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 Sumbitted:**

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 One-stop Partners - the extent to which your program demonstrated alignment between proposed activities and services and the strategy and goals of the local plan, as well as the activities and services of the One-Stop partners:

b. Intensity, Duration, and Flexible Scheduling – describe any changes to your scheduling that provides either of the following:

a. sufficient intensity and quality so that participants achieve substantial learning gains; and

b. instructional practices that include the essential components of reading instruction:

c. Effective Use of Technology and Distance Learning - activities effectively using technology services and delivery systems including distance:

d. Qualified Instructors and Staff – describe training provided to new and current staff and how it is being used in your center:

e. Partnerships and Support Services for Development of Career Pathways – describe how you coordinated activities with other available education, training, and social service resources in the community for the development of career pathways:

f. Learner Support Services including Serving Individuals with Disabilities – describe how your program's activities are supporting all learners, including providing supportive services in conjunction with partner agencies:

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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.

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 occuring 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)

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