# WIOA Adult, WIOA DW, State DW, and Mass Layoff Projects

# Quarterly Progress Report

**Provider Name:**

**Grant ID:**

**Report Date:**

1. **Outcomes: Grant ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Active Grant PY\_\_\_\_\_\_\_\_\_\_ Quarter \_\_\_\_\_ Start and End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Table 1.** See your Planning Documents for “Planned” participant number. Obtain “Actual” numbers from Workforce 1.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A. | B. | C. | D. |
| Category | **Total Planned for Grant (Q8)** | **Total Planned for the Reporting Quarter** | **Quarter Actual**  **(From the beginning of the grant to the end of the reporting qtr.)** | **Percent of Total Planned**  **(C divided by B)** |
| 1. Total Enrollments |  |  |  |  |
| 1. Exits to Employment |  |  |  |  |
| 1. All Other Exits |  |  |  |  |
| 1. Total Exits (B+C) |  |  |  |  |
| 1. Current Enrollment |  |  |  |  |

**Table 2.** See your Budget for “Total Budgeted”. Obtain “Actual” spending from your end-of-quarter FSR/RPR.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | A. | B. | C. | D. | E. |
| Cost Category | **Total Approved Budgeted for the Grant**  **(Qtr. 8)** | **Total Budgeted for the Reporting Quarter** | **Percent of Total Budget for the Quarter** | **Actual Expenditures**  **(From the beginning of the grant to the end of the reporting qtr.)** | **Percent of Total Expended**  **(D divided by B)** |
| (833) Administration (10% max) |  |  |  |  |  |
| (857) Career Services |  |  |  |  |  |
| (895) Transitional Jobs |  |  |  |  |  |
| (838) Direct Customer Training |  |  |  |  |  |
| (896) Incumbent Worker Training |  |  |  |  |  |
| (828) Support Services |  |  |  |  |  |
| Total |  |  |  |  |  |

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   Active Grant PY\_\_\_\_\_\_\_\_\_\_ Quarter \_\_\_\_\_ Start and End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Table 2.** See your Budget for “Total Budgeted”. Obtain “Actual” spending from your end-of-quarter FSR/RPR.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | A. | B. | C. | D. | E. |
| Cost Category | **Total Approved Budgeted for the Grant**  **(Qtr. 8)** | **Total Budgeted for the Reporting Quarter** | **Percent of Total Budget for the Quarter** | **Actual Expenditures**  **(From the beginning of the grant to the end of the reporting qtr.)** | **Percent of Total Expended**  **(D divided by B)** |
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| (828) Support Services |  |  |  |  |  |
| Total |  |  |  |  |  |

1. **Grant Progress:**

### Are you on track with your participant goals? (See Table 1)

Yes No

* 1. If no, please elaborate the reasons.

### Are you on track with your budget? (See Table 2)

Yes No

### If not, please elaborate the reasons.

### If applicable, what specific actions will you take to align your actual spending with your planned spending?

1. What were major successes your program achieved for this reporting period? Share 1-3 anecdotes, stories, or other narratives.

### If applicable, what were some challenges you encountered during this reporting period? Please let DEED know if you need any technical assistance.

### What strategies were put in place to address the challenges?

### Would you like Technical Assistance (TA) from DEED Program Staff? If so, briefly describe the requested TA below (e.g. work plan or budget concerns, modification requests, etc.):

*I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit this report on behalf of the organization.*

|  |  |  |
| --- | --- | --- |
| Authorized Signature | Printed Name and Title | Date |

**Background**: The Office of Grants Management, under Minnesota Statute 16B.97, has created polices that govern grant activities and procedures for all state agencies. [OGM Policy 08-09](https://mn.gov/admin/assets/grants_policy_08-09_tcm36-207116.pdf) requires state agencies to create a grant progress report to be completed by all organizations receiving state funds. This policy applies to all executive branch agencies, boards, committees, councils, authorities and task forces that make grants. The policy specifically applies to competitive, legislatively made, formula and single and sole source grants, but does not apply to bonding and capital grants. The policy allows state agencies to determine the exact report format and content requirements that best meet their needs in evaluating the outcomes of the grant program.

**Purpose**: The quarterly reports give grantees and DEED an opportunity pause, review, and assess implementation of the grant. Successes can be celebrated and shared with other providers. Challenges are identified and addressed before significant problems arise. DEED may be able to provide or refer the grantee to other resources and provide technical assistance. Data and information from the report can be used to respond in a timely manner to inquiries from federal and state funders, as well as legislative leaders.

**Specific Requirements:** DEED standalone and master grant contracts require these reports to be completed on a quarterly basis. Quarterly reports must be completed and submitted to DEED program staff for every grant and will be due on the 20th of the month following the quarter end. DEED program staff will also review expenditures to ensure the grant is in fiscal compliance. These reports will be kept on file and will be available for reference during grant monitoring visits.