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**Act 1131 of 2015  
Regional Workforce Continuation Grant**

**PROGRESS REPORT COVER SHEET***DUE JUNE 15, 2020  
For the Reporting Period Ending June 1, 2020*

|  |  |
| --- | --- |
| **To:** | Arkansas Division of Higher Education |
| **Lead Institution:** |  |
| **Title of Project:** |  |
| **Date Submitted:** |  |
| **Contact:** | Contact Name |
| **Contact Information:** | Address  City, State ZIP |
| Phone |
| Email |

**Authorized Signatures for Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |
| Lead Institution |  | Authorized Official |  |

**Act 1131 of 2015  
Regional Workforce Continuation Grant  
PROGRESS REPORT**

*Please complete each section of this report and submit to the Arkansas Division of Higher Education by* ***JUNE 15, 2020****. Reports should be emailed to* [*ADHE.Workforce.Grant@adhe.edu*](mailto:ADHE.WorkforceGrant@adhe.edu)*.*

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| **SECTION 1: Evaluation of Outcomes** |

Please submit an evaluation of outcomes achieved through the end of the reporting period (**June 1, 2020**) which meet the performance assessment outcomes delineated in the Continuation Grant Proposal.

Program plans were designed to meet the goals and core requirements of the Regional Workforce Grants program as well as other essential components. Your report should specifically address the following components:

* Performance assessment- clearly defined measurable outcomes to be achieved through continuation of the plan and strategies to measure and report achievement of those outcomes.
* Detail the metrics utilized throughout the reporting period to evaluate or track the success or progress of the program (i.e., number of participants, number of completers, placement rates, etc.).
* For each of the metrics utilized, provide the actual results for the program (i.e., 25 students enrolled, 10 students received Certificates of Proficiency, 25% of completers employed with partner company, etc.).

*Briefly restate your project’s purpose, goals, and objectives. Please list the measurable outcomes for each goal and/or objective. Feel free to include any necessary charts, graphs or tables. (****Please add rows, as needed, and delete unused rows****.)*

|  |  |
| --- | --- |
| **GOAL:** | |
| **Objective** | **EXPECTED Outcome** |
|  |  |
| **PROGRESS:** | |
| **GOAL:** | |
| **Objective** | **EXPECTED Outcome** |
|  |  |
| **PROGRESS:** | |

|  |  |
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| **GOAL:** | |
| **Objective** | **EXPECTED Outcome** |
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| **PROGRESS:** | |
| **GOAL:** | |
| **Objective** | **EXPECTED Outcome** |
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| **PROGRESS:** | |

|  |  |
| --- | --- |
| **GOAL:** | |
| **Objective** | **EXPECTED Outcome** |
|  |  |
| **PROGRESS:** | |

*Other Notes*

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**SECTION 2: Equipment Inventory/Purchases**

*In the fields below, please enter all equipment and materials purchased with Regional Workforce Grant funds from July 1, 2018 to date. Please note, all equipment purchases should have been made within the first six months of the grant period. To enter information, double click on cell below. When finished entering, double click outside the cell to close.*



**SECTION 3: Financial Report Update**

*In the fields below, please enter your actual expenditures in each category from the beginning on the Continuation Grant period through the end of the reporting period (June 1, 2020). Any significant variation from (more than 5%) must be accompanied by justification. Totals will calculate automatically based on your input.*

|  |  |  |  |
| --- | --- | --- | --- |
| **A. PROGRAM LEADERSHIP SUPPORT COSTS** | |  |  |
|  | 1. Personnel/Stipend |  | $0.00 |
|  | 2. Travel |  | $0.00 |
|  | 3. Other (Explain Below) |  | $0.00 |
|  | Briefly Explain Other Costs |  |  |
|  | **TOTAL PARTNER PARTICIPANT COSTS** |  | $0.00 |
|  |  |  |  |
| **B. OTHER DIRECT COSTS** | |  |  |
|  | 1. Equipment |  | $0.00 |
|  | 2. Materials and Supplies |  | $0.00 |
|  | 3. Publication Costs/Documentation/Dissemination |  | $0.00 |
|  | 4. Consultant Services |  | $0.00 |
|  | 5. Other (Explain Below) |  | $0.00 |
|  | Briefly Explain Other Costs |  |  |
|  | **TOTAL OTHER DIRECT COSTS** |  | $0.00 |
|  |  |  |  |
| **C. TOTAL DIRECT COSTS (A & B)** | |  | $0.00 |
|  | |  |  |
| **D. COST SHARING (Minimum 10% of C; up to $50,000)** | |  | $0.00 |
|  | |  |  |
| **Total Continuation Grant Expenditures & Cost Sharing as of June 1** | |  | $0.00 |

*Other Notes*