**Organization:**

**SNAP E&T 50% SFY 25 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** | **Total Planned** | **Actual****(From the beginning of the grant to the end of the reporting quarter)** | **Percentage of Amount**  |
| Administrative Costs | $       | $       |      % |
| Direct Services Costs | $       | $       |      % |
| Direct Customer Training | $       | $       |      % |
| Support Services | $       | $       |      % |
| **Total** | $       | $       |      % |

* 1. **Work Plan Outcomes**

(See your Work Plan for “Planned” data)

| **SNAP E&T 50% Planned Outcomes** | **Total Planned** | **Actual****(From the beginning of the grant to the end of the reporting quarter)** | **Percentage of Amount**  |
| --- | --- | --- | --- |
| Total Participants Enrollments |       |       |      % |
| Total Participants Enrolled in Training  |       |       |      % |
| Total Participants Completing Training |       |       |      % |
| Total Certificates Attained *(if applicable)* |       |       |      % |
| Total Credentials Attained *(if applicable)* |       |       |      % |
| Exits to Employment |       |       |      % |
| Exits to Post-Secondary  |       |       |      % |
| All Exits - Total |       |       |      % |

* 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?

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