**Perkins Reserve CTE Kansas Industry and Labor Force Expansion Grant**

**FY23-24 Final Report Narrative**

Report due to [PerkinsV@ksbor.org](mailto:PerkinsV@ksbor.org) by 7/17/24

Final funds request date (draw date): Mid-June 2024

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 expansions (additional faculty/staff, program location, class time offering) resulted from this project?

**Total Funds Expended: $**

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

1. What updates (equipment/tools/resources, curriculum, training) or outreach activities to attract students who are members of special populations resulted from this this project?

**Total Funds Expended: $**

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

**Equipment**:

If equipment was purchased, fill and submit the attached Kansas Industry and Labor Force Expansion 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 Kansas Industry and Labor Force Expansion Time and Effort Certification.

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

Printed Name/Title

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

Signature (electronic signature is acceptable)