the reporting period and amount spent on each activity. They also identify a focus area for each activity: Academic Quality, Fiscal Stability, Student Services, and Institutional Management.

Step 1: Total Expenditures

Enter the information below and click either button to save your information and proceed.

1. Total federal dollars spent on your Title III/V grant during the reporting period: $____________

2. Total federal dollars spent on your Title III/V project management and evaluation during the reporting period: (Do not include this amount on the activity pages in Step 2.) $____________

   Total remaining federal dollars spent on your Title III/V activities (Line 1 - Line 2): $____________

   (The amount you enter for your activities in Step 2 should equal this amount.) $__(calculated)__

3. Total number of activities carried out during the reporting period (from your grant proposal): ____
Step 2: Focus Area Outputs

ACADEMIC QUALITY (minimum of 2 out of 20 questions must be answered)

1. Has the number of new academic programs increased?
   If yes:
   - Initial #:
   - Final #:
   - Goal:
   I would like to provide a brief supporting statement:

2. Has the number of specialized accreditations increased?
   If yes:
   - Initial #:
   - Final #:
   - Goal:
   I would like to provide a brief supporting statement:

3. Has retention of full-time tenure track faculty improved?
   If yes:
   - Initial average annual retention rate:
   - Final average annual retention rate:
   - Goal:
   I would like to provide a brief supporting statement:

4. Has recruitment of faculty for full time tenure track positions improved?
   If yes:
   - Initial recruitment time:
   - Final recruitment time:
   - Goal:
   I would like to provide a brief supporting statement:

5. Has the institution's library holdings increased?
   If yes:
   - Initial holdings:
   - Final holdings:
   - Goal:
   I would like to provide a brief supporting statement:

6. Have the institution's educational technology infrastructure improved?
   If yes:
7. Has the quality of the institution's classroom space improved?
   If yes:
   Initial:
   Final:
   Goal:
   I would like to provide a brief supporting statement:

8. Has the quantity of the institution's classroom space improved?
   If yes:
   Initial square feet:
   Final square feet:
   Goal:
   I would like to provide a brief supporting statement:

9. Has the enrollment of non-traditional students increased?
   If yes:
   Initial enrollment:
   Final enrollment:
   Goal:
   I would like to provide a brief supporting statement:

10. Has the enrollment of part time students increased?
    If yes:
    Initial enrollment:
    Final enrollment:
    Goal:
    I would like to provide a brief supporting statement:

11. Has the enrollment of minority students increased?
    If yes:
    Initial enrollment:
    Final enrollment:
    Goal:
    I would like to provide a brief supporting statement:
12. Has the enrollment of rural students increased?
   If yes:
   Initial enrollment:  
   Final enrollment:  
   Goal:  
   I would like to provide a brief supporting statement:

13. Has the enrollment of low-income students increased?
   If yes:
   Initial enrollment:  
   Final enrollment:  
   Goal:  
   I would like to provide a brief supporting statement:

14. Has the completion rate of non-traditional students increased?
   If yes:
   Initial completion rate:  
   Final completion rate:  
   Goal:  
   I would like to provide a brief supporting statement:

15. Has the completion rate of part time students increased?
   If yes:
   Initial completion rate:  
   Final completion rate:  
   Goal:  
   I would like to provide a brief supporting statement:

16. Has the completion rate of minority students increased?
   If yes:
   Initial completion rate:  
   Final completion rate:  
   Goal:  
   I would like to provide a brief supporting statement:

17. Has the completion rate of rural students increased?
   If yes:
   Initial completion rate:  
   Final completion rate:
Goal:
I would like to provide a brief supporting statement:

18. Has the completion rate of low-income students increased?
   If yes:
   Initial completion rate:
   Final completion rate:
   Goal:
   I would like to provide a brief supporting statement:

19. Other, please specify:
   If yes:
   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

20. Other, please specify:
   If yes:
   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:
FISCAL STABILITY (minimum of 2 out of 10 questions must be answered)

1. Have the institution's net assets increased?
   If yes:
   
   Initial $:
   Final $:
   Goal:
   I would like to provide a brief supporting statement:

