Adult Career Pathways Quarterly Report Instructions

2/2025



Adult Career Pathways

Director of Employment and Training Programs: Ama Akakpo (she/her)

Director of Adult Career Pathways: Ann Meyers (she/her)

Employment and Training Coordinator: Lynn Dahn (she/her)

Adult Career Pathways Lead Coordinators: Vanessa Roman (she/her) Jenilee Drilling (she/her)

Adult Career Pathways Grant Coordinators:

Mee Xiong (she/her) Claire Nelligan (she/her) Hony Yang (she/her) Sarah Lee (she/her)

Beth Bidinger (she/her) Darcy Hokkanen (she/her)

Ground Rules

- Please make sure your microphone is muted before we begin.
- Please feel free to drop questions in the chat
- If you have any questions that are specific to your program, please reach out to your Grant Coordinator to discuss.
- This training is recorded and will be posted on ACP's main webpage.

What we will cover

- Purpose of Quarterly Reports
- What documents are needed before starting a quarterly report.
- How to fill out the budget and measurable outcomes table on the quarterly report.
- Pulling reports in Workforce One for the measurable outcomes table.
- Filling out the narrative portion of the quarterly report.

Purpose of Submitting Quarterly Reports

- Required by the State of MN for all ACP grants; listed within every contract.
- Per State of Minnesota's Office of Grants Management <u>policy 08-09</u> "Grant payments **shall not be made on** grants with past due progress reports unless the state agency has given the grantee a written extension."
- We expect Grantees are aware of the proposed outcomes versus actual outcomes.
 - Is your organization on track with spending?
 - Is your organization on track with meeting measurable outcomes?
- Track actual expenses vs. proposed expenses according to Grantee's executed contract
- Track actual measurable outcomes vs. proposed measurable outcomes according to Grantee's executed contract
- Share with DEED any success stories
- Share with DEED any challenges

Documents Needed

- The Grantee contract
- The RPR/FSR of the ending quarter's month that will be completed .
 - For example, if you are filling out the quarter report of 7/1/24 9/30/24, you will need the RPR for September 2024.
- The quarterly report template for the program to be filled out.
- The instructions for *How to Pull Reports in Workforce One*.
 - Please see Adult Career Pathways' main webpage for the quarterly report template and the instructions on how to pull reports in Workforce One.

Quarterly Report Grant Information

EMPLOYMENT AND ECONOMIC DEVELOPMENT

SFY 24-25 Direct Appropriation Grant Quarterly Progress Report

Verify you are using the appropriate Template

SFY 24-25 Direct Appropriation Grant Organization Name: Grant ID #: Reporting Quarter End Date: Click or tap to enter a date.

- Insert the name of your organization
- Insert the Grant ID# according to contract number
- Quarter date is the last day of the quarter you're reporting.

Examples:

Quarterly Report 7/1/23 - 9/30/23 Due by 10/31/23Quarterly Report 10/1/23 - 12/31/23 Due by 1/30/24Quarterly Report 1/1/24 - 3/31/24 Due by 4/30/24Quarterly Report 4/1/24 - 06/30/24 Due by 7/30/24Quarterly Report 7/1/24 - 9/30/24 Due by 10/30/24Quarterly Report 10/1/24 - 12/31/24 Due by 4/30/25Quarterly Report 1/1/25 - 3/31/25 Due by 4/30/25Final Grant Report for 4/1/25 - 6/30/25 Due by 7/30/25

Expenditures

- Your ACP Grant is a 2-year contract, be sure to refer to your executed contract for the start/end date of the contract.
- When completing the Expenditures table, be sure to refer to submitted RPRs for dates, quarter end dates, and amounts.

