

Encumbrance:

Contact Name:

By submission of this report, the preparer is certifying that the report is current, correct and true and in accordance with the terms and conditions of the grant agreement.

Submitted By:

Date Submitted:

1. **SUMMARY of GRANT ACTIVITIES**

Program

Provide a brief narrative of the activities your organization conducted this reporting period to meet the grant agreement. What are the benefits, challenges, barriers, or concerns encountered?

a. **Alignment with the Alaska Job Center Network (AJCN) and Support Services for Development of Career Pathways**

Describe the extent to which your program demonstrated alignment with the activities and services of the local AJCN partner and how you coordinate activities, including available education, training, and social service resources in the community for the development of career pathways:

b. **Performance Data Analysis**

Describe how your program is using data to drive program improvement:

c. **Adult Education Standards**

Describe how your program is using content standards to scaffolding student learning and build learning communities:

d. **Integrated Employment and Training (IET) Activities**

Describe your program's current services, activities established, and/or activities in progress of being instituting in combination with IET activities:

Professional Development and Mandatory Training

Adult education staff are required to attend a specific number of hours of professional development (PD) courses, as well as complete all mandatory state trainings.

Have current staff completed mandatory training? Yes No

Staff who have not completed mandatory training:

Have current staff completed required professional development hours? Yes No

If no, are they on track to complete professional development hours by the end of the program year? Yes No

Personnel by Function and Job Status

For reporting purposes, enter a count of personnel by function and job status. Count the number of positions, not the number of staff who filled them. The table is to be completed with numbers only. Please do not include the names of personnel.

Personnel Function	Part Time Personnel	Full Time Personnel	Unpaid Volunteers
Local-Level Administrator / Supervisory / Ancillary Service (Program Coordinator)			
Local Teacher			
Local Counselor			
Local Paraprofessional			

Budget

Awarded Amount

Expenditure to Date:

Is the expenditure rate occurring as scheduled and within the budget line item categories? Yes No

If not, what is the cause?

Is a budget amendment required? (If so, please email the Program Coordinator and Grants Administrator with a detailed explanation as to why the amendment is needed and which line items you would like the funds moved from and to). Yes No

TECHNICAL ASSISTANCE

Are there any areas in program development or grants administration where the Division can provide technical assistance? Yes No

If so, please describe the assistance needed.

SUCCESS STORIES or ADDITIONAL ATTACHMENTS

If you have a participant success story, please provide a narrative.

Attach any training photos or documents, if applicable. Be sure to include a caption describing the training activity and the names of the participants in the photo.

Is there a photo release on file for each person in the picture? Yes No

Attach photo(s) and photo release forms, stories, articles, fliers, or other information you would like to share about your program. (Include Attachments here)

(Include Attachments here)

DRAFT