OMB Control No. 0660-0048 Expiration Date: 07/31/2025

CONNECTING MINORITY COMMUNITIES PILOT PROGRAM ANNUAL REPORT

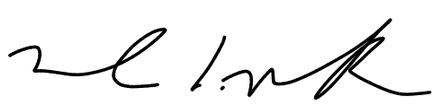
GENERAL INFORMATION

GENERAL	**Recipient Organization:**	Bennett College	**Award Identification Number:**	37-09-C13060
	Recipient Street Address:	900 East Washington Street	**Report Submission Date (MM/DD/YYYY):**	02/01/2024
	City, State, Zip Code:	Greensboro NC 27401	**DUNS/UEI Number:**	674394890000
	Performance Period Start Date (MM/DD/YYYY):	02/01/2023	**Performance Period End Date (MM/DD/YYYY):**	01/31/2025
	Report Period Start Date (MM/DD/YYYY):	02/01/2023	**Report Period End Date (MM/DD/YYYY):**	02/01/2024

1	Please describe each service provided with grant funds. (600 words or less)
	E Camp provided Bennett students and Greensboro NC community members courses in Entrepreneurship and Coding. E Camp hired a coding and entrepreneurship instructor, two program advisors, a leadership advisor, and contracted two instructional designers to create the courses for each program. The program also provided HP Zbook laptops to community members and student participants. Twenty laptops were issued to the coding participants (13 community members and 7 Bennett students). Laptops will be issued to the Entrepreneurship students this current term (spring 2024).
2	If applicable, please list subcontractors and describe how they expended funds. (600 words or less)
3	Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less)
4	If applicable, please list each subrecipient that received a subgrant through funding. (600 words or less)
5	**Using the Excel spreadsheet template titled "CMC Reports Addendum", please provide an updated count of Community Anchor Institutions (CAIs) within each of the eligible census block groups along with their Location ID that you connected to a network in column titled '# of Units'. The locations should match and conform to the Federal Communications Commission (FCC) Broadband Serviceable Location Fabric, which is a unique identifier the geographic coordinates, and where available, the address(es) associated with each location.**

CERTIFICATION

I certify to the best of knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

Typed or printed name and title of Authorized Certifying Official:	**Telephone (area code, number, and extension):**	[redacted]
Mondrail Myrick, E CAMP Program Director		
Signature of Certifying Official:	**Email Address:**	mmyrick@bennett.edu
	**Date:**	02/13/2024

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	City, State, Zip Code:	Greensoboro NC 27401	**DUNS/UEI Number:**	674394890000
	Performance Period Start Date (MM/DD/YYYY):	02/01/2023	**Performance Period End Date (MM/DD/YYYY):**	07/31/2025
	Report Period Start Date (MM/DD/YYYY):	02/01/2024	**Report Period End Date (MM/DD/YYYY):**	01/31/2025

1	Please describe each service provided with grant funds. (600 words or less) E Camp completed its first cohort of students (community members and Bennett College Enrolled). This included 3 sequential courses in two certificate areas. Those three courses were taught for three semesters (Fall, Spring, and Summer). The first cohort received certificates in Entrepreneurship and Coding for successfully completed those courses satisfactory. Bennett College also replaced and installed new Access Points in our (Holgate) library and student center (Jones Student Union). Bennett College also issued laptops to E camp participants for the second cohort. E camp also hired a marketing consultant to help market the two certificate programs (Entrepreneurship and Coding) for the incoming cohort of students.
2	If applicable, please list subcontractors and describe how they expended funds. (600 words or less) n/a
3	Please describe how the recipient and subrecipient (if applicable) expended the funds. (600 words or less) n/a
4	If applicable, please list each subrecipient that received a subgrant through funding. (600 words or less) n/a
5	**Using the Excel spreadsheet template titled "CMC Reports Addendum", please provide an updated count of Community Anchor Institutions (CAIs) within each of the eligible census block groups along with their Location ID that you connected to a network in column titled '# of Units'. The locations should match and conform to the Federal Communications Commission (FCC) Broadband Serviceable Location Fabric, which is a unique identifier the geographic coordinates, and where available, the address(es) associated with each location.**

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Typed or printed name and title of Authorized Certifying Official:	**Telephone (area code, number, and extension):**	[redacted]
Mondrail Myrrick		
Signature of Certifying Official:	**Email Address:**	mmyrick@bennett.edu
	Date:	02/01/2025