| SECTION 1: | | | | | | | | | | | | |
|--|--------------------------------|-----------------|-----------------------|----------------------------------|---------------------------------------|--------------------------------|--|---------------------------|----------|--|--|--|
| VENDOR ID | + REM | IT TO LOCATION | CODE (SWIFT): | GRANT NAME: | | | | | | | | |
| 0000000 | | | | | SFY24-25 Direct Appropriation | | | | | | | |
| VENDOR N | AME: | | | GRANT NUMBER | : | | SWIFT CONTRA | ACTID | | | | |
| ABC Orga | nizatio | n | | 1234567 | | | 0 | | | | | |
| REMIT TO A | DDRES | SS: | | GRANT PERIOD | FROM: | | GRANT PERIO | D TO: | | | | |
| 123 Bake | r Lan | Ð | | 7/1/2024 | | | 6/30/2025 | | | | | |
| St Paul. N | MN 578 | 359 | | REIMBURSEMENT | PERIOD FROM: | | REIMBURSEMEN | NT PERIOD TO: | | | | |
| | | | | 7/1/2024 | | | 7/31/2024 | | | | | |
| FORM PRE | PARED | BY: Ern | | INVOICE N | UMBER: | GRANT | UMBER: | | FINAL: | | | |
| SIGNATURE | Ξ: | | Phone #000-000-0000 | | | 1234 | 4567 | YES [|] NO [] | | | |
| EMAIL: | | | | DEED PROGRAM | CONTACT NAM | E/PHONE: | DEED PROGRA | M CONTACT EMA | L: | | | |
| ERN@abc | ERN@abc.org | | | ACP Coordinator | | | ACP Coordinator email | | | | | |
| SECTION 2: | * DEE | D PROGRAM US | ONLY | | | | | | | | | |
| SWIFT PO | PO LINE | AMOUNT | FUND | FIN DEPT ID | APPROP ID | ACCOUNT | AGENCY COST | PR | OJECT ID | | | |
| 0000000 | 1 | \$ 47,500.0 | 0 00000 | 00000 | 00000 | 00000 | 00000 | | 00000 | | | |
| 0000000 | 1 | \$ 47,500.0 | 0 00000 | 00000 | 00000 | 00000 | 00000 | | 00000 | | | |
| ΤΟΤΑ | L | \$ 95,000.0 | 0 | 1 | | | | | | | | |
| | | | | | | | | | | | | |
| SECTION 3 | A: First | Year Funding SI | Y24 (PO 0000) | | | | | 1 | 1 | | | |
| ACTIVITY COST CATEGORY DESCRIPTION ID (PER APPROVED BUDGET) | | | A. APPROVED BUDGET | B. PREVIOUS REIMB. REQUEST | C. REIMB. REQUESTED THIS PERIOD | D. (B + C = D) TOTAL REIMB. | E. (A - D = E) AVAILABLE BALANCE | F. UNSPENT OBLIGATIONS | | | | |
| 833 Administrative Costs | | \$ 400.00 | \$- | \$- | \$ - | \$ 400.00 | \$- | | | | | |
| 885 | 885 Direct Services | | | \$ 27,000.00 | \$- | \$- | \$- | \$ 27,000.00 | \$- | | | |
| 886 | 886 Direct Services-WR-GED-ABE | | | \$ 1,100.00 | \$- | \$- | \$- | \$ 1,100.00 | \$- | | | |
| 838 | Direc | t Customer T | raining | \$ 16,000.00 | \$- | \$- | \$- | \$ 16,000.00 | \$- | | | |
| 828 | Supp | ort Services | | \$ 3,000.00 | \$- | \$- | \$- | \$ 3,000.00 | \$- | | | |
| TOTAL = | FIRS 1 | YEAR FUND | ING | \$ 47,500.00 | \$- | \$- | \$- | \$ 28,500.00 | \$- | | | |

Section A. Outcomes Report

A. Outcomes Report

1. Expenditures

(See your Budget for "Planned" data. Obtain "Actual" data from your end-of-quarter FSR/RPR.)

You'll need access to your executed contract, specifically the Budget Table(s) to fill out this section & the Reimbursement Payment Requests (RPRs) that have been invoiced to DEED.

You may need to connect with your organization's fiscal staff member to complete this section as well.

Expenditures (continued)

Refer to your Budget table in your contract or RPR. You enter your total year planned budget in this column. Once inserted, this amount does not need to be changed.

| Cost Category | Total Planned Budget Grant start thru June 30, 2025 | | ru end | Actual Grant start thru end of reporting quarter |
|------------------------------|--|----|--------|--|
| Administration Costs | \$ | \$ | | \$ |
| Direct Services | \$ | \$ | | \$ |
| Direct Services – WR-GED-ABE | \$ | \$ | | \$ |
| Direct Customer Training | \$ | \$ | | \$ |
| Support Services | \$ | \$ | | \$ |
| Outreach | \$ | \$ | | \$ |
| TOTAL FUNDS: | \$ | \$ | | \$ |

Again, looking at the Budget table in your contract, enter in the projected amounts that were planned through this quarter. Example: the column that shows the quarter ending on 9/30/2023, enter in those amounts. Refer to the last RPR submitted for this quarter.

