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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

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