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**2024 - 2025**

**Quarterly Report**

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| **Date:** | September 4, 2024 | | | Activity Director: | | | Click or tap here to enter text. |
| **Activity Name:** | | Click or tap here to enter text. | | | | | |
| **Choose your Title III Grant:  HBCU  FUTURE ACT  HBGI** | | | | | | | |
| **Choose the Report:** | | | **1st Quarterly Report (October 1, 2024 – December 31, 2024)**  **3rd Quarterly Report (October 1, 2023 – June 30, 2025)** | | | | |
| **Part I: Objective Status**  Provide a brief update of the status of each objective.  **Please type all objectives as they are written in the proposal.** Include measurable outcome, baseline data, and performance indicators. | | | | | | | |
| **Status of Objective(s): Type out objectives and baseline data as it is written in the approved proposal.** | | | | | | **Status of Performance Indicators:** | |
| Objective #1:  Click or tap here to enter text. | | | | | | Click or tap here to enter text. | |
| Objective #2:  Click or tap here to enter text. | | | | | | Click or tap here to enter text. | |
| Objective #3:  Click or tap here to enter text. | | | | | | Click or tap here to enter text. | |
| Have you encountered any challenges? Yes No  If yes, describe any challenges encountered (in the below space).  Click or tap here to enter text. | | | | | | | |
| **Part II: Activity Management and Documentation**  Please respond to the following: | | | | | | | |
| Are all Time and Efforts completed, submitted and up-to-date in the Title III office?  If no, provide a detailed explanation. | | | | | Yes  No | | |
| Explanation (if needed):  Click or tap here to enter text. | | |
| Has all the equipment for your activity been tagged by the Office of Title III?  If no, provide a detailed explanation. | | | | | Yes  No  N/A | | |
| Explanation (if needed):  Click or tap here to enter text. | | |
| What supporting documentation is being collected to display achievement of each approved objective? | | | | | Click or tap here to enter text. | | |

**(Please submit all supporting documentation with your report)**

**Approval:**

Activity Director:

Signature Date

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Title III Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date