**SFY 26-27 RC3 Direct Appropriation Grant**

**Organization Name:**

**Grant ID #:**

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

**Instructions:** Complete sections A and B each quarter. For your Final Quarterly Report (at the end of your contract), complete the Tables in Section A and the Narrative in Section C.

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Category** | **Planned:****Year 1**Grant start through 6/30/2026 | **Planned:** **Year 2**7/1/2026 through 6/30/2027 | **Total Planned:**Grant start through 6/30/2027 | **Actual:**Grant start through end of reporting quarter |
| Administration Costs | $       | $       | $       | $       |
| Direct Services | $       | $       | $       | $       |
| **TOTAL FUNDS:** | $       | $       | $       | $       |

1. **Participant Outcomes**

See your Workplan for “Planned” data. Obtain “Actual” data from Workforce One [Reports](https://mn.gov/deed/assets/wf1-report-instructions_tcm1045-449978.docx).

*Add/delete rows as needed to match the approved work plan on your contract.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measurable Outcomes** | **Planned: Year 1**Grant start date through 6/30/2026 | **Planned: Year 2**7/1/2026 through 6/30/2027 | **Total Planned:** Grant start through 6/30/2027 | **Actual:**Grant start thru end of reporting quarter |
| **Total Businesses Served** |       |       |       |       |
| **Total Career Seekers Served** |       |       |       |       |
| **Total K-12 Institutions Served** |       |       |       |       |
| **Total Postsecondary Institutions Served** |       |       |       |       |
|  |  |  |  |  |
| **Total Job Seekers Enrolled** *(captured in WF1, RC3 service model at enrollment)* |       |       |       |       |
| **Exits to Employment** *(captured in WF1, enrollments with service model flag)* |       |       |       |       |

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

1. As applicable, please describe your method of tracking the following measurable outcomes:
* Total Businesses Served:

* Total Career Seekers Served:

* Total K-12 Institutions Served:

* Total Postsecondary Institutions Served:

1. **Narrative Report**
2. Please describe 1-3 notable activities and/or accomplishments from this reporting period. To submit a related participant success story, please use the [ACP Success Stories Form](https://forms.office.com/g/34TRgCVqK4?origin=lprLink).

1. What were some challenges you faced this reporting period, if any? What strategies did you develop to address these challenges?

1. What are some updates/changes implemented since your most recent monitoring visit?

*(N/A if monitoring visit has not occurred)*

1. Are you working on any Areas of Concern or Corrective Action Items addressed during the visit? If so, please describe.

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

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

6. What technical assistance/resources from DEED would be most helpful to you and your continued success?

1. **FINAL GRANT REPORT SECTION ONLY *(Complete the questions below for your Final Quarterly Report only)***
2. Describe how your organization is specifically addressing the needs of the populations in your region.

1. Describe how your organization is connecting Workforce System Partners in your region.

1. Describe your organization’s outreach and marketing strategies for career services in your region.

1. Describe how your organization is achieving equity in your region.

1. Describe your organization’s workforce development, career counseling programs, and the services you offer in your workforce development area.

1. Please provide recommendations to the DEED Commissioner regarding ways to improve career counseling coordination, possible program changes, and new workforce programs or initiatives.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| 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***