**Organization Name:**

**SFY 22 Rural Career Counseling Coordinators, Grant ID #:**

**Start/End Date:**

1. **Outcomes Report**

**Expenditures**

See your Budget for “Planned” data. Obtain “Actual” data from your Final FSR/RPR.

|  |  |  |
| --- | --- | --- |
| **Cost Category** | **Planned****(From the beginning of the grant to the end)** | **Actual****(From the beginning of the grant to the end)** |
| (833) Administrative | $       | $       |
| (885) Direct Services | $       | $       |
| Total | $       | $       |

**Outcomes**

See your Work Plan table for “Planned” data. Obtain “Actual” data from your database.

*(Outcomes based on legislation)*

|  |  |  |
| --- | --- | --- |
| **Outcomes** | **Planned****(From the beginning of the grant to the end)**  | **Actual****(From the beginning of the grant to the end)**  |
| Total businesses served |       |       |
| Total career seekers served |       |       |
| Total K-12 institutions served |       |       |
| Total postsecondary institutions served |       |       |

1. **Narrative Report**

*The workforce council in each of the workforce development areas, who have a career counseling coordinator, shall submit an annual report to the DEED Commissioner that includes a* ***narrative*** *with the following information:*

1. Describe how your organization is specifically addressing the needs of the populations in your region.

1. Describe how your organization is connecting Workforce System Partners in your region.

1. Describe your organization’s outreach and marketing strategies for career services in your region.

1. Describe how your organization is achieving equity in your region.

1. Describe your organization’s workforce development and career counseling programs and services offered in your workforce development area.

1. Please provide recommendations to the DEED Commissioner regarding ways to improve career counseling coordination, possible program changes, and new workforce programs or initiatives.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Enter Your Name  |  | Enter Your Title |
| Sign here |  |       |
| Signature |  | Date |