For example, if 9/30/2023 is the end of the quarter then you will need to have your September RPR handy and will copy the amounts that your organization spent through the end of the quarter.

"Total Planned Budget" Contract

Review your contract cost categories to make sure it aligns with the expenditure table of the quarterly report.

| | SFY25 - Total DEED Funds | | | | | | | | | |
|--------------------|--|-------------|---|---|-------------|--|--|--|--|--|
| Office Use Only | Cost Category Grant Start Date through Grant Start Date through Grant St | | Quarter 7 Grant Start Date through 03/31/2025 | Quarter 8 Grant Start Date through 06/30/2025 | | | | | | |
| 833 | Administrative Costs ² | \$500.00 | \$600.00 | \$800.00 | \$1,000.00 | | | | | |
| 885 | Direct Services | \$35,700.00 | \$42,000.00 | \$46,500.00 | \$50,000.00 | | | | | |
| 886 | Direct Services-WR-GED-ABE | \$2,000.00 | \$3,300.00 | \$4,500.00 | \$5,000.00 | | | | | |
| 838 | Direct Customer Training | \$18,000.00 | \$23,000.00 | \$25,000.00 | \$30,600.00 | | | | | |
| 828 | Support Services | \$3,700.00 | \$5,000.00 | \$7,700.00 | \$8,400.00 | | | | | |
| | Total: | \$59,900.00 | \$73,900.00 | \$84,500.00 | \$95,000.00 | | | | | |

For the "Total Planned Budget" on the quarterly report, refer to the final quarter of the budget table in your contract

"Planned Budget" Contract

For the "planned" budget column of the quarterly report, refer to the end date of the current reporting quarter of your contract.

| | SFY24 - Total DEED Funds | | | | | | | | | |
|-----------------------|-----------------------------------|--|-------------|---|---|--|--|--|--|--|
| Office Use Only | Cost Category | Quarter 1Quarter 2Grant Start Date through 09/30/2023Grant Start Date through 12/31/2023Grant Start Date through 09/30/2023 | | Quarter 3 Grant Start Date through 03/31/2024 | Quarter 4 Grant Start Date through 06/30/2024 | | | | | |
| 833 | Administrative Costs ¹ | \$200.00 | \$250.00 | \$320.00 | \$400.00 | | | | | |
| 885 | Direct Services | \$12,000.00 | \$15,000.00 | \$22,000.00 | \$27,000.00 | | | | | |
| 886 | Direct Services-WR-GED-ABE | \$330.00 | \$550.00 | \$700.00 | \$1,100.00 | | | | | |
| 838 | Direct Customer Training | \$2,000.00 | \$8,000.00 | \$12,000.00 | \$16,000.00 | | | | | |
| 828 | Support Services | \$800.00 | \$1,500.00 | \$2,700.00 | \$3,000.00 | | | | | |
| | Total: | \$15,330.00 | \$25,300.00 | \$37,720.00 | \$47,500.00 | | | | | |

For example, if you are reporting for quarter 7/1/23 - 9/30/23 for your quarterly report, refer to end date of the reporting quarter within your contract. In this case, it would be quarter 1 (9/30/2023) within the budget table of your contract.

Actual Expenditures RPR/FSR

For the "Actuals" column of the quarterly report, refer to the ending month's RPR/FSR the current reporting quarter of your contract.

