Workforce Advancement Training Grant – Final Report Submit to *grants@wtcsystem.edu*

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| Fill in identification information in the header of this page.  Person Completing Report:  Telephone #:  E-Mail:  Date: | Project Activity Dates – From:       To:  Amount of Award: $      Amount of Actual Expenditures: $  Actual Number Served (Unduplicated. Specify by employer if multiple employers were served): |

**For System Office Use –** WTCS Education Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Training Plan | | | |
|  | List the training activities that were proposed in the approved application (including any revisions). | | Was this activity successfully carried out as proposed? Summarize changes that occurred to this activity during execution of the project. |
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| **Other Outcomes Comments:** | | | |

2. Course Table. Insert or attach the Course Table that was submitted with the grant application, revised if necessary using underlines and strikeouts to show changes that occurred during the course of the project.

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| 3. Project Outcomes | | | |
|  | List the outcomes that were specified in the application *by letter* (refer to section 15 of the application) | | Was the outcome achieved? Give the specific result that was achieved. Use quantitative measures wherever possible. If the outcome was not achieved, please provide an explanation. |
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| **Other Outcomes Comments:** | | | |

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| 4. Trainee Projections | | |
|  | Is the Actual Number Served (unduplicated) greater than or equal to the number listed on Line 9 (Number To Be Served) of the grant application? | |
|  | | Yes |
|  | | No (Please provide an explanation below) |
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