**Organization:**

**SFY 22 Minnesota Tech Training Pilot Program Grant ID #:**

**Reporting Quarter End Date:** Click here to enter a date.

1. **Outcomes Report**
2. **Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SFY22: Cost Category** | **Total Planned Budget**  Grant Start thru December 31, 2022 | **Planned**  Grant Start thru end of reporting quarter | **Actual**  Grant Start thru end of reporting quarter |
| Administration Costs: | $ | $ | $ |
| Direct Services | $ | $ | $ |
| Direct Services – WR-GED-ABE | $ | $ | $ |
| Direct Customer Training | $ | $ | $ |
| Support Services | $ | $ | $ |
| Outreach | $ | $ | $ |
| **TOTAL FUNDS:** |  |  |  |
|  |  |  |  |

1. **Participant Outcomes**

(See your Workplan for “Planned” data. Obtain “Actual” data from Workforce 1.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Planned Outcomes**  Grant Start thru December 31,2022 | **Planned**  Grant Start thru end of reporting quarter | **Actual**  Grant Start thru end of reporting quarter |
| Total Participants Served |  |  |  |
| Total Participants Receiving Work Readiness Training |  |  |  |
| Total Participants placed in Career shadowing |  |  |  |
| Total Participants receiving mentoring services |  |  |  |
| Total Participants enrolled in OJT |  |  |  |
| Total Participants receiving tech skills training |  |  |  |
| Total credentials earned by participants in tech skills training |  |  |  |
| Exits to Employment |  |  |  |
| All Other Exits |  |  |  |
| Total Exits |  |  |  |

1. If Expenditures and/or Participant Outcomes are not meeting (plus or minus 15%) planned outcomes, please explain.

1. **Narrative Report**
2. 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?

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

***Quarters run:***

***Grant Start through 12/31/2021***

***01/01/2022-03/31/2022***

***04/01/2022-06/30/2022***

***07/01/2022-09/30/2022***

***10/01/2022-12/31/2022***

***Quarterly reports are due the 30th of the month following the end of the quarter.***