**Title III Quarterly Progress Report**

Grant Year 2023

Title III B: 2022-2027

Title III F: 2020-2025

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter Covered by this Report: (Please attach additional pages if needed.)

☐ 1st Qtr. (Oct./Nov./Dec.) Due January 9, 2023

☐ 2nd Qtr. (Jan./Feb./March) Due April 7, 2023

☐ 3rd Qtr. (April/May/June) Due July 7, 2023

☐ 4th Qtr. (July/Aug./Sept.) Due October 6, 2023

**Due dates: All Quarterly Reports are Due the 5th business day of each month.**

1. Provide a brief detailed overview of the activity’s priorities and anticipated outcomes as they relate to the University’s strategic plan/five priorities.
2. For each objective provide a summary on the status of the objective as it appears in your approved Plan of Operation, and what you have accomplished during the (3) months of this quarter. Provide the target (baseline data) established for meeting each performance measure and provide actual performance data demonstrating progress towards meeting or exceeding this target. Please add additional objectives as needed based on your activity.

Objective 1:

**Anticipated Results:**

**Target:**

**Actual:**

**Explanation of Progress (What evidence is being collected to document the achievement of this**

**Objective? Please attach.):**

1. For each objective, indicate the level of accomplishment by percentage at the end of this specific quarter.

Objective #\_\_\_\_ Percent of Completion % \_\_\_\_

1. Describe any cooperative and/or partnership efforts with other Title III activities or other units of the University.
2. Discuss any challenges encountered relative to program management, anticipated outcomes, and budget.
3. Based on your approved budget, have you reached your spending level for this quarter? If yes, check the percentage below. If not, explain why. Be specific.

1st Quarter - 25% (Oct. – Dec.) \_\_\_

2nd Quarter - 50% (Jan. – March) \_\_\_

3rd Quarter - 75% (April – June) \_\_\_

Please list all travel relative to the objectives, and include the following:

**Conference/Workshop/Name of Event:**

**Location:**

**Date:**

**Discuss how the results/knowledge obtained will be implemented or impacts the activity, department and or institution:**

Signatures:

Activity Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Title III Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_