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): |

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| 1. Training Plan | | | |
|  | List all the training activities/courses that were proposed in the approved application (including any revisions) in the space below. | | Please share if each of the training activities/courses were 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 in the space below. Revise if necessary using underlines and strikeouts to show changes that occurred during the course of the project.

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| 3. Project Outcomes (Business and Employee) | | | |
|  | List all the business and employee outcomes that were specified for this application in the space below. | | For each business and employee outcome, please share if the outcome was 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 the grant application (Number To Be Served)? | |
|  | | Yes |
|  | | No (Please provide an explanation below) |
|  | | |