Quarterly Reporting Requirements

## *Reporting Information*

In order to comply with federal EDGAR guidelines, Postsecondary Perkins sub-recipients are required to submit quarterly reports within 30 days after the end of each quarter. *All questions and reports should be submitted to:* [cte@iccb.state.il.us](mailto:cte@iccb.state.il.us).

*Quarterly Report Due Dates*

|  |  |  |
| --- | --- | --- |
| Quarter | Period | Due Date |
| 1 | July 1 – September 30, 2016 | October 30, 2016 |
| 2 | October 1 - December 31, 2016 | January 30, 2017 |
| 3 | January 1 - March 31, 2017 | April 30, 2017 |
| 4 | April 1 - June 30, 2017 | July 30, 2017 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Postsecondary Perkins Quarter 2 Report | | | |
| **Quarter:** | |  | |
| **Community College:** | |  | |
| **Perkins Contact:**  (or person completing the form) | |  | |
| **Telephone/Email:** | |  | |
| Status Update on Performance Improvement Plan (PIP) Activities | | | |
| Deficient Perkins Measure | Program Principle & Element | Activity | Status |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

\*add lines as needed

|  |  |  |
| --- | --- | --- |
| Perkins Elements Status Updates  Indicate which activities have been completed during the reporting quarter. | | |
| Program Principle & Element | Activity | Activity Outcomes |
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|  |  |  |
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\*add lines as needed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Perkins ExpendituresFill in the appropriate quarter including all previous quarters. | | | | |
| Expenditure Accounts | End of 1st Quarter | End of 2nd Quarter | End of 3rd Quarter | End of 4th Quarter |
| (1) Leadership, Organization, & Support |  |  |  |  |
| (2) Access, Equity, & Opportunity |  |  |  |  |
| (3) Alignment & Transition |  |  |  |  |
| (4) Enhanced Curriculum & Instruction |  |  |  |  |
| (5) Professional Preparation & Development |  |  |  |  |
| (6) Program Improvement & Accountability |  |  |  |  |
| General Administration |  |  |  |  |
| **TOTAL QUARTERLY EXPENDITURES** |  |  |  |  |
| **CUMULATIVE EXPENDITURES** |  |  |  |  |

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| --- |
| Describe any barriers or technical assistance needed by the college.Optional |
|  |

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)