PR/Award Number: <b>P031A180007</b>	
Grantee Name: Northern Vermont University	

## Welcome Reporting Period: 10/01/2019 to 09/30/2020 Program Officer: Yolande Badarou (Yolande.Badarou@ed.gov)

## **Grant Identification**

General Information			
PR Award Number: PO	31A180007		
Program: Title III - Part	A Strengthening Institutions		
<b>Unit ID:</b> 230913			
<b>Grantee Name (Institu</b> Northern Vermont Univ			
* Address 1: 337 COLLEGE HILL RD		Address 2: (Optional)	
* City:	* State:	* Zip:	
JOHNSON	VERMONT	05656	Zip + 4:
* <b>Project Title:</b> Success in the First Yea	r and Beyond: Transforming C	urriculum and Academic Support Sys	tems
Institution Type/Cont	rol:	Grant Type:	
4-year Public		Individual Development	Grant
Project Director			
* First Name:		* Last Name:	
Leslie		Kanat	
* Title:		* Email:	
Director, Interim Dean o	of Academic Affairs	Les.Kanat@northernver	
* Office Phone:	EXT.	C	ell Phone:
(802)-635-1245			
Additional Contact Pe	rson Information		
First Name:		Last Name:	
Daniel		Regan	
Email:			
Daniel.Regan@northerr	nvermont.edu	• 11 5 1	
Office Phone:		Cell Phone:	
		(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			
<b>1.</b> Enter the initial fiscal year (FY) this grant	was awarded: <b>*</b>	2018	
<b>2.</b> For which fiscal year did the institution su financial report? <b>*</b>	bmit the initial	2019	
<b>3a.</b> Enter the amount of the institution's orig Endowment Fund Corpus from Federal func		<b>\$</b> 0	
<b>3b.</b> Enter the amount of the institution's ori Endowment Fund Corpus from Matching fu		<b>\$</b> 0	
Total Original Corpus		<b>\$</b> 0	
<b>i.</b> Enter the source of the institution's raisec funds:	/matched		
<b>ii.</b> Enter the kind of eligible funds raised:			
<b>4.</b> On what date was the corpus initially dep	osited? *	07/01/2019	
<b>5a.</b> Have you added to or increased the orig	inal corpus? *	🗣 Yes 🔿 No	
<b>5b.</b> Enter the amount of any additional cont institution's Endowment Fund Corpus from		<b>\$</b> 143,300	
<b>5c.</b> Enter the amount of any additional contrinstitution's Endowment Fund Corpus from *		<b>\$</b> 174,330	
Total additional contribution to corpus		<b>\$</b> 317,630	
<b>i.</b> Enter the source of the institution's raisec funds:	/matched	Alumni, local busines	sses, friends
ii. Enter the kind of eligible funds raised:		For the University's F approved by the syst	ligh-Impact Fund endowment, as em trustees
<b>6.</b> On what date was the additional contribu corpus deposited? <b>*</b>	tion to the	07/31/2020	

# Section 2: Reporting Period

Enter your institution's fiscal year or budget period covered 10/01/2019 **to** 09/30/2020 by this report: \*

## Section 3: Investment Distribution - For Corpus Only

Type of Savings Account Security	Amount	Name of Financial Institution
A federally insured bank savings account:	\$ 0	
A comparable interest bearing account:	\$ 3,227	Morgan Stanley
A money market fund:	\$ 0	
Certificates of deposit:	\$ 0	
Mutual funds:	\$ 0	
Stocks:	\$ 212,990	Morgan Stanley
Bonds:	\$ 94,662	Morgan Stanley
Exchange Traded Funds:	\$ 0	
Other:	\$ 47,690	Morgan Stanley
Other:	\$ 0	
Total Invested:	\$358,569	

### Section 4: Income Earned

Enter the amount of the endowment fund income earned during the 12-month period covered by this financial report. *	<b>\$</b> 18,639
Enter the cumulative (aggregate) amount (to date) of all endowment fund income earned since the initial investment. *	<b>\$</b> 21,639

### Section 5: Income Used

Туре	Current	Aggregate
a) Operations and maintenance:	<b>\$</b> 0	\$ 0
b) Administration and management of the endowment fund:	<b>\$</b> 0	\$ 0
c) Buying and selling securities:	<b>\$</b> 0	\$ 0
d) Academic and support personnel:	<b>\$</b> 0	\$ 0
e) Construction and renovation:	<b>\$</b> 0	\$ 0
f) Community and student services programs and technical assistance:	\$ 0	\$ 0
g) Scholarships and student financial aid:	\$ 2,597	<b>\$</b> 2,597
Other:	<b>\$</b> 0	<b>\$</b> 0
Other:	\$ 0	\$ 0
Total Invested:	\$2,597	\$2,597

Section 5: Notes

### Certification

**1. Reporting Period** 10/01/2019 to 09/30/2020

**2. PR Award Number** P031A180007

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

#### 4. Recipient Information

<u>Name:</u> Northern Vermont University <u>Address:</u> 337 COLLEGE HILL RD , JOHNSON, VERMONT 05656

### 5. Contact Information

<u>Name:</u> Leslie Kanat <u>Title:</u> Director, Interim Dean of Academic Affairs <u>Phone:</u> (802)-635-1245 <u>Email:</u> Les.Kanat@northernvermont.edu

#### 6. Authorized Representative

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

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

Name	Email
Daniel Regan	Daniel.Regan@NorthernVermont.edu
Phone	Date