**SFY 24-25 Transformative Career Pathway Capacity Building Grant**

**Organization Name:**

**Grant ID #:**

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

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

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

*Add/delete rows as needed to match your RPR cost categories.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Category** | **Total Planned Budget**Grant start thru June 30, 2025 | **Planned**Grant start thru end of reporting quarter | **Actual**Grant start thru end of reporting quarter |
| Capacity Building  | $       | $       | $       |
| **TOTAL FUNDS:** | $       | $       | $       |

1. **Program Components**

|  |  |  |
| --- | --- | --- |
| **Topic** | **Question** | **Response** |
| **Workforce Program Delivery Staff** | How has the staff increased the capacity of the organization to provide quality workforce development services? |  |
| **Covering the Cost of Program Infrastructure** | How has this grant strengthened the program's infrastructure to enhance the organization's capacity for delivering high-quality workforce development services? |  |
| **Covering the Cost of Workforce Training-Related Service Model Development** | Please provide an update on the program’s progress, including an example of how it is being designed, implemented, or enhanced. |  |

 **Narrative Report**

1. Describe the major activities during this reporting period.
2. What were your successes for this reporting period? Share 1-3 anecdotes, stories, or other narratives.

1. What were some challenges you faced this reporting period, if any?

1. 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 |
|  |  |       |
| Signature |  | Date |

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

***April 30, July 30, October 30, and January 30***