**Organization:**

**Grant Name:**

**Grant ID #:**

**Reporting Quarter End Date:**

1. **Outcomes Report**

**Expenditures**

(See your Budget for “Planned” data. Obtain “Actual” data from your end-of-quarter FSR/RPR.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Category** | **Fees- Planned****(From the beginning of the grant to the end of the reporting quarter)** | **Fees- Actual****(From the beginning of the grant to the end of the reporting quarter)** | **Appropriation- Planned****(From the beginning of the grant to the end of the reporting quarter)** | **Appropriation-Actual****(From the beginning of the grant to the end of the reporting quarter)** |
| 833- Subgrantee Administrative *10% max.* | $       | $       | $       | $       |
| 885- Direct Services  | $       | $       | $       | $       |
| 838- Direct Customer Training *5% min.* | $       | $       | $       | $       |
| 828- Support Services | $       | $       | $       | $       |
| **Total** | **$** | **$** | **$** | **$** |

**Participant Outcomes:**

1. Enter the “Planned” data from your work plan. “Actual” data must be obtained from Workforce One and not internal sources. **Data not input into Workforce One is not counted toward outcomes.**

|  |  |  |
| --- | --- | --- |
| **7/1/23 – 6/30/24 (SFY 2024)** | **Planned****(From the beginning of the grant to the end of the reporting quarter)** | **Actual****(From the beginning of the grant to the end of the reporting quarter)** |
| **A. Participants Carried Over from Previous Program Year (SFY 2023) \*Same number carried from Q1 -Q4**  |       |       |
| **B. Total New Enrollments in SFY 2024** |       |       |
| **C. Total Participants for SFY 2024 (A + B)** |       |       |
| **D. Participants Enrolled in Pre-Employment Training Activities:** |  |
| 1. **Career/Education Counseling**
 |  |  |
| 1. **Life Skills Development**
 |       |       |
| 1. **Pre-Employment Preparation**
 |  |  |
| 1. **Remedial Education**
 |       |       |
| 1. **Self-Employment Training**
 |       |       |
| 1. **Work Readiness Skills Training**
 |       |       |
| **E. Participants Enrolled in Certification/Credentialed Training Activities:** |  |
| 1. **Credentialed Coursework/Training**
 |       |       |
| 1. **Non-Credential Training**
 |       |       |
| **F. Total Number of Participants Referred to Other Services** |       |       |
| **G. Total Number of Participants Co-Enrolled in Dislocated Worker Program**  |       |       |
| **H. Total Number of Participants Exiting Program During SFY 2024**  |       |       |
| 1. **Attained Pre-Employment Skills**
 |       |       |
| 1. **Employment**
 |       |       |
| 1. **Enrolled in ABE/Remedial Education**
 |       |       |
| 1. **Enrolled in Certificate/Degree Program**
 |       |       |
| 1. **Completed Family or EDP Objective**
 |       |       |
| 1. **Other Successful Completions**
 |       |       |

1. **Narrative Report**
2. Describe the program services provided to participants during this reporting period in the areas of:
	1. Pre-Employment (include whether facilitated in-person or virtually)

* 1. Employment (include whether facilitated in-person or virtually)

* 1. Education/Training (identify all certificates/credentials available to program participants)

* 1. Maintaining 30-day live contact with each participant

* 1. Support Services

* 1. Retention Services (include the duration of services offered to participants after obtaining employment or completing program objective)

1. What were your successes for this reporting period? Share 1-3 anecdotes, stories, or other narratives.

1. Describe any challenges you faced this reporting period, if any?

1. What strategies did you develop to address these challenges, if applicable?

OPTIONAL

1. Describe new partnerships developed during this reporting period, if any.

* 1. What is working well?

* 1. What needs improvement?

1. Describe any outreach or marketing strategies completed during this reporting period, if any.

1. What technical assistance/resources would be most helpful to you and your continued success?

***Before report submission, ensure that you have filled out the entire form. Progress Report will not be considered completed unless form is filled out completely and accurately.***

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Enter Your Name  |  | Enter Your Title |
| Sign here |  |       |
| Signature |  | Date |

***Quarterly reports are due the 30th of the month following the end of the quarter; April 30, July 30, October 30, January 30.***