For example, if you are reporting for quarter 7/1/23 – 9/30/23 for your quarterly report, it would be the RPR/FSR for 9/1/2023 – 9/30/2023 as it is the ending month of the quarterly report.

| SECTION 1: | | | | | | | | | | | | | | | |
|-------------------|--------------------------------|--------|------------------------|------------------------------|-----------|-----------------------|----------------------------------|----------|-------------------------------------|-----------|---------------------------|------------|------------------------------------|----------|---------------------------|
| VENDOR ID |) + REM | IIT TO | LOCATION CO | ODE (SWIFT): | | RANT NAME: | | | | | | | | | |
| 0000000 | | | | | SF | Y24-25 Dire | ect Appropria | atio | n | | | | | | |
| VENDOR NA | AME: | | | | GR | RANT NUMBER | | | | SN | VIFT CONTR/ | ACTI | D | | |
| ABC Orga | nizatio | on | | | 12 | 34567 | | | | 0 | | | | | |
| REMIT TO A | DDRE | SS: | | | GR | RANT PERIOD F | FROM: | | | GR | ANT PERIOD |) TO: | : | | |
| 123 Bake | r Lan | е | | | 7/1 | 1/2024 | | | | 6/3 | 30/2025 | | | | |
| St Paul, M | MN 57 | 859 | | | RE | MBURSEMENT | PERIOD FROM: | | | RE | MBURSEMEN | IT PE | RIOD TO: | | |
| | | | | | 9/1 | 1/2023 | | | (| 9/: | 30/2023 | 1 | | | |
| FORM PREF | PARED | BY: E | rn | 、 | | INVOICE N | IUMBER: | | GRANT | NUM | BER: | | | FIN/ | AL: |
| SIGNATURE | : | | | Phone #000-000-0000 | | | | | 1234 | 456 | 7 | | YES [| 1 | NO [] |
| EMAIL: | | | | 1 | DE | ED PROGRAM | CONTACT NAME | E/PH | | | | M CO | ONTACT EMAI | L: | • • |
| ERN@abc. | .org | | | | AC | CP Coordina | ator | | | AC | CP Coordin | ator | email | | |
| SECTION 2: | * DEE | D PRO | OGRAM USE C | ONLY | | | | | | | | | | | |
| SWIFT PO ID | PO LINE | , | AMOUNT | FUND | F | FIN DEPT ID | APPROP ID | 4 | ACCOUNT | | AGENCY COST | PROJECT ID | | CT ID | |
| 0000000 | 1 | \$ | 47,500.00 | 00000 | | 00000 | 00000 | | 00000 | | 00000 | 00000 | | 00 | |
| 0000000 | 1 | \$ | 47,500.00 | 00000 | | 00000 | 00000 | | 00000 | | 00000 | | | 000 | 00 |
| ΤΟΤΑΙ | | | 95,000.00 | | | | | | | 1 | | | | | |
| SECTION 3/ | A: First | Year | Funding SFY2 | 4 (PO 0000) | | | | | | | | | | | |
| ACTIVITY ID | | cos | | DESCRIPTION | A. | APPROVED BUDGET | B. PREVIOUS REIMB. REQUEST | R | C. REIMB. EQUESTED HIS PERIOD | | (B + C = D) TAL REIMB. | Α | (A - D = E) VAILABLE BALANCE | | F. UNSPENT OBLIGATIONS |
| 833 | Admi | inistr | ative Costs | 6 | \$ | 400.00 | \$ 200.00 | \$ | 23.50 | \$ | 223.50 | \$ | 176.50 | \$ | - |
| 885 | 885 Direct Services | | | \$ | 27,000.00 | \$ 18,650.00 | \$ | 2,700.00 | \$ | 21,350.00 | \$ | 5,650.00 | \$ | - | |
| - | 886 Direct Services-WR-GED-ABE | | | \$ | 1,100.00 | \$ 500.00 | \$ | 120.00 | \$ | 620.00 | \$ | 480.00 | \$ | - | |
| 886 | Direc | | | 838 Direct Customer Training | | | | | | - | | | 4 000 00 | • | |
| | | | stomer Trai | ining | \$ | 16,000.00 | \$ 12,000.00 | \$ | 3,000.00 | \$ | 15,000.00 | \$ | 1,000.00 | \$ | - |
| 838 | Direc | t Cus | stomer Trai ervices | ining | \$ \$ | 16,000.00 3,000.00 | \$ 12,000.00 \$ 1,700.00 | \$ \$ | 3,000.00 650.00 | | 15,000.00 2,350.00 | \$ | 1,000.00 650.00 | \$ \$ | - |

