

**TnACHE Access Project Grants  
Preliminary Report  
Fiscal Year 2003-2004**

**Due 10/15/03 to  
TnACHE  
University of Tennessee  
600 Henley Street, Suite 312  
Knoxville, TN 37996-4135**

**Part 1: (Please print or type)**

Name of Grantee School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Expenditures to date** *(use additional sheet if necessary):*

<u>Category</u>	<u>Amount Budgeted</u>	<u>Amount Spent</u>	<u>Balance</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

**TOTALS**

\$ _____	\$ _____
<b>Total Expenditures to Date</b>	<b>Balance of Unexpended Funds</b>

**Part 2: Student Enrollment 2003-2004**

<b>GRADE LEVEL</b>	<b>NUMBER ENROLLED</b>
<b>Freshmen</b>	
<b>Sophomores</b>	
<b>Juniors</b>	
<b>Seniors</b>	

I certify that the above information is correct, to the best of my knowledge. If any errors are subsequently discovered, they will be reported to the TnACHE.

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date

# TnACHE Activities

Please describe your TnACHE activities. Use additional sheets if necessary.

**Activity** \_\_\_\_\_

Description \_\_\_\_\_

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**Activity** \_\_\_\_\_

Description \_\_\_\_\_

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**Activity** \_\_\_\_\_

Description \_\_\_\_\_

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**Activity** \_\_\_\_\_

Description \_\_\_\_\_

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