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| Minnesota Job Skills Partnership |  |  | Report Period |
| (651)259-7514 | Narrative Report |  | **Year:** |  |
|  |  |  |  | Nov. 1 to Feb. 28 |
|  | March 1 to June 30 |
|  | July 1 to Oct. 31 |
|  |
| **Project #:** |  | **Project Name:** |  |
| **Grantee:** |  | **Telephone:** |  |
| **Project Administrator:** |  | **E-mail:** |  |
|  |  |  |  |
| **1. Is your program running as planned?**  |  | Yes |  | No |
| **2. Please give a clear and concise description of how your project is progressing:** |
|  |
| **3. Have you encountered any problems?**  |  | Yes |  | No |
| **4. Describe problems and their effect on the program:** |
|  |
| **5. Are recruiting, training and placement goals being met?**  |  | Yes |  | No |
| **6. Please describe progress:** |
|  |
| **7. Have you continued to involve the contributing business(es) in the project?**  |  | **Yes** |  | **No** |
| **8. Please describe contributing business(es) involvement:** |
|  |
| **9. How have the linking organizations been involved in recruitment, provision of support services and placement of trainees?** |
|  |
| **10. Please provide any additional comments or explanatory material about the project. If you have any attachments, please list them in this space.** |
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*Revised 6/15*