

## LOUIS STOKES ALLIANCES FOR MINORITY PARTICIPATION Quarterly Report and Participant Supplemental Invoice Form

Note. The PI and/or the program coordinator should complete the quarterly report by including only activities that occurred during the reporting period. If no activities occurred during the reporting period, select "Nothing to report" for each activity and then submit the quarterly report to <a href="mailto:cquinn@una.edu">cquinn@una.edu</a> and Cc: Seth Martin (<a href="mailto:smartin10@una.edu">smartin10@una.edu</a> ). Complete the top portion of the quarterly report in its entirety.

Purchase Order Number (SPC#):	
Date Submitted:	
Institution:	
Contact Person:	
Contact Information:	
Invoice Reporting Period:	
Target (Student, Faculty, Student/Faculty):	
Coordinator(s):	
<b>Directions:</b> For each activity, in which students participated (funded or unfunded providing activity title and description, goals and objectives, outcomes and/or impact	
ACTIVITY: ADVISEMENT AND/OR TRANSFER SUPPORT SERVICES	] NOTHING TO REPORT
Activity Title and Description:	
Activity Goals and Objectives:	

- Activity Outcomes and/or Impact:
- Number of Participants:

## ACTIVITY: SUMMER BRIDGE OR EARLY ARRIVAL PROGRAM

[] NOTHING TO REPORT

- Activity Title and Description:
- Activity Goals and Objectives:

•	Activity Outcomes and/or Impact:	
•	Number of Participants:	
ACTIV	TITY: TUTORING OR SUPPLEMENTAL INSTRUCTION	[] NOTHING TO REPORT
•	Activity Title and Description:	
•	Activity Goals and Objectives:	
•	Activity Outcomes and/or Impact:	
•	Number of Participants:	
ACTIV	TITY: PEER MENTORING	[] NOTHING TO REPORT
•	Activity Title and Description:	
•	Activity Goals and Objectives:	
•	Activity Outcomes and/or Impact:	
•	Number of Participants:	
ACTIV	ITY: FACULTY MENTORING	[] NOTHING TO REPORT
•	Activity Title and Description:	
•	Activity Goals and Objectives:	
•	Activity Outcomes and/or Impact:	
•	Number of Participants:	

[] NOTHING TO REPORT

**ACTIVITY: UNDERGRADUATE RESEARCH** 

Activity Title and Description:
Activity Goals and Objectives:
Activity Outcomes and/or Impact:
Number of Participants:
ACTIVITY: PROFESSIONAL DEVELOPMENT [ ] NOTHING TO REPORT (including workshops, conference presentations, attendance at The Tennessee Valley Tri-State LSAMP Alliance conference, attendance at other conferences, and GEM GRAD Lab)
Activity Title and Description:
Activity Goals and Objectives:
Activity Outcomes and/or Impact:
Number of Participants:
LSAMP ACCOMPLISHMENTS
<ul> <li>Student Successes (research, conferences, awards, publications, acceptance into graduate school, etc.)</li> </ul>
Effective or Innovative LSAMP Programming
Leveraging of Funds
LSAMP Personnel Success Stories
INDUSTRY AND COMMUNITY PARTNERS (List industry and community partners with whom you have interacted with during this reporting period

(List industry and community partners with whom you have interacted with during this reporting period and describe the interaction. The partner may have provided funding, a workshop, served on a LSAMP advisory board/committee, provided internship/job placement assistance, etc.)
Attach to the invoice submitted through your grants office. Submit to <a href="mailto:cquinn@una.edu">cquinn@una.edu</a> and Cc: Seth Martin (<a href="mailto:smartin10@una.edu">smartin10@una.edu</a>). (Revised 02.7.2024)

Activity Abbreviations: Summer Bridge or Early Arrival (SB/EA), Tutoring/Supplemental Instruction (T/SI), Peer Mentoring (PM), Faculty Mentoring (FM), Research (R), Advisement (A), Professional Development (PD)

**Directions:** If your institution provides a flat amount for participating in activities, for each student, place an "X" under the activity or activities in which the student received a stipend and include the total amount of funding received for the semester under Amount of Funding Received. If your institution allocates an amount for each activity in which students participate, for each student, include the amount under each activity abbreviation and the total amount of funding received for the quarter under Amount of Funding Received.

## **List of Attendees**

Last Name	First Name	Race/ Ethnicity	Major	Activity Abbreviations							Amount of Funding Received (\$)
				SB/EA	T/SI	PM	FM	R	Α	PD	(1)
EX1. Doe	John	Black	Chemistry	Х	X	Х	Χ	Х	Х	Χ	\$750.00
EX2. Doe	Jane	Black	Math	\$200	\$50	\$40	\$20	\$100	\$200	\$50	\$660.00
Total	•	<u> </u>	1	I		1					