

**MARYLAND STATE DEPARTMENT OF EDUCATION
INTERIM PROGRESS REPORT C- 1- 25 C**

Grant Name Striving Readers Comprehensive Literacy (SRCL) Grant Year 2	Grant Recipient Name Howard County Public School System
MSDE Grant # 191072-01	Recipient Grant # 19107201
MSDE Grant Manager Vanessa Williams	Recipient Project Manager Stephanie Milligan
Fund Source Code Title I, Part E	Grant Reporting Period July 1 2019 September 30 2019

Section I: ATTACH ADDITIONAL SHEETS IF NEEDED OR ADJUST ROW HEIGHT TO ACCOMMODATE DATA AREA

1. Explain grant activities that have taken place during the reporting period. What milestones have been met? What milestones have not been achieved? Have staff been hired according to schedule?

Purchases of curricular materials continue to be made at all levels. Professional learning is being provided by vendors and through staff using Title II funds. The external evaluator continues her work.

2. Are the goals and objectives expected to be achieved by the end of the grant period? Yes X No
If not, explain:

3. Are grant timelines being adhered to? If not, explain and discuss the impact on grant outcomes.

Yes, we anticipate completion of all activities by the extended deadline of 6/30/20.

4. How much of the budget has been expended to date?	\$	80,221.91 (actual) 426,191.37 (w/ encumbered)	Percent	12.34% (actual) 65.57% (w/ encumbered)
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5. Is spending consistent with budget projections? Yes X No
If not, what steps are being taken to expend the funds as planned?

6. Will 100% of funds be expended by the end of the grant period? Yes X No
If not, what is the expected balance? .00

7. Will you request a change to the grant? No - Already ammended If so, what will be changed and why?

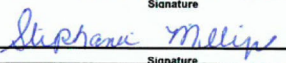
8. Summarize progress to date and discuss potential impediments to a successful outcome to the grant.

Purchases of curricular materials continue to be made at all levels. Professional learning is being provided by vendors and through staff using Title II funds. The external evaluator continues her work. All activities should be successfully completed by 6/30/20.

9. If you are requesting technical assistance from MSDE staff, please explain your request below:

N/A

GRANT RECIPIENT SIGNATURES:

Finance Official: Jahantab Siddiqui		11/7/19	410-313-6680
<small>Print Name</small>	<small>Signature</small>	<small>Date</small>	<small>Telephone #</small>
Grant Project Manager: Stephanie Milligan		11/7/19	410-313-6843
<small>Print Name</small>	<small>Signature</small>	<small>Date</small>	<small>Telephone #</small>

II MSDE REVIEW

Date Received:

Review and Action Recommended

<input type="checkbox"/> Onsite Visit Scheduled*	*Date: _____ (see Section III)
<input type="checkbox"/> Phone Contact Scheduled*	*Date: _____ (see Section III)
<input type="checkbox"/> No Further Action at This Time	
<input type="checkbox"/> Other (Explain)	

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	Grant Year 2

Grant Recipient Name **Howard County Public School System**

MSDE Grant # 191072-01

Recipient Grant #	19107201
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Reviewer's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Section III REVIEWER COMMENTS AND PROPOSED ACTIONS

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MSDE Grant #	191072-01	Recipient Grant #	19107201
MSDE Grant Manager	Vanessa Williams	Recipient Project Manager	Stephanie Milligan
Fund Source Code	Title I, Part E	Grant Reporting Period	October 1 2019 December 31 2019

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2. Are the goals and objectives expected to be achieved by the end of the grant period? Yes X No
If not, explain:

3. Are grant timelines being adhered to? If not, explain and discuss the impact on grant outcomes.

Yes, we anticipate completion of all activities by the extended deadline of 6/30/20.

4. How much of the budget has been expended to date? \$ 532,762.65 (actual) Percent 81.96% (actual)

5. Is spending consistent with budget projections? Yes X No

If not, what steps are being taken to expend the funds as planned?

6. Will 100% of funds be expended by the end of the grant period? Yes X No

If not, what is the expected balance? .00

7. Will you request a change to the grant? No - Already ammended If so, what will be changed and why?

8. Summarize progress to date and discuss potential impediments to a successful outcome to the grant.

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N/A

GRANT RECIPIENT SIGNATURES:

Finance Official: Jahantab Siddiqui		1/15/20	410-313-6680
Print Name	Signature	Date	Telephone #
Grant Project Manager: Stephanie Milligan		1/15/20	410-313-6843
Print Name	Signature	Date	Telephone #

II MSDE REVIEW

Date Received: _____

Review and Action Recommended

<input type="checkbox"/> Onsite Visit Scheduled*	*Date: _____ (see Section III)
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MSDE Grant # **191072-01**

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Reviewer's Signature _____

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