Job Training Incentive Program

**Final Report**

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| Grant Number: |  | Email Address: |  |
| Business Name: |  | Phone Number: |  |
| Report Prepared by: |  | Title: |  |

**Narrative**

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| Were all of the training objectives as outlined in the contract completed as planned? [ ] Yes [ ] No |
| If any of the training objectives were not completed, please explain: |
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| Were recruitment and placement goals met? [ ] Yes [ ] No |
| In the space below, please describe recruitment and placement outcomes. If your proposal included a recruitment plan for hiring economically disadvantaged, people with disabilities, and/or people of color, please specifically describe your progress in recruiting these populations. |
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| Did the training program result in the intended outcomes? [ ] Yes [ ] No |
| Describe the training outcomes including any specific measurable outcomes: |
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| Did your organization utilize MinnesotaWorks.net to recruit new hires? [ ] Yes [ ] No |
| If yes, would you consider it a useful tool? [ ] Yes [ ] No |
| Explain: |

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| Did your organization utilize recruitment services provided by any other organizations such the workforce development your area Workforce Center or nonprofit organization? [ ] Yes [ ] No |
| If yes, organizations utilized: |
| If yes, were you satisfied with the services provided? [ ] Yes [ ] No |
| Explain: |

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| Was the Job Training Incentive Program effective in helping your organization to achieve its start-up or expansion goals? [ ] Yes [ ] No |
| Explain: |

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| Please describe the effectiveness of the grant in encouraging employment: |
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| Please provide any suggestions you have for improvements to enhance the Job Training Incentive Program: |
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**Jobs Created/Number Trained Total**

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| In the table below, provide information on the permanent, full-time jobs created since the Job Training Incentive Pilot Program grant was awarded. \*For the purposes of this program, full-time is considered at least 32 hours of work per week for a minimum of nine months per year. |
| **Position Title**(list permanent, full-time positions only) | **Number of New Full-Time Permanent Positions\*** | **Number Trained** | **Avg. Hourly Rate w/o Benefits** | **Hourly Value of Benefits** | **Total Hourly Wage Including Benefits** |
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| **Total Jobs Created/Total Trained:** |  |  |  |  |  |

**Trainee Demographics**

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| --- | --- | --- | --- | --- |
| Of those who have received training, how many are:  | Male: |  | Female: |  |
| Of those who have received training, how many were individuals with a disability: |  |
| Of those who have received training, how many identify as a minority: |  |

Certification:

I certify that the employment information provided is true and accurate.

Name: Signature:

Title: Date: