**Perkins Reserve CTE Special Populations Grant**

**FY23 Final Report Narrative**

Report due to [WFDGrants@ksbor.org](mailto:WFDGrants@ksbor.org) by 7/15/23

Final funds request date (draw date): 6/20/23

Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What Perkins-approved programs were funded with this grant (name and CIP)?

1.

2.

3.

1. What activities were completed through this grant project?
   * 1. Activity 1 Title:

Activity 1 Funding: $

Activity 1 Results/Measurable Outcomes:

* + 1. Activity 2 Title:

Activity 2 Funding: $

Activity 2 Results/Measurable Outcomes:

*Add activities as needed.*

1. What costs were reduced or eliminated for students who are members of special populations as a result of this project?

**Total Funds Expended: $**

**Funds not expended, if any: $**

1. What program exploration opportunities for students who are members of special populations were a result of this project?

**Total Funds Expended: $**

**Funds not expended, if any: $**

**Equipment**:

If equipment was purchased, fill and submit the attached Special Populations Equipment form to account for equipment and request a Perkins asset tag for each item valued at or above $5,000.

**Time and Effort:**

If salaries or stipends were part of this grant, fill and submit the attached FY23 Special Populations Time and Effort Certification.

Report submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name/Title

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature (electronic signature is acceptable)