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| **ILLINOIS COMMUNITY COLLEGE BOARD**  FY 2017 Dual Credit Enhancement 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.* | | | | | |
| **Objectives**  Check the objectives you selected in your grant proposal. List all accomplishments and provide a summary of all activities implemented for the purpose of this grant. | | | | | |
| 1: Plan and implement new dual credit offerings in existing locations. | | | | | |
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| 2: Plan and implement dual credit offerings in disciplines, locations, or high schools where dual credit has never been conducted in the applying district. | | | | | |
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| 3: Develop, support and utilize innovative instructional models that have not been attempted in dual credit classrooms in the applying district. | | | | | |
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| 4: Engage secondary and postsecondary faculty in curriculum alignment and articulation activities related specifically to current and new dual credit offerings. | | | | | |
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| 5: Support the recruitment efforts of qualified faculty to teach dual credit and qualified students to enroll in dual credit. | | | | | |
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| 6: Provide professional development to dual credit faculty and administrators. | | | | | |
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| 7: Assess the effectiveness of dual credit programs through the development of or investment in evaluation metrics and methods. | | | | | |
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| Partners  Provide a list of all partners that actively participated in the project. | | | | |
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| **Challenges** Did you encounter any challenges, and how did you overcome those? | | | | |
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| Outcomes  What was the intended outcome? Did you achieve your goal? | | | | |
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| 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. | | | | |
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| Final Expenditure Report | | | | | |
| **Award amount:** |  | | | |
| **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)