Job Training Incentive Program

**Progress Report**

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

**Narrative**

|  |
| --- |
| Is training progressing as planned? Yes No |
| In the space below, please provide a description of the progress made and/or an explanation as to why training is not progressing as planned. In your description indicate which training areas have been completed or are in progress. |
|  |
| Are recruiting and placement goals being met? Yes No |
| In the space below, please describe progress in recruiting and placement. 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. |
|  |

**Jobs Created/Number Trained to Date**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the table below, provide information on the permanent, full-time jobs created since the Job Training Incentive 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 person of color: | | |  | |
| Of those who have received training, how many are veterans: | | |  | |
| Of those who have received training, how many were previously long-term unemployed: | | |  | |

Certification:

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

Name: Signature:

Title: Date: