

Welcome

PR/Award Number: **P031A180007**
Grantee Name: **Northern Vermont University**

Reporting Period: **10/01/2018 to 09/30/2019**
Program Officer: **Yolande Badarou**
(Yolande.Badarou@ed.gov)

Grant Identification

General Information

PR Award Number: P031A180007

Program:

Unit ID: 230913

Grantee Name (Institution Name):
Northern Vermont University

*** Address 1:**
337 COLLEGE HILL RD

Address 2: (Optional)

*** City:**
JOHNSON

*** State:**
VERMONT

*** Zip:**
05656

Zip + 4:

*** Project Title:**
Success in the First Year and Beyond: Transforming Curriculum and Academic Support Systems

Institution Type/Control:
4-year Public

Grant Type:
Individual Development Grant

Project Director

*** First Name:**
Kathleen

*** Last Name:**
Brinegar

*** Title:**
Associate Professor, Education

*** Email:**
kathleen.Brinegar@northernvermont.edu

*** Office Phone:**
(802)-635-1472

EXT.

Cell Phone:
(802)-999-9151

Additional Contact Person Information

First Name:
Daniel

Last Name:
Regan

Email:
Daniel.Regan@northernvermont.edu

Office Phone:

Cell Phone:

(802)-635-1321

(802)-730-3359

Grant Information

Grant Award Year:
10/01/2018

Grant End Year:
09/30/2023

Total Duration of Grant:
5 Yrs

Section 1: General Information

| | |
|--|---|
| 1. Enter the initial fiscal year (FY) this grant was awarded: * | 2018 |
| 2. For which fiscal year did the institution submit the initial financial report? * | 2019 |
| 3a. Enter the amount of the institution's original Endowment Fund Corpus from Federal funds: * | \$ 0 |
| 3b. Enter the amount of the institution's original Endowment Fund Corpus from Matching funds: | \$ 0 |
| Total Original Corpus | \$ 0 |
| i. Enter the source of the institution's raised/matched funds: | |
| ii. Enter the kind of eligible funds raised: | |
| 4. On what date was the corpus initially deposited? * | 07/01/2019 |
| 5a. Have you added to or increased the original corpus? * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 5b. Enter the amount of any additional contribution to the institution's Endowment Fund Corpus from Federal funds: * | \$ 26,200 |
| 5c. Enter the amount of any additional contribution to the institution's Endowment Fund Corpus from Matching funds: * | \$ 26,200 |
| Total additional contribution to corpus | \$ 52,400 |
| i. Enter the source of the institution's raised/matched funds: | Alumni, local businesses, friends |
| ii. Enter the kind of eligible funds raised: | For the university's High-Impact Fund endowment, as approved by the system trustees |
| 6. On what date was the additional | 07/01/2019 |

contribution to the corpus deposited? *

Section 2: Reporting Period

Enter your institution's fiscal year or budget period covered by this report: *

10/01/2018

to

09/30/2019

Section 3: Investment Distribution - For Corpus Only

| Type of Savings Account Security | Amount | Name of Financial Institution |
|--|-----------------|-------------------------------|
| A federally insured bank savings account: | \$ 225 | Morgan Stanley |
| A comparable interest bearing account: | \$ 0 | |
| A money market fund: | \$ 0 | |
| Certificates of deposit: | \$ 0 | |
| Mutual funds: | \$ 14,009 | Morgan Stanley |
| Stocks: | \$ 8,398 | Morgan Stanley |
| Bonds: | \$ 0 | |
| Exchange Traded Funds: | \$ 0 | |
| Other: Alternative investments (hedge funds/REITs) | \$ 3,606 | Morgan Stanley |
| Other: | \$ 0 | |
| Total Invested: | \$26,238 | |

Section 4: Income Earned

Enter the amount of the endowment fund income earned during the 12-month period covered by this financial report. *

\$ 3,000

Enter the cumulative (aggregate) amount (to date) of all endowment fund income earned since the initial investment. *

\$ 3,000

Section 5: Income Used

| Type | Current | Aggregate |
|--|-------------|-------------|
| a) Operations and maintenance: | \$ 0 | \$ 0 |
| b) Administration and management of the endowment fund: | \$ 0 | \$ 0 |
| c) Buying and selling securities: | \$ 0 | \$ 0 |
| d) Academic and support personnel: | \$ 0 | \$ 0 |
| e) Construction and renovation: | \$ 0 | \$ 0 |
| f) Community and student services programs and technical assistance: | \$ 0 | \$ 0 |
| Other: | \$ 0 | \$ 0 |
| Other: | \$ 0 | \$ 0 |
| Total Invested: | \$ 0 | \$ 0 |

Section 5: Notes

No expenditures of endowment fund income have been made in Year 1 of the Grant.

Certification

1. Reporting Period

10/01/2018 to 09/30/2019

2. PR Award Number

P031A180007

3. Project Title

Success in the First Year and Beyond: Transforming Curriculum and Academic Support Systems

4. Recipient Information

Name: Northern Vermont University

Address: 337 COLLEGE HILL RD , JOHNSON, VERMONT 05656

5. Contact Information

Name: Kathleen Brinegar

Title: Associate Professor, Education

Phone: (802)-635-1472

Email: kathleen.Brinegar@northernvermont.edu

6. Authorized Representative

(The Institution's President or someone with the institutional authority to sign off on federal sponsored agreements)

To the best of my knowledge and belief, all data in this performance report are true and correct.

Name

Kathleen Brinegar

Email

kathleen.brinegar@northernvermont.edu

Phone

(802)-999-9151

Date

08/29/2020