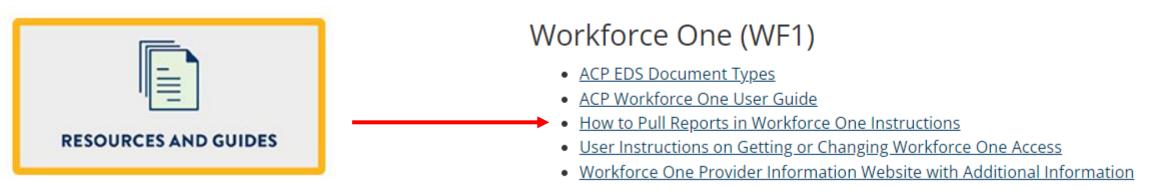
Participant Outcomes

2. Participant Outcomes

See your Workplan for "Planned" data. Obtain "Actual" data from Workforce One <u>Reports</u>. Add/delete rows as needed to match your approved work plan.

You'll need access to your executed contract, specifically the Work Plan Table(s), to fill out this section and you will need to run a few reports in WF1 to fill in the Actual column.

Utilize our "<u>How to Pull Reports in Workforce One Instructions</u>" on the <u>Resources and Guides</u> tab of <u>ACP's</u> <u>main webpage</u> to complete this section. If you need more assistance, training is available through WF1; see Staff Training under the Resources tab for "<u>WF1 Reports and Advanced Search Training</u>".



Participant Outcomes (continued)

| Measurable Outcomes | ACP Staff tailor each Quarterly Report template according to the program. | Measurable Outcome | | |
|---|---|--|--|--|
| Total Participant Enrollments | However, some programs have measurable outcomes | Total Participant Enrollments | | |
| Fill in with your organization's specific outcomes (found in your Work Plan Table) | that vary from Grantee to | Total Participants Enrolled in CNA Training | | |
| Fill in with your organization's specific outcomes (found in your Work Plan Table) | Grantee. This will require you to review your | Total Participants Completing CNA training | | |
| Fill in with your organization's specific outcomes (found in your Work Plan Table) | organization's contract workplan table to fill in the | Total Participants Earning a Certificate (BLS/CPR) | | |
| Fill in with your organization's specific outcomes (found in your Work Plan Table) | specific measurable | Total Participants Obtaining a Credential | | |
| Exits to Employment | outcomes. | Exits to Employment | | |
| Exits to Employment related to training industry sector(s) | De sure te edit the suteerses | Exits to Employment related to training industry sector(s) | | |
| Exits to Employment at or above \$16/hour | Be sure to edit the outcomes so they match what your | • Exits to Employment at or above \$16/hour | | |
| Participants Exited to Post-Secondary Program(s) | Work Plan table in your | Participants Exited to Post-Secondary Program(s) (if applicable) | | |
| All Other Exits | contract shows your organization is tracking. | All Other Exits | | |
| Total Exits | | All Exit Total | | |

Participant Outcomes (continued)

Refer to your Work Plan table in your contract. You enter your planned total number of participants for Program start date thru end of the contract for each outcome in this column. Once inserted, this number does not need to be changed.

| | Total Planned | Planned | Actual |
|--|------------------|-------------|-------------|
| | Outcomes | Grant start | Grant start |
| Measurable Outcomes | Grant start date | thru end of | thru end of |
| | thru June 30, | reporting | reporting |
| | 2025 | quarter 🔺 | quarter |
| Total Participant Enrollments | | | |
| Fill in with your organization's specific outcomes | | | |
| (found in your Work Plan Table) | | | |
| Fill in with your organization's specific outcomes | | | |
| (found in your Work Plan Table) | | | |
| Fill in with your organization's specific outcomes | | | |
| (found in your Work Plan Table) | | | |
| Fill in with your organization's specific outcomes | | | |
| (found in your Work Plan Table) | | | |
| Exits to Employment | | | |
| Exits to Employment related to training | | | |
| industry sector(s) | | | |
| Exits to Employment at or above | | | |
| \$16/hour | | | |
| Participants Exited to Post-Secondary | | | |
| Program(s) | | | |
| All Other Exits | | | |

You will need to <u>run</u> <u>a few reports in</u> <u>WF1</u>, to capture the actual number of participants for each outcome.

