**Perkins Reserve CTE Program Growth and Enhancement Grant**

**FY21 Final Report Narrative**

Report due to WFDGrants@ksbor.org by 8/1/22

Final funds request date (draw date): 6/1/22

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 partnerships with business and industry contributed to the success of the project?

**Total Funds Expended: $**

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

**Equipment**:

If equipment was purchased, fill and submit the attached Program Growth 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 2021 Program Growth Time and Effort Certification.

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

 Printed Name/Title

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

Signature (electronic signature is acceptable)