Minnesota Job Skills Partnership

Low Income Worker Training Program

**Grantee Final Evaluation Report**

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| **Grant Number:** |  | **Project End Date:** |  |
| **Project Name:** |  |
| **Grantee Organization:** |  | **Phone:** |  |
| **Project Administrator:** |  | **Email:** |  |

In addition to completing the information below, please attach the following reports from Workforce One:

* Demographic Summary Report
* Activity Summary Report
* Activity Detail Report
* Activity Employment Detail Report

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| **1. Comparison of Project Goals to Outcomes.** Complete the information in the table provided below. |
|  | Planned | Actual |
| Number of Program Participants Trained |  |  |
| Number of Female Participants |  |  |
| Number of Male Participants |  |  |
| Number of Participants that are People of Color |  |  |
| Number of Participants with a Disability |  |  |
| Number of Participants that Successfully Completed Training |  |  |
| Number of Participants that Dropped Out of Training |  |  |
| Number of Participants Placed in Training-Related Jobs |  |  |

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| **2. Program Operation**. Evaluate the overall program operation, highlight its strengths and weaknesses, and provide suggestions for future program improvements. Topics to be covered may include areas such as outreach and recruitment, assessment and trainee selection, program staffing, curriculum, job development and job placement, and linkages with area agencies. |
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| **3. Trainee Population**. Compare the goals you set initially and the outcomes you achieved in regards to your trainee population. Include information on any issues or challenges you encountered in meeting your trainee recruitment objectives.  |
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| **4. Job Placements**. Compare the job placements to-date to your placement plans, focusing on training-related placements. Include a description of any issues or challenges you encountered affecting your ability to meet your overall placement goals. |
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| **5. Other Feedback.** Provide any other feedback that may be useful. This may include feedback on your relationship with MJSP, program requirements and reporting, or any other information that may be relevant. |
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**Authorized Signature**

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| Name |  | Signature |  |
| Title |  | Date |  |