



MISSOURI COLLEGE ACCESS CHALLENGE GRANT (CACG) PROGRAM
CACG Cycle 3 End of Year Expenditure Report

1. Name of Organization/Institution: _____

2. Address: _____

3. Name of Project Director/Contact Person: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

4. Name of Certifying Official: _____

Phone Number: _____ E-mail Address: _____

5. Report Period: _____ to _____
Month/Day/Year Month/Day/Year

We certify that to the best of our knowledge, the information reported herein is accurate and complete.

Name of Project Director (Print)

Name of Certifying Official (Print)

Signature and Date

Signature and Date

The CACG Cycle 3 End of Year Expenditure Report must be filled out and submitted directly to Mr. Timothy Hopkins, Missouri Department of Higher Education 205 Jefferson Street P.O. Box 1469, Jefferson City MO 65102 -1469 on or before May 30, 2012.

SECTION I: EXECUTIVE SUMMARY

Please provide a brief description (1-2 pages) of the current status of your project.

Provide a brief overview and describe the extent to which you have implemented all program activities and components planned for this reporting period.

CACG CYCLE 3 PROGRAM EXPENDITURES

Institution:				
Project Director:				
Project Title:				
Personnel Costs	Federal Funds Awarded for CACG CYCLE 3	Actual Expenditures	In-Kind Match	Cash Match
A.				
B.				
C.				
D.				
Fringe benefits (approved institutional rate)				
TOTAL PERSONNEL COSTS				
2. Additional Personnel Costs				
A.				
B.				
C.				
Fringe benefits (approved institutional rate)				
TOTAL ADDITIONAL PERSONNEL COSTS				
3. Participant Costs (Materials and related items)				
A.				
B.				
C.				
D.				
TOTAL PARTICIPANT COSTS				
4. Additional Costs (List individually; detail in budget justification narrative)				
A.				
B.				
C.				
TOTAL ADDITIONAL COSTS				
5. TOTAL COSTS (Sum of items 1–4)				
By signing this form, the undersigned attests to the validity of the information relating to the expenditure of College Access Challenge Grant Cycle 3 funds				
Project Director Name and Title:				
Authorized Institutional Officer Name and Title:				