



Building Missouri's future...by degrees

Name of Institution or Organization  
 MDHE CACG Cycle 3 Quarterly Report

	Challenge Grant Federal Funds Awarded for current budget period	Actual Challenge Grant Federal Expenditures
1. Salaries and Wages		
2. Employee Benefits		
3. Travel		
4. Materials & Supplies		
5. Consultants & Contracts		
6. Other		
A. Total Direct Costs: (Lines 1 – 6)		
B. Equipment		
C. Total Costs (A+B)		
<b>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</b>		
Project Director Name and Title:		
Authorized Institutional Officer Name and Title:		

1. Please describe any changes to key personnel of this grant that have come about, including changes in titles, changes in percentage of time that a person is devoting to the project, hiring of a key staff person, departure of a key staff person, or addition or elimination of a position.

Discuss any significant changes to key personnel proposed or anticipated. *(Please remember that a change in key personnel or the addition or elimination of position(s) requires prior approval from the Department of Education. To request a change, please request an administrative action separate from this report*

2. Please describe any changes made to your budget with respect to either Federal or matching funds.
  
3. Please describe how you plan to expend subsequent disbursements.