

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Community College National Center for Community Engagement</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>Supporting Actions for Engagement</b>	OMB Approval No. <b>0348-0033</b>	Page <b>1</b>	of <b>1</b>	pages
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3. Recipient Organization (Name and complete address, including ZIP code)  
**Hillsborough Community College  
 P.O. Box 31127  
 Tampa, FL 33631-3127**

4. Employer Identification Number <b>59-121-9841</b>	5. Recipient Account Number or Identifying Number <b>03LHHAZ001</b>	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Funding/Grant Period (See instructions!) From: (Month, Day, Year) <b>01/01/04</b>	To: (Month, Day, Year) <b>09/30/04</b>	9. Period Covered by this Report From: (Month, Day, Year) <b>07/01/04</b>	To: (Month, Day, Year) <b>09/30/04</b>
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10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	8,745.68	22,763.17	31,508.85
b. Recipient Share of outlays	6,330.26	10,178.59	16,508.85
c. Federal share of outlays	2,415.42	12,584.58	15,000.00
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines c and f)			15,000.00
h. Total Federal funds authorized for this funding period			15,000.00
i. Unobligated balance of Federal funds (line h minus line g)			0.00

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
	30.00%	6,000.00	1,800.00	0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  
 Corrected copy as requested by Gloria Schoonover - see attached email dated 10/18/04.

13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title <b>Bonnie Carr, Controller</b>	Telephone (Area code, number and extension) <b>(813) 253-7006</b>
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Signature of Authorized Certifying Official 	Date Report Submitted <b>10/25/04</b>
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**2003/2004 Community College National Center for Community Engagement  
Subgrantee Quarterly Request for Reimbursement\* & Financial Status Report Funding Source: CNCS/CCNCCC**

Recipient Hillsborough Community College Federal Employer ID# 59-1219841  
 Federal Grant # 03LHHAZ001 Name of Project Supporting Actions for Engagement (SAFE)  
 Authorized Signature *Gloria Schoonover* Period covered by report From /To 07/01/04 09/30/04  
 (Chief Fiscal Agent of Subgrantee) Today's Date 10/25/04  
 Authorized Title Controller

**COPY**

1st Qtr. Request Due Date	1st Qtr. Match	2nd Qtr. Request Due Date	2nd Qtr. Match	3rd Qtr. Request Due Date	3rd Qtr. Match
4/10/2004 0.00	0.00	7/10/04 2,415.42	6,330.26	10/10/04 12,584.58	10,178.59

1. Award money must have been expended to qualify for reimbursement. If nothing was spent, enter -0- but still submit.
2. Send Original to: Gloria Schoonover, Community College National Center for Community Engagement, 145 N. Centennial Way, Suite 201, Mesa, AZ 85201.
3. If financial reports are not turned in by due date, reimbursement will not be forthcoming until the following quarter.
4. All match backup documentation must be submitted with financial report for expenses incurred during previous quarter.
5. You must submit a Financial Status Report for every quarter, including the one ending 9/30/04, even if you spent no money during the quarter and you have zeroes in all of the amount columns.

Please direct questions to Lyvlier Conss, (480) 461-6280, E-mail: gloria.schoonover@mcmmail.maricopa.edu. Please type or print clearly.

**Supporting Actions For Engagement  
Federal FY 2004 Grant**


Project: Supporting Actions for Engagement  
 Institution: Hillsborough Community College  
 CNCS Grant #: 03LHH-AZ001

Project Director: Sharon E. Miller  
 Fiscal Officer: Bonnie Carr  
 Project Period: 01/01/2004-09/30/2004

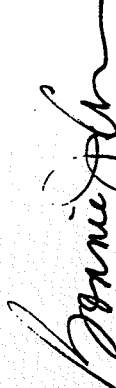
APPROVED BUDGET	1st Period Expenditures 1/1-3/31/04			2nd Period Expenditures 4/1-6/30/04			3rd Period Expenditures 7/1-9/30/04			Final Expenditures	Cumulative Expenditures	Remaining Balance	
SALARY & BENEFITS	\$	6,000.00	\$	-	-	\$	4,286.81	\$	-	\$	4,286.81	\$	1,713.19
CURRICULUM DEVELOPMENT	\$	7,000.00	\$	-	-	\$	-	\$	8,297.77	\$	8,297.77	\$	(1,297.77)
TRAVEL	\$	2,000.00	\$	-	-	\$	2,415.42	\$	-	\$	2,415.42	\$	(415.42)
<b>TOTAL</b>	\$	<b>15,000.00</b>	\$	<b>-</b>	<b>-</b>	\$	<b>2,415.42</b>	\$	<b>4,286.81</b>	\$	<b>8,297.77</b>	\$	<b>15,000.00</b>

I certify all expenditures reported on this report are for appropriate purposes and in accordance with provisions of the application submitted for the Supporting Actions for Engagement Award.

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 (Signature of Project Director)

10/8/04  
 Date

  
 (Signature of Fiscal Officer)

10/04/04  
 Date

**NOTE: Report due to CCNCCE no later than 10 days after the end of each reporting period.**