2. Has the institution's net income increased?
   If yes:
   
   Initial $:
   Final $:
   Goal:
   I would like to provide a brief supporting statement:

3. Has the institution's endowment increased?
   If yes:
   
   Initial $:
   Final $:
   Goal:
   I would like to provide a brief supporting statement:

4. Has state institutional financial support increased?
   If yes:
   
   Initial $:
   Final $:
   Goal:
   I would like to provide a brief supporting statement:

5. Has private institutional financial support increased?
   If yes:
   
   Initial $:
   Final $:
   Goal:
   I would like to provide a brief supporting statement:

6. Has the number of private sector donors increased?
   If yes:
Initial #: 
Final #: 
Goal: 
I would like to provide a brief supporting statement:

7. Was there a reduction in the amount of institutional borrowing? 
If yes:

Initial $: 
Final $: 
Goal: 
I would like to provide a brief supporting statement:

8. Have grant activities been taken over financially by the institution? 
If yes:

Initial #: 
Final #: 
Goal: 
I would like to provide a brief supporting statement:

9. Other, please specify: 
If yes:

Initial #: 
Final #: 
Goal: 
I would like to provide a brief supporting statement:

10. Other, please specify: 
If yes:

Initial #: 
Final #: 
Goal: 
I would like to provide a brief supporting statement:
INSTITUTIONAL MANAGEMENT (minimum of 2 out of 15 questions must be answered)

1. Has the number of specialized accreditations improved?
   If yes:

   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

2. Has the institution's information management infrastructure improved?
   If yes:

   Initial $ of infrastructure:
   Final $ of infrastructure:
   Goal:
   I would like to provide a brief supporting statement:

3. Has the institution's information management capabilities improved?
   If yes:

   Initial:
   Final:
   Goal:
   I would like to provide a brief supporting statement:

4. Has the institution's conformance with external standards improved?
   If yes:

   Initial:
   I would like to provide a brief supporting statement:

5. Have the institution's deferred maintenance needs decreased?
   If yes:

   Initial $:
   Final $:
   Goal:
   I would like to provide a brief supporting statement:

6. Has the institution's teaching classroom space increased?
   If yes:

   Initial square feet:
   Final square feet:
Goal:
I would like to provide a brief supporting statement:

7. Has the institution's research facilities space increased?  
If yes:

Initial square feet:  
Final square feet:
Goal:
I would like to provide a brief supporting statement:

8. Has the institution's library space increased?  
If yes:

Initial square feet:  
Final square feet:  
Goal:
I would like to provide a brief supporting statement:

9. Has the institution's teaching laboratory space increased?  
If yes:

Initial square feet:  
Final square feet:  
Goal:
I would like to provide a brief supporting statement:

10. Have outreach programs to increase enrollment of secondary school students been established?  
If yes:

Initial #:  
Final #:  
Goal:
I would like to provide a brief supporting statement:

11. Has the enrollment of the outreach-targeted secondary students increased?  
If yes:

Initial #:  
Final #:  
Goal:
I would like to provide a brief supporting statement:

12. Have outreach programs to increase the academic attainment of secondary school students been established?  
If yes:
I would like to provide a brief supporting statement:

13. Has the academic attainment of the outreach-targeted secondary students increased?
If yes:

Methodology used (check all that apply): Admission Rate/Teacher Survey/Test Scores
I would like to provide a brief supporting statement:

14. Other, please specify:
If yes:

Initial #:
Final #:
Goal:
I would like to provide a brief supporting statement:

15. Other, please specify:
If yes:

Initial #:
Final #:
Goal:
I would like to provide a brief supporting statement:
STUDENT SERVICES (minimum of 2 out of 19 questions must be answered)

1. Has the institution's retention rate improved?
   If yes:
   
   Initial rate:
   Final rate:
   Goal:
   I would like to provide a brief supporting statement:

2. Has the average number of credits completed by students increased?
   If yes:
   
   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

3. Has the average GPA of students increased?
   If yes:
   
   Initial GPA:
   Final GPA:
   Goal:
   I would like to provide a brief supporting statement:

4. Has the number of students continuing to further postsecondary education increased?
   If yes:
   
   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

5. Has the retention rate of students who received academic counseling increased?
   If yes:
   
   Initial rate:
   Final rate:
   Goal:
   I would like to provide a brief supporting statement:

6. Has the retention rate of students who received tutoring services increased?
   If yes:
7. Has the retention rate of students who participated in other student services programs increased? 
   If yes:
   
   Initial rate:
   Final rate:
   Goal:
   I would like to provide a brief supporting statement:

8. Has the average number of credits completed by students who received academic counseling increased? 
   If yes:
   
   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

9. Has the average number of credits completed by students who received tutoring services increased? 
   If yes:
   
   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

10. Has the average number of credits completed by students who participated in other student services programs increased? 
    If yes:
    
    Initial #:
    Final #:
    Goal:
    I would like to provide a brief supporting statement:

11. Has the average GPA of students who received academic counseling increased? 
    If yes:
    
    Initial GPA:
    Final GPA:
    Goal:
    I would like to provide a brief supporting statement:
12. Has the average GPA of students who received tutoring services increased?
   If yes:

   Initial GPA:
   Final GPA:
   Goal:
   I would like to provide a brief supporting statement:

13. Has the GPA of students who participated in other student services programs increased?
   If yes:

   Initial GPA:
   Final GPA:
   Goal:
   I would like to provide a brief supporting statement:

14. Has the number of students continuing to further postsecondary education who received academic counseling increased?
   If yes:

   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

15. Has the number of students continuing to further postsecondary education who received tutoring services increased?
   If yes:

   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

16. Has the number of students continuing to further postsecondary education who participated in other student services programs increased?
   If yes:

   Initial #:
   Final #:
   Goal:
   I would like to provide a brief supporting statement:

17. Has the number of the targeted population graduate students that are served by the institution increased?
   If yes:
Initial #: 
Final #: 
Goal: 
I would like to provide a brief supporting statement:

18. Other, please specify: 
If yes: 

Initial #: 
Final #: 
Goal: 
I would like to provide a brief supporting statement:

19. Other, please specify: 
If yes: 

Initial #: 
Final #: 
Goal: 
I would like to provide a brief supporting statement:
Step 3: Legislatively Allowable Grant Activities (LAAs)

Enter the information about your grant activity and click a Save button.

Grant activity carried out during this reporting period in your grant application:

**Focus Area:** Academic Quality / Fiscal Stability / Institutional Management / Student Services & Outcomes

<table>
<thead>
<tr>
<th>Legislative Allowable Activities</th>
<th>Dollars spent during the reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>{LIST OF LAAs WILL VARY BY GRANT TYPE}</td>
<td></td>
</tr>
</tbody>
</table>

Other Activities: Please describe in similar detail:

<table>
<thead>
<tr>
<th>Total</th>
<th>(calculated)</th>
</tr>
</thead>
</table>
Section 4: Project Status

Grantees report on the status of their grant's project objectives (as stated in their original application). Please provide the information requested for each project objective in the following table. In the narrative of this section please address the quality of the change (positive or negative).

Grant Activity:
(Each activity that was entered by the Grantee in Section 3 on the APR will be listed individually. Users should enter at least ONE Project Objective for each Activity. After an Objective has been entered, the following table must be completed for EACH Objective.)

<table>
<thead>
<tr>
<th>Project Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Measure Type</th>
<th>Data Type</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date Measured</th>
<th>Frequency Measured</th>
<th>Objective Status</th>
<th>Objective Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Add an Objective

*Note: Click the save button below, before adding or deleting an objective, or you will lose all changes.*
Section 4: Budget

<table>
<thead>
<tr>
<th>C1</th>
<th>C2</th>
<th>C3</th>
<th>C4</th>
<th>C5</th>
<th>C</th>
<th>C7</th>
<th>C8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Categories</td>
<td>Carryover Balance from Previous FY</td>
<td>Actual Budget</td>
<td>Expenditures</td>
<td>Non-Federal Expenditures</td>
<td>Carryover Balance</td>
<td>Next Year's Actual Budget</td>
<td>Changes?</td>
</tr>
<tr>
<td>Personnel</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Fringe Benefits</td>
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<tr>
<td>Equipment</td>
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<tr>
<td>Supplies</td>
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<td>Construction</td>
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<tr>
<td>Total Costs</td>
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</tr>
</tbody>
</table>

Section 4: Line Item Budget Narrative
Please describe how funds will be expended as a result of your changes in each of the line item categories.

