**Organization:**

**SNAP E&T 50% SFY 24 Grant ID #:**

**Reporting Quarter End Date:**

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

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

|  |  |  |
| --- | --- | --- |
| **Cost Category** | **Planned**  **(From the beginning of the grant to the end of the reporting quarter)** | **Actual**  **(From the beginning of the grant to the end of the reporting quarter)** |
| Administrative Costs | $ | $ |
| Direct Services Costs | $ | $ |
| Direct Customer Training | $ | $ |
| Support Services | $ | $ |
| **Total** | $ | $ |

* 1. **Work Plan Outcomes**

(See your Work Plan for “Planned” data)

| **MFRP Planned Outcomes** | **Planned**  **(From the beginning of the grant to the end of the reporting quarter)** | **Actual**  **(From the beginning of the grant to the end of the reporting quarter)** |
| --- | --- | --- |
| Total Participants Enrolled for SFY 2024 |  |  |
| Total Participants Enrolled in Life Skills Development activity |  |  |
| Total Participants Enrolled in Pre-Employment Preparation activity |  |  |
| Total Participants Enrolled in Remedial Education activity |  |  |
| Total Participants Enrolled in Work Readiness Training activity |  |  |
| Total Participants Enrolled in Credentialed Coursework/Training activity |  |  |
| Total Participants Enrolled in Non-Credential Training activity |  |  |
| Exits to Employment |  |  |

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

1. **Narrative Report**
2. Describe how your organization is working with participants identified as Time Limited Recipients (TLR).

1. 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?

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?

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