

COVER PAGE
SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
CENTERS OF EXCELLENCE PROGRAM
EDUCATION IMPROVEMENT ACT OF 1984

FINAL 2009-10

Institution		
Center Name		
Project Director/Title	Address	
	Phone	
	Fax	
Institutional Contact	E-mail	
	Address	
	Phone	
Fiscal Officer/Title	Address	
	Phone	
Grant Expenditures	FY 2009-10	School or District Partners
State Funds		
Institutional Funds		
Other Funds		
Total		
Institutional Approval Chief Executive Officer _____		
Date _____		

FINAL REPORT – EIA CENTERS OF EXCELLENCE

For each section, complete information for the current project year. If this is the end of the funding for your Center from CHE, please include additional information in EACH section summarizing the 5-Year Period.

- I. **Goals and Objectives for your Center in 2009-10** – If there are different goals and objectives for FY 2009-10 than the original proposal, be sure to address the differences. The goals or objectives should be in terms that can be quantified, evaluated and assessed.
- II. **Program Activities** - a description of activities completed during the 2009-10 project year. (***Use attached Activity Summary form***). Activities should be related to the goals and objectives of the project. What primary program activities or processes were conducted to facilitate the program's performance in reaching the objective(s) as described in section I. What, if any, changes in processes or activities are planned for the current fiscal year? (Examples of program processes would be: training provided, recruiting efforts made, technical assistance services, monitoring services, etc.)
- III. **Products and Services** – describe the direct products and services (outputs) delivered by this program. (Examples would be: number of teachers attending professional development seminars, number of AP exams given and students taking AP classes, number of students served in the program, etc.)
- IV. **Plan for Collaboration**--a description of steps taken during 2009-10 to create awareness of and support for the Center's activities by internal and external stakeholder groups (teachers, district personnel, campus-based personnel, other Centers of Excellence, etc), which are important to the successful continuation of the Center's operations.
- V. **Research Agenda** -- a description of any research undertaken as a part of the Center's goals and objectives during 2009-10.
- VI. **Evaluation and Assessment** -- specific outcomes achieved as a result of the Center's activities and how these outcomes were measured. Program outcomes can be both quantitative and qualitative and should address the program's objectives. Examples of outcomes would be: results of surveys, test data, increase in minority participation, reduction in achievement gaps, teacher grants awarded, materials purchased, etc. **An external evaluator's report must be attached to this report.**
- VII. **Problems** -- description of any administrative, programmatic, or budgetary problems experienced and their resolution.

- VIII. **Effectiveness**--specific information concerning how the Center has improved teachers' and/or teacher educators' effectiveness or instructional priorities.
- IX. **Budget/Expenditure**--a final financial report depicting grant allocations and expenditures **by line item**; appropriations and expenditures of institutional matching/external funds; unexpended balance of funds at year's end. If any of the institutional/matching funds are authorized to be carried forward, please indicate. Also included is a chart to indicate the percentage of funds used for salaries and other operating expenses by funding source. Any unexpended EIA (Commission) funds should be returned to the Commission. The budget should be approved by the institution's fiscal agent. **A final budget form is included.** Please submit an electronic Excel copy of the final budget/expenditure report in addition to the Word document. The final budget must show matching funds and expenditures as well as Commission funds and expenditures.
- X. **Impact of Budget Reductions** – Given the ongoing national recession and its impact on state revenue collections, the Education Oversight Subcommittee is interested in knowing how each EIA program absorbed of offset reductions in FY 2009-10 and how the program would be affected in Fiscal Year 2009-10 if additional reductions are required. In addition, if no additional EIA revenues are appropriated to each EIA program in FY 2010-11, what would be the impact on the objectives, activities and direct services of each EIA program?

**FINAL REPORT
 FY 2009-10
 SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
 CENTERS OF EXCELLENCE
 FUNDING SOURCE SUMMARY**

Institution _____

Center Name _____

Provide in percent the amount from each source that supported the center's salaries and other operating expenses for the FY 2009-10.

Fund Source	Administrative/Personnel Services and Fringes	Other Operating Costs
EIA/CHE		
Institutional		
Federal		
Other Sources*		
Total FTEs		

* Please denote source(s)

 Institutional Authority Typed Name and Title

 Institutional Authority Signature Date

Activity Summary – FY 2009-10

Goals, Activities, Objectives	Timeline proposed	Actions completed	Actions Pending	Notes

**FINAL REPORT
 FY 2009-10
 SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
 CENTERS OF EXCELLENCE EDUCATION IMPROVEMENT ACT OF 1984**

**SUMMARY OF
 SERVICE TO K-16 COMMUNITY**

During the FY 2009-10 please indicate the following numbers served:

Number of teachers served*	
Number of students served (P-12)*	
Number of pre-service students served*	
Number of districts served*	
Number on in-service activities	
Number of schools served (P-12)	
Number of faculty (higher education served)	
Number of higher education institutions served	
Number of state and national presentations	
Number of impaired districts served (attach list)	
Number of impaired schools served (attach list)	

*** These numbers should not be duplicates. Do not count the same individual or institution more than once.**

TO BE COMPLETED AND SIGNED BY THE CENTER PROJECT DIRECTOR ONLY

<p align="center">BUDGET and EXPENDITURE REPORT CENTERS OF EXCELLENCE EDUCATION IMPROVEMENT ACT OF 1984 Project Year: 2009-10</p>					
INSTITUTION:	Approved Budget (CHE funds)	Expenditures (CHE Funds)	Institutional and/or External Match	Expenditures (Institutional and/or External funds)	CHE use
PROJECT DIRECTOR:					
1. Key Personnel(Faculty/Administration) LIST NAMES & Role					
A. Salaries					
1					
2					
3					
4					
Total Key Personnel Salaries					
B. Fringe Benefits TOTAL					
TOTAL KEY PERSONNEL COSTS					
2. Support Personnel (LIST NAMES)					
A. Salaries					
1					
2					
3					
4					
Total Support Personnel Salaries					
B. Fringe Benefits TOTAL					
Total SUPPORT PERSONNEL COSTS					
TOTAL PERSONNEL COSTS					
3. Participant Support (District/School participants)					
a. Books					
b. Supplies and Materials					
c. Travel					
d. Room and Board					
e. Food					
f. Tuition					
g. Other - PLEASE SPECIFY					
Total Participant Costs					
4. Supplies and Materials (Institution)					
a.					
b.					
c.					
d.					

BUDGET and EXPENDITURE REPORT
CENTERS OF EXCELLENCE
EDUCATION IMPROVEMENT ACT OF 1984
 Project Year: **2009-10**

INSTITUTION:	Approved Budget (CHE funds)	Expenditures (CHE Funds)	Institutional and/or External Match	Expenditures (Institutional and/or External funds)	CHE use
Total Supply Costs					
5. Equipment					
a.					
b.					
c.					
d.					
Total Equipment Costs					
6. Additional Costs - PLEASE SPECIFY					
a.					
b.					
c.					
d.					
Total Additional Costs					
7. Travel					
a.					
b.					
Total Other Travel					
TOTAL PROJECT EXPENDITURES	\$ -				
Project Director(s)			Typed Name & Title Signature Date		

Fringe Breakdown - Key Personnel

Employee Name	Health	Dental	FICA	State Retirement	Unemployment Comp	Workers Comp	Total

Fringe Breakdown - Support Personnel

Employee Name	Health	Dental	FICA	State Retirement	Unemployment Comp	Workers Comp	Total