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

**INTERIM REPORT COVER SHEET***DUE SEPTEMBER 1, 2017
For the reporting period beginning July 1, 2016 and ending June 30, 2017*

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

**Authorized Signatures for Institution**

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

**Act 1131 of 2015
Regional Workforce Implementation Grant
INTERIM REPORT**

*Please complete each section of this report and submit to the Arkansas Department of Higher Education by* ***SEPTEMBER 1, 2017****. Reports should be emailed to* *ADHE.Workforce.Grant@adhe.edu**.*

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| **SECTION 1: PROGRAM SUMMARY** |

Please submit a brief summary of progress achieved (from July 1, 2016 through June 30, 2017) and how that progress is meeting the high need area of focus for your program.

*Please enter your report in the box provided below. Feel free to include any necessary charts, graphs or tables.*

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| **SECTION 2: Evaluation of Outcomes** |

Please submit an evaluation of outcomes achieved during the reporting period (July 1, 2016 through June 30, 2017) which meet the performance assessment outcomes delineated in the Implementation 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:

* 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.).
* List the total number of persons served by the grant during the reporting period.

*Please enter your report in the box provided below. Feel free to include any necessary charts, graphs or tables.*

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| **SECTION 3: Assessment of Partnerships** |

Established partnerships are key to the success the Regional Workforce Grants program. Your report should specifically address the following components:

* A list of grant partners and the role(s) each had in the achieving the goals of the grant during the reporting period beginning July 1, 2016 and ending June 30, 2017.
* The dollar amount (if applicable) of grant funds provided to each partner and use of those funds.

*Please enter your report in the box provided below. Feel free to include any necessary charts, graphs or tables.*

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**SECTION 4: Financial Report Update**

*In the fields below, please enter your actual expenditures in each category for the reporting period beginning on July 1, 2016 and ending on June 30, 2017. Any significant variation from (more than 5%) must be accompanied by justification. Totals will calculate automatically based on your input.*

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| --- | --- | --- |
| **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 Implementation Grant Expenditures & Cost Sharing as of June 30, 2017** |  | $0.00 |

*Other Notes*