**Organization:**

**SFY 22-23 Internationally Trained Professionals Grant ID #:**

**Reporting Quarter End Date:** Click here to enter a date.

1. **Outcomes Report**
2. **Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SFY22: Cost Category** | **Total Planned Budget**Grant Start thru end of 1st year contract | **Planned**Grant Start thru end of reporting quarter | **Actual**Grant Start thru end of reporting quarter |
| Administration Costs:  | $       | $       | $       |
| Direct Services: | $       | $       | $       |
| Direct Services – WR-GED-ABE: | $       | $       | $       |
| Direct Customer Training: | $       | $       | $       |
| Support Services: | $       | $       | $       |
| Outreach: | $       | $       | $       |
| **TOTAL FUNDS:** | $       | $       | $       |
|  |  |  |  |
| **SFY23: Cost Category** | **Total Planned Budget**Grant Start thru end of 2nd year contract | **Planned**Grant Start thru end of reporting quarter | **Actual**Grant Start thru end of reporting quarter |
| Administration Costs:  | $       | $       | $       |
| Direct Services: | $       | $       | $       |
| Direct Services – WR-GED-ABE: | $       | $       | $       |
| Direct Customer Training: | $       | $       | $       |
| Support Services: | $       | $       | $       |
| Outreach: | $       | $       | $       |
| **TOTAL FUNDS:** | $       | $       | $       |

1. **Participant Outcomes**

See your Workplan for “Planned” data. Obtain “Actual” data from Workforce One [Reports](https://mn.gov/deed/assets/wf1-report-instructions_tcm1045-449978.docx). Workforce One does not differentiate between SFY 22 and SFY 23, all measurable outcomes are recorded in WF1 as one program.

|  |  |  |  |
| --- | --- | --- | --- |
| **SFY 22/23: Measurable Outcomes** | **Total Planned Outcomes** Program start date thru end of contract | **Planned**Program start thru end of reporting quarter | **Actual**Program start thru end of reporting quarter |
| Total Participant Enrollments |       |       |       |
| Total Participants Enrolled in Work Readiness Skills Training |       |       |       |
| Total Participants Enrolled in Credentialed Training |       |       |       |
| Total Participants Completing Credential Training |       |       |       |
| Total Number of Participants Acquiring Healthcare Licensure  |       |       |       |
| Total Participants Placed in Subsidized Employment or On the Job Training  |       |       |       |
| Average Increase in Wages/Hour *(indicated by $/hour increase)* |       |       |       |
| Exits to Employment (job placement) |       |       |       |
| * Exits to Employment that are in a Licensed Health Care Occupation
 |       |       |       |
| All Other Exits |       |       |       |
| Total Exits |       |       |       |

1. If Expenditures and/or Participant Outcomes are not meeting (plus or minus 15%) planned outcomes, please explain.

1. **Narrative Report**
2. Describe the major activities during this reporting period.

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

1. a. What were some challenges you faced this reporting period, if any?

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

1. a. What are some updates/changes implemented since your most recent monitoring visit? *(N/A if monitoring visit has not occurred)*

* 1. Are you working on any Areas of Concern or Corrective Action Items addressed during the visit? If so, please describe.

1. Subrecipients receiving over $50,000 must be monitored by your organization. All subrecipient monitoring and contract documents must be made available to DEED upon request.
	1. Does your organization utilize Subrecipients? If so, complete the table below

|  |  |  |
| --- | --- | --- |
| Name of Subrecipient  | Amount of Grant | Monitored Date |
|       | $       |       |
|       | $       |       |
|       | $       |       |

OPTIONAL

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

b. What is working well?

c. What needs improvement?

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

|  |  |  |
| --- | --- | --- |
|       |  |       |
| 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, and January 30***