Quarterly Budget and Expenditure Reporting HEERF I, II, and III (a)(1) Institutional Portion, (a)(2), and (a)(a)plicable

Total Amountof Funds AwardedSection(a)(1)Institutional Portion: \$223,20&ection(a)(2):\_\_\_\_\_\_\_Section(a)(3):\$421,437Final Report?

Category

Amount
in (a)(1)
institutional dt8ars

Category	Amount	Amount in	Amount in	Explanatory Notes
	in (a)(1)	(a)(2) dollars,	. , . ,	
	institutional dollars	if applicable	if applicable	
Campus safety and operations				
Purchasingleasingor rentingadditional instructional equipment				
and supplies (such as laboratory equipment or computers) to red	luce			
the number of students sharingquipment or supplies during a cla	ss			
period and to provide time for disinfection between uses.				
Replacing lost revenufeom academic source's.				
Replacing lost revenue from uxiliary services sources, cancelled				
ancillary events; disruption of food service, dorms, childoare				
other facilities; cancellation of use of campus venues by other				
organizations, lost parking revenue, etc.)				
Purchasing faculty and staff training in online instruction paying				
additional funds to staffwho are providing training in addition to				
their regular job responsibilities				

## Form Instructions

Completing the Form: On each form, fill out the institution of higher education (IHE or institution), the date of the report, the appropriate quarter the report covers September 30, December 3M, June 30), and 11-digit PR/Award Numbern (umber is found in Box2 of your Grant Award Notification (GN)) for each HEERF grant funding stream as applicated amount of funds awarded by the Departme intcluding reserve funds if awarded heek the box if the report is a "final report" Institutions that expended HEERF grant funds during the calendar quarter from January 130, 2021 are required to post the quarterly report that involved the expenditure of HEERF II CRRSAA and HEERF I CARES Act funds. The Department did not previou

OMBControl Number 18400849Expres 3/31/2024

needed, and completing and reviewing the collection of information of the PRA, participants arrequired to respond to this collection to obtain or retain benefit. If you have any comments concerning the accuracy of the time estimateggestions for improving this individual collection, or if you have comments or concerns regarding the status of yr individual form, application or survey, please contact the proving the status of yr individual form, application or survey, please contact the proving the status of yr individual form, application or survey, please contact the proving the status of yr individual form, application or survey, please contact the proving the status of yr individual form, application or retain the proving the status of yr individual form, application or retain the proving the status of yr individual form, application or retain the proving the status of yr individual form, application or survey, please contact the proving the status of yr individual form, application or survey, please contact the proving t