For the outcomes that are not being tracked in WF1 (specifically outlined within your contract; e.g., outreach events, car loans acquired), you need to refer to your organization's tracking system to capture the amounts.

Again, looking at your Work Plan table, enter in the projected amounts that were planned through this quarter. Example: the column that shows the quarter ending on 9/30/2023, enter in those amounts.

Total Planned Outcomes Contract

| | Quarter 5 | Quarter 6 | Quarter 7 | Quarter 8 |
|--|---|---|---|---|
| Measurable Outcome (continued) | Grant Start Date through 09/30/2024 | Grant Start Date through 12/31/2024 | Grant Start Date through 03/31/2025 | Grant Start Date through 06/30/2025 |
| Total Participant Enrollments | 17 | 20 | 23 | 25 |
| Total Participants Enrolled in CNA Training | 17 | 20 | 23 | 25 |
| Total Participants Completing CNA training | 14 | 17 | 23 | 25 |
| Total Participants Earning a Certificate (BLS/CPR) | 6 | 10 | 10 | 14 |
| Total Participants Obtaining a Credential | 14 | 15 | 17 | 20 |
| Exits to Employment | 13 | 13 | 17 | 20 |
| Exits to Employment related to training industry sector(s) | 10 | 10 | 13 | 15 |
| Exits to Employment at or above \$16/hour | 13 | 13 | 16 | 17 |
| Participants Exited to Post-Secondary Program(s) (if applicable) | 0 | 1 | 1 | 1 |
| All Other Exits | 3 | 3 | 4 | 4 |
| All Exit Total | 16 | 18 | 22 | 25 |

For the "Total Planned Outcomes" column of the quarterly report, refer to end ending quarter of your contract's workplan. In this example, quarter 8 is the ending quarter of the contract.

Planned Outcomes

For the "Planned Outcomes" column of the quarterly report, refer to ending quarter of the current quarterly report that you are reporting for. For example, if you are reporting for quarter 7/1/23 - 9/30/23 for your quarterly report, you would use quarter 1 (9/30/2023) outcomes in your contract when filling out the "planned" outcomes column of the quarterly report.

| Measurable Outcome | Quarter 1 Grant Start Date through 09/30/2023 | Quarter 2 Grant Start Date through 12/31/2023 | Quarter 3 Grant Start Date through 03/31/2024 | Quarter 4 Grant Start Date through 06/30/2024 |
|--|--|--|--|--|
| Total Participant Enrollments | 2 | 8 | 12 | 14 |
| Total Participants Enrolled in CNA Training | 2 | 8 | 12 | 14 |
| Total Participants Completing CNA training | 0 | 2 | 8 | 12 |
| Total Participants Earning a Certificate (BLS/CPR) | 0 | 0 | 4 | 6 |
| Total Participants Obtaining a Credential | 0 | 2 | 8 | 12 |
| Exits to Employment | 0 | 2 | 6 | 9 |
| Exits to Employment related to training industry sector(s) | 0 | 1 | 5 | 5 |
| Exits to Employment at or above \$16/hour | 0 | 2 | 5 | 9 |
| Participants Exited to Post-Secondary Program(s) (if applicable) | 0 | 0 | 0 | 0 |
| All Other Exits | 0 | 0 | 0 | 3 |
| All Exit Total | 0 | 2 | 5 | 12 |

Actual Participant Outcomes

For the "Actual" participant outcomes of the quarterly report outcomes, you would need to utilize Workforce One to pull reports of the actual data.

Refer to the <u>Resources and Guides</u> tab of <u>ACP's main webpage</u> to access the "How to Pull Reports in Workforce One Instructions" document.

As a reminder, for the outcomes that are not being tracked in WF1 (specifically outlined within your contract; e.g., outreach events, car loans acquired, etc.), you need to refer to your organization's tracking system to capture the amounts.

Calculating Participant Outcomes

 If Expenditures and/or Participant Outcomes are not meeting (plus or minus 15%) planned outcomes, please explain.

Divide the number of outcomes met (Actual) by the number of outcomes (Planned) to achieve by the quarter end.

