

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

Mark One: Quarterly Report Final Report

1. Grantee Name _____

2. Reporting Period _____

3. Grant Award Date _____ Grant Amount Awarded _____ **A**

4. Please give a brief description of your Construction Education Program and provide details relating to your program and continuous development.

5. Grant award expended in the current reporting period
 (This amount will auto populate from "Total Grant Amount Expended This Period" amount on page 2)..... _____ **B**

6. Cumulative grant award expended in all prior periods..... _____ **C**

7. Unexpended grant award (will auto calculate)..... _____ **A-B-C**

8. Complete the attached budget/expenditure summary. 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.

9. Evaluation: Using the attached form on page 3, please provide the measurement information for each program activity identified in your initial Grant Application.

10. Class / Event Schedule: 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.

Return electronic copy to: cce@nscb.state.nv.us
 or paper copy to the address listed above

**NEVADA COMMISSION ON CONSTRUCTION EDUCATION
Budget/Expenditure Summary**

Reporting Period: _____

Quarterly Report Final Report

CATEGORY	GRANT AMOUNT <u>AWARDED</u>	TOTAL INSTRUCTION COST EXPENDED THIS PERIOD	TOTAL SUPPORT SERVICES EXPENDED THIS PERIOD	GRANT AMOUNT <u>EXPENDED</u> THIS PERIOD
<i>Direct Costs</i>				
Salaries				
Benefits				
Purchased Professional Services (<i>Specify</i>)				
Purchased Property Services				
Staff Travel				
Other (<i>Specify</i>)				
Other Purchased Services				
General Supplies				
Books & Periodicals				
Audio Visual Materials				
Instructional Kits				
Software				
Dues & Fees				
Equipment				
Subtotal - Direct Costs:		\$	\$	\$
<i>Indirect Costs</i>				
Indirect Costs (<i>Specify</i>)				
All	\$	\$	\$	\$
	TOTAL GRANT AMOUNT <u>AWARDED</u>			TOTAL GRANT AMOUNT EXPENDED THIS PERIOD

See Line Item #8 on page 1 for further instructions.

Fiscal Manager Signature: _____ Date _____

Program Evaluation Form

Referring back to Section III B, (page 5) of your Grant Application, list the same Activities with corresponding Activity numbers below and provide the following information:

<i>Activity #</i>	<i>Description of Activity</i>	<i>Outcome</i>	<i>Number of Students Directly Affected</i>	<i>Was Outcome Objective Met and How Were Results Measured?</i>
1				
2				
3				
4				
5				