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| **ILLINOIS COMMUNITY COLLEGE BOARD**  FY 2017 Special Populations Support Grant Final Report  Due: July 30, 2017 | | | | |
| **COLLEGE:** | |  | | |
| Submitted By:  Phone/Email: | |  | | |
| *Provide a narrative for each section below. If you need additional space, you may expand the fields.* | | | | |
| Focus Identify the focuses selected on your grant proposal. | | | | |
| Special Populations: | |  | | |
| Perkins Performance Measure: | |  | | |
| Programs of Study (if applicable): | |  | | |
| Overview  Provide an overview of your Special Populations Support Grant. | | | | |
|  | | | | |
| Partners  Provide a list of all partners that actively participated in the project and note their contribution. | | | | |
|  | | | | |
| **Accomplishments** What were your key accomplishments? Did you encounter any challenges, and how did you overcome those? | | | | |
|  | | | | |
| Outcomes  What was the intended outcome? Did you achieve your goal? | | | | |
|  | | | | |
| Future Direction 1. If you applied for this grant in the future, what would you do differently?  2. Do you have plans to expand or scale up your efforts related to this grant? If so, how?  3. Please list any recommendations or professional development topics you would like to see in FY 2018. | | | | |
|  | | | | |
| **Final Expenditure Report** | | | | |
| **Allocation:** |  | | | |
| **Budget Category** | **Initial Amount Budgeted** | | **Amount Budgeted after Approved Adjustments** | **Actual Expenditures** |
| Stipends |  | |  |  |
| Contractual Services |  | |  |  |
| Materials & Supplies |  | |  |  |
| Capital Outlay |  | |  |  |
| Travel & Meeting Expenses |  | |  |  |
| General Administration |  | |  |  |
| Other Expenditures\* |  | |  |  |
| **TOTAL** |  | |  |  |

\*Requires written approval from the ICCB.

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures and disbursements made with these funds are for the purposes and objectives set forth in the terms and conditions of the applicable Federal or State award or program participation agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 C.F.R. 200.415)