Example:

45 divided by 50 equals 0.90

Multiple 0.90 by 100 equals 90%

| | Total Planned | Planned | Actual |
|-------------------------------|------------------|-------------|-------------|
| | Outcomes | Grant start | Grant start |
| Measurable Outcomes | Grant start date | thru end of | thru end of |
| | thru June 30, | reporting | reporting |
| | 2025 | quarter | quarter |
| Total Participant Enrollments | 100 | 50 | 45 |

If expenditures or participant outcomes are not meeting planned outcomes and are under 85% explain the challenges faced. Or if the planned outcomes are over 85% explain the successes achieved.

Section B. Narrative

B. Narrative Report

- 1. Describe the major activities during this reporting period.
- What were your successes for this reporting period? Share 1-3 anecdotes, stories, or other narratives.
- 3. a. What were some challenges you faced this reporting period, if any?
 - b. What strategies did you develop to address these challenges, if applicable?
- a. What are some updates/changes implemented since your most recent monitoring visit? (N/A if monitoring visit has not occurred)
 - b. Are you working on any Areas of Concern or Corrective Action Items addressed during the visit? If so, please describe.

The Narrative section is for your organization to answer questions based on the quarter you are reporting.

Section B. Narrative (continued)

Subrecipients receiving over \$50,000 must be monitored by your organization. All subrecipient
monitoring and contract documents must be made available to DEED upon request.
 Does your organization utilize Subrecipients? If so, complete the table below

| Name of Subrecipient | Amount of Grant | Monitored Date | | | | |
|----------------------|-----------------|----------------|--|--|--|--|
| | \$ | | | | | |
| | \$ | | | | | |
| | \$ | | | | | |

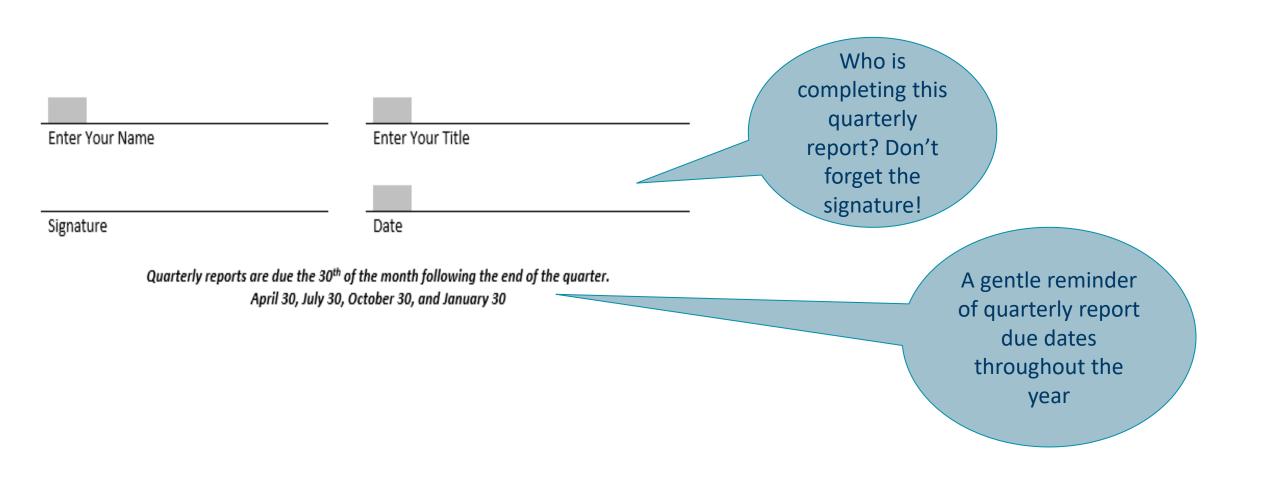
OPTIONAL

- 6. a. Describe new partnerships developed during this reporting period, if any.
 - b. What is working well?
 - c. What needs improvement?
- 7. What technical assistance/resources would be most helpful to you and your continued success? -

If your organization utilizes subgrantees, be sure to complete this section. Monitoring of subrecipients over \$50,000 must occur once during the grant period and annually for subgrants over \$250,000.

Please complete this section! ACP Coordinators will follow up with organizations who request technical support.

Signatures



EMPLOYMENT AND ECONOMIC DEVELOPMENT

Thank you!

Office of Adult Career Pathways

mn.gov/deed