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| Mass Layoff Project Grant Final Report |

Directions: Please complete the following information within 30 days following end of project funding period.

Send to: [DWFAPrograms.DEED@state.mn.us](mailto:DWFAPrograms.DEED@state.mn.us)

Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Project: \_\_\_\_\_\_\_\_\_\_\_\_ Term of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many employees received a lay-off notice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **# Employees Served**  **(Estimate)** | **Amount of ERAG Spent (Estimate)** |
| Administration |  |  |
| Development of individual readjustment plans for participants |  |  |
| Outreach and Intake |  |  |
| Mass Layoff Project Assistance |  |  |
| Job or Career Counseling |  |  |
| Testing |  |  |
| Orientation |  |  |
| Assessment |  |  |
| Determination of Occupational Skills |  |  |
| Occupational Information |  |  |
| Job Placement Assistance |  |  |
| Labor Market Information |  |  |
| Job Clubs |  |  |
| Job Search |  |  |
| Job Development |  |  |
| Pre-layoff Assistance |  |  |
| Relocation Assistance |  |  |
| Programs conducted in cooperation with employers or labor organizations to provide early intervention in the event of closures of plants for facilities |  |  |
| TOTAL |  |  |

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Authorized Signature Date