**Organization:**

**Grant Name:**

**Grant ID #:**

**Reporting Quarter End Date:**

1. **Outcomes Report**

**Expenditures**

(See your Budget for “Planned” data. Obtain “Actual” data from your end-of-quarter FSR/RPR.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Category** | **Fees- Planned****(From the beginning of the grant to the end of the reporting quarter)** | **Fees- Actual****(From the beginning of the grant to the end of the reporting quarter)** | **Appropriation- Planned****(From the beginning of the grant to the end of the reporting quarter)** | **Appropriation-Actual****(From the beginning of the grant to the end of the reporting quarter)** |
| 833- Subgrantee Administrative *10% max.* | $       | $       | $       | $       |
| 885- Direct Services  | $       | $       | $       | $       |
| 838- Direct Customer Training *5% min.* | $       | $       | $       | $       |
| 828- Support Services | $       | $       | $       | $       |
| **Total** | **$** | **$** | **$** | **$** |

**Participant Outcomes:**

1. Enter the “Planned” data from your work plan. “Actual” data must be obtained from Workforce One and not internal sources. **Data not input into Workforce One is not counted toward outcomes.**

|  |  |  |
| --- | --- | --- |
|  | **Planned****(From the beginning of the grant to the end of the reporting quarter)** | **Actual****(From the beginning of the grant to the end of the reporting quarter)** |
| **A. Participants Carried Over from Previous Program Year (SFY 2022) *\*Same number carried from Q1 -Q4***  |       |       |
| **B. Total New Enrollments in SFY 2023*****\*cumulative***  |       |       |
| **C. Total Participants for SFY 2023 (A + B)*****\*cumulative*** |       |       |
| **D. Total Participants Enrolled in Pre-Employment Training Activities**(*may be duplicative)* ***\*cumulative*** |       |       |
| 1. **Career/Education Counseling**
 |  |  |
| 1. **Life Skills Development**
 |       |       |
| 1. **Pre-Employment Preparation**
 |  |  |
| 1. **Remedial Education**
 |       |       |
| 1. **Self-Employment Training**
 |       |       |
| 1. **Work Readiness Skills Training**
 |       |       |
| **E. Total Participants Enrolled in Certification/Credentialed Training Activities** (*may be duplicative)* ***\*cumulative*** |       |       |
| 1. **Credentialed Coursework/Training**
 |       |       |
| 1. **Non-Credential Training**
 |       |       |
| **F. Total Number of Participants Referred to Other Services*****\*cumulative*** |       |       |
| **G. Total Number of Participants Co-Enrolled in Dislocated Worker Program *\*cumulative*** |       |       |
| **H. Total Number of Participants Exiting Program During SFY 2022 *\*cumulative***  |       |       |
| 1. **Attained Pre-Employment Skills *\*cumulative***
 |       |       |
| 1. **Employment *\*cumulative***
 |       |       |
| 1. **Enrolled in ABE/Remedial Education *\*cumulative***
 |       |       |
| 1. **Enrolled in Certificate/Degree Program *\*cumulative***
 |       |       |
| 1. **Completed Family or EDP Objective *\*cumulative***
 |       |       |
| 1. **Other Successful Completions1 *\*cumulative***
 |       |       |
| *1 Other Successful Completions is defined within Continued Education, Developing Life Skills, Family Rebuilding, Working with Another Program exit reasons.* |

1. If actual outcomes are meeting “planned” outcomes, please describe your success or best practice for achieving the outcome(s).
2. If “actual” outcomes are not meeting (+/- 15%) of “planned” outcomes, please explain.
3. **Narrative Report**
4. 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?

***Before report submission, ensure that you have filled out the entire form. Progress Report will not be considered completed unless form is filled out completely and accurately.***

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

***Quarterly reports are due the 30th of the month following the end of the quarter; April 30, July 30, October 30, January 30.***