**FY 2015 UHCC Innovations Year End Report Form**

**Due September 30, 2015**

**ATD Developmental Education Financial Aid Part Time Student Initiative**

|  |  |
| --- | --- |
| **Project Title:** | **Date of Report:** |
| **Proposer’s Name:** | **Proposer’s Email Address:** |
| **Campus:** |  |
| **Project Description (summarized from approved proposal):** | |
| **Project Completion Date:** | |

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| --- | --- |
| **Actions Planned *(from approved proposal)*** | **Completed?** |
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| --- | --- |
| **Effectiveness Indicators/Outcomes and Benchmarks**  ***(from approved proposal)*** | **Results**  **(If continuation project, also include prior year’s outcomes.)** |
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| **Discussion of results:** |
| **Discussion of effectiveness indicators/outcomes and benchmarks identified in approved proposal:** |
| **Discussion of relationship of results to campus and UHCC (**[**http://uhcc.hawaii.edu/OVPCC/strategic\_planning/strategic\_plan\_2008\_2015.php**](http://uhcc.hawaii.edu/OVPCC/strategic_planning/strategic_plan_2008_2015.php)**) strategic plans:** |
| **Discussion of scalability and sustainability of the project based upon the results:** |

**Expenditure Report:** *Use original budget from approved proposal and add line to show actual expenses and total. Highlight or notate changes from original budget and provide explanation.*

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|  | | **Amount Budgeted in Approved Proposal** | **Amount Expended** |
| **A** | **PERSONNEL**  **(itemization optional)** |  |  |
|  |  |  |  |
| **B** | **SUPPLIES**  **(itemization required)** |  |  |
| **B1** |  |  |  |
| **B2** |  |  |  |
| **B3** |  |  |  |
| **C** | **EQUIPMENT**  **(itemization optional)** |  |  |
|  |  |  |  |
| **TOTAL** | |  |  |