

**Perkins Reserve CTE Special Populations Grant  
FY24 Final Report Narrative**

Report due to [WFDGrants@ksbor.org](mailto:WFDGrants@ksbor.org) by 7/15/24  
Final funds request date (draw date): 6/20/24

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

- I. What Perkins-approved programs were funded with this grant (name and CIP)?
  - 1.
  - 2.
  - 3.
  
- II. What activities were completed through this grant project?
  1. Activity 1 Title:  
Activity 1 Funding: \$  
Activity 1 Results/Measurable Outcomes:
  
  2. Activity 2 Title:  
Activity 2 Funding: \$  
Activity 2 Results/Measurable Outcomes:

*Add activities as needed.*
  
- III. What costs were reduced or eliminated for students who are members of special populations or exploring the program of study as a result of this project? List all student costs that were reduced and/or eliminated.
  
- IV. What accountability measures and maintenance plans were developed/enacted for tools, equipment, and/or resources?
  
- V. Provide a copy (pdf, screenshot, etc.) of the student survey or questionnaire developed to collect special population data from students.
  1. Do all students complete the survey or questionnaire?
  2. When and how often is the survey or questionnaire completed or updated?
  
- VI. Describe the proposed procedure to introduce and stress the importance of the follow-up process with students and faculty in programs funded with this grant?

**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 valued at or above \$5,000. The Perkins Coordinator at your institution must request a Perkins asset tag for each item valued at or above \$5,000 using the "Request Tag" button on the "Home" page and the Inventory section of the Perkins Grants site.

**Time and Effort:**

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If salaries or stipends were part of this grant, fill and submit the attached FY24 Special Populations Time and Effort Certification.

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Report submitted by: \_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Signature (electronic signature is acceptable)

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