

QUARTERLY AND FINAL REPORT REQUIREMENTS FOR GRANT RECIPIENTS  
Return to: State of Nevada Commission on Construction Education  
5390 Kietzke Lane, Suite 102  
Reno, NV 89511

- 1. Grantee Name \_\_\_\_\_
- 2. Reporting Period \_\_\_\_\_
- 3. Grant Award Date \_\_\_\_\_ Grant Award Amount \_\_\_\_\_ **A**
- 4. Please give a brief description of your Construction Education Program and provide dates and names relating to your program formation and continuous development.

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- 5. Evaluation: Using the attached form, please provide the measurement information for each program activity/objective identified in your grant application.
- 6. Grant award expended in the current reporting period (must equal Grand Total - All Costs from page 3).....\_ **B**
- 7. Cumulative grant award expended in all prior periods.....\_ **C**
- 8. Unexpended grant award.....\_ **A-B-C**
- 9. Please fill out the budget/expenditure summary on the next page accordingly. For all expenses, attach the following: *(note that there are different requirements for expenses relating to employees/contract employment)*
  - ( a ) For Purchased Items - An invoice from the vendor listing all items purchased with individual item costs. Each invoice *must* be dated and *must* include the date it was paid.
  - ( b ) For Purchased Services - An invoice from the vendor/service which *must* list a detailed description of the services provided and the date(s) the services were provided. The invoice *must* include the date it was paid.
  - ( c ) For Purchased Equipment - An invoice from the vendor listing the equipment purchased. The invoice *must* include the serial number(s) of the equipment purchased and *must* include the date it was paid.
  - ( d ) For Employees/Contract Labor - Create a summary that includes *all* of the following:
    - ( 1 ) Name(s) of person(s) providing the labor, dates and hours spent each week that apply to the grant, and the hourly rate (including benefits) for those person(s). Calculate the total weekly cost for each week.
    - ( 2 ) A detailed description of how the above-referenced time was spent and how that effort applied to the grant *must* be included.

Program Evaluation Form (report item 5)

Provide the following measurement information for each program activity identified in your grant application.  
(Attach a separate sheet if necessary)

Description of Activities / Objectives	Outcome	Number of Students Directly Affected	Was Outcome Objective Met and How Were Results Measured?

DESCRIPTION	INSTRUCTION COST	SUPPORT SERVICES	TOTAL
<i>Direct Costs</i>			
Salaries & Benefits			
Purchased Professional Services			
Purchased Property Services			
Other Staff Travel			
Other **			
Other Purchased Services **			
General Supplies			
Books & Periodicals			
Audio Visual Materials			
Instructional Kits			
Software			
Dues & Fees			
Equipment			
<b>Subtotal - Direct Costs</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<i>Indirect Costs</i>			
Indirect Costs **			
<b>Grant Total - All Costs</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*\* Please provide detail as to the specific expenses incurred.

10. Please include a class schedule showing the dates and names of classes or events held. This schedule **must include** the names of students in attendance.

Signature of Fiscal Manager/Authorized Representative  
or Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_