GEAR UP 2 Final Review

Meeting Date: 
School/District: 
Site Coordinator: 
Meeting Attendees: 

Please prepare a report of your program plan and budget progress through the end of the year.

For each activity, include a summary of what you have accomplished. Indicate your progress toward your intended outcome. Use this report to discuss your program, as well as anything else you feel would be beneficial for your Regional Coordinator to know.

Please prepare and attach a budget update to include budget items expended and those that still remain. An updated version of your program plan budget breakout is preferred.

Please prepare and attach an inventory of all equipment purchased with GEAR UP Idaho funds.

| Regional Coordinator Use Only |
|------------------------------|----------------|
| ___ Final Review Report Complete   | ___ SC Last Day:|
| ___ Completed Subaward Requirements | ___ SC Return Day:|
| ___ Monthly Service Reports Current | ___ Summer Contact:|
| ___ Updated Budget/Final Invoice   | ___ Inventory   |
| ___ Inventory                     | ___ Compass Current |
| ___ New Plan Submitted            |

**Notes/Follow-Up:**

Site Coordinator Signature: ____________________________ Date: ____________

District Signature: ____________________________ Date: ____________

Reg. Coordinator Signature: ____________________________ Date: ____________

Program Manager Signature: ____________________________ Date: ____________
Activity Report

Activity 1

Activity Title:
Target Students (Grade Level):
Completion Date:
Intended Outcome:
  Actual Outcome Met:
Desired Participant Outcome:
  Actual Participant Outcome Met:
Method of Documentation:
Budget Expended:

Other Comments/Concerns:

Regional Coordinator Comments/Concerns:

Activity 2

Activity Title:
Target Students (Grade Level):
Completion Date:
Intended Outcome:
  Actual Outcome Met:
Desired Participant Outcome:
  Actual Participant Outcome Met:
Method of Documentation:
Budget Expended:

Other Comments/Concerns:

Regional Coordinator Comments/Concerns: