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| Minnesota Job SkillsPartnership | | | |  | | | | | | | | |  | | 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*