**Personnel**


**Fringe Benefits**


**Travel**


**Equipment**


**Supplies**


**Contractual**


**Construction**


**Endowment**


**Other**


Section 4: Summary Budget Narrative
Please discuss significant issues with your overall grant budget, as needed—particularly the use of funds from cost savings, projected or existing carryover funds and other changes to your budget resulting from your expanded authorities. Provide an explanation if you are NOT expending funds at the expected rate. Describe any significant changes to your budget resulting from modifications of project activities.

Please note that all responses are limited to 4,000 characters.

1a. Have all funds that were to be drawn down during this respective performance period been drawn down?  Yes / No

1b. If no, please provide the amount and description of the funds that have not been drawn down in the G5 system, and why they haven't been drawn down.

2a. Did you have any unexpended funds at the end of the performance period?  Yes / No

2b. If you did, explain why, provide the amount, and indicate how you plan to use the unexpended funds (carryover) in the next budget period.

3a. Do you anticipate any changes in your budget for the next performance period that will require prior approval from the Department (as designated by EDGAR, 34 CFR 74.25 and 80.30, as applicable).  Yes / No

3b. Describe any anticipated changes in your budget for the next budget period (see EDGAR, 34 CFR 74.25 and 80.30, as applicable).

4a. Is this a cooperative arrangement grant?  Yes / No

4b. If yes, describe the type of cooperative arrangement you are in.
5. Many grantees include community partners, other institutions of higher education, and secondary schools in their work. Please complete the table below (if applicable) with information related to any partners that you might be working with on your grant. Also describe if and how these partners roles’ have changed, and whether this had any impact on your ability to achieve your approved project objectives and/or project activities.

<table>
<thead>
<tr>
<th>Partner Name</th>
<th>Description of Partner’s Role</th>
<th>Did Role Change?</th>
<th>How did Role Change?</th>
<th>Impact on your ability to achieve objectives/activities</th>
</tr>
</thead>
</table>

6a. Do you wish to make any changes in the grant's activities for the next budget period? Yes / No

6b. If yes, describe any changes that you wish to make in the grant's activities for the next budget period that are consistent with the scope, objectives, and/or personnel of your approved application. (*Further approval for these proposed changes may be required. Please contact your program officer.)

7a. Were there any changes to key personnel during this reporting period? Yes / No

7b. If yes, did you receive approval from your Program Officer? Yes / No
(If no, you should contact your program officer)

8a. Have you met your goals and objectives as outlined in your approved activities for this reporting period? Yes / No / Partially

8b. If "no" or "partially" please explain:

9. Provide any other appropriate information about the status of your project including any unanticipated outcomes or benefits from your project in the space below:
Section 5: Institutionalization

What are your institution’s plans to institutionalize or assume the costs incurred from the projects and activities created from this grant? The desire is for there to be continuity in the work begun by this grant and the work that is done in the future. Detail your plans to accomplish that goal.

Please note that data related to institutionalization may not be available during the reporting period due to the year of your grant. Please contact your Program Officer if you have questions about completing this section. Blank Section 6 form

1a. Complete the chart below detailing your plans to institutionalize the costs created by the activities of your project. In the four columns below, each activity name from the objectives is to be listed, then an approved line item (e.g., teacher salary), actual financial cost and a description of your plan to institutionalize the costs.

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Approved Line Items</th>
<th>Financial Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Institutionalization Plan

1b. In the space provided below please explain any notable experiences you have had in institutionalizing this project. Please list any considerable challenges, successes, or failures.

Please note that any responses are limited to 10,000 characters and spaces.