Minnesota Job Skills Partnership

Low Income Worker Training Program

**Quarterly Progress Report**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Grant No. |  | | Report Period | Select Report Period | | Year |  |
| Project Name |  | | | | | | |
| Grantee Organization | |  | | | Phone |  | |
| Project Administrator | |  | | | Email |  | |

**Narrative**

|  |  |
| --- | --- |
| 1. Is your program running as planned? | Yes No |
| 2. Are recruiting, training and placement goals being met? | Yes No |
| 3. In the space provided below, describe how your project is progressing. Include information on training, recruitment and placement activities. | |
|  | |
| 4. Have you encountered any problems? | Yes No |
| 5. In the space below, describe any problems and their effect on the program. | |
|  | |
| 6. In the space below, describe involvement of any linking organizations in recruitment, provision of support services and/or placement of trainees. | |
|  | |
| 7. In the space below, provide any additional comments or explanatory material about the project. If you have any attachments, please list them in this space. | |
|  | |

**Trainee Data**

|  |  |  |
| --- | --- | --- |
| Number of participants that have been enrolled in training as of end of the report period: | |  |
| Number of female participants: | |  |
| Number of male participants: | |  |
| Number of participants who are people of color: | |  |
| Number of participants with a disability: | |  |
| Number of participants that have successfully completed training: | |  |
| Number of participants that have dropped out of training: | |  |
| Number of participants placed in training-related jobs: | |  |
| Applicant Statement of Income forms have been completed and MJSP Low Income Worker Training Program income eligibility has been verified for each participant: | | Yes  No |
| Applicant Statement of Income forms have been: | Attached Uploaded into Workforce One | |
| In addition, attach the following reports from Workforce One: | | |
| * Demographic Summary Report  Attached * Activity Summary Report  Attached * Activity Detail Report  Attached | | |

**Training Summary**

In the table provided below, indicate the training topics or courses included in your work plan and the total number of participants enrolled to-date for each topic or course.

|  |  |
| --- | --- |
| Training Topic or Course Name | Number of Participants Enrolled |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Authorized Signature**

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