**SFY 24-25 Adult Support Services 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 FSR/RPR.

*Add/delete rows as needed to match your RPR/FSR 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 |
| Administration Costs | $       | $       | $       |
| Direct Services | $       | $       | $       |
| Direct Services – WR-GED-ABE | $       | $       | $       |
| Direct Customer Training | $       | $       | $       |
| Support Services | $       | $       | $       |
| Outreach | $       | $       | $       |
| **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 your approved work plan.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Measurable Outcomes** | **Total Planned Outcomes** Grant start date thru June 30, 2025 | **Planned**Grant start thru end of reporting quarter | **Actual**Grant start thru end of reporting quarter |
| **Total Enrollments** |       |       |       |
| **Total Participants Receiving Work Readiness Training** |       |       |       |
| **Total Participants Enrolled in Non-Credentialed/Credential Training** |       |       |       |
| **Total Participants Completing Non-Credentialed/Credentialed Training** |       |       |       |
| **Total Certificates/Credentials Attained** |       |       |       |
| ***Enter Measurable Outcome here*** *(Refer to* [*Eligible Services*](#_Eligible_Services_2)*)* |       |       |       |
| ***Enter Measurable Outcome here*** *(Refer to* [*Eligible Services*](#_Eligible_Services_2)*)* |       |       |       |
| **Exits to Employment** |       |       |       |
| * **Exits to Employment at or above $16/hour**
 |       |       |       |
| **Exits to Post-Secondary Programs** |       |       |       |
| **All Other Exits** |       |       |       |
| **All Exit Totals** |       |       |       |

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

1. **Narrative Report**
2. Describe the major activities during this reporting period.

1. 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?

1. a. 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 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 |
|       | $       |       |
|       | $       |       |
|       | $       |       |

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***