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

**PROGRESS REPORT COVER SHEET***DUE JUNE 15, 2017
For the Reporting Period Ending June 1, 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
PROGRESS REPORT**

*Please complete each section of this report and submit to the Arkansas Department of Higher Education by* ***JUNE 15, 2017****. Reports should be emailed to* *ADHE.Workforce.Grant@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, 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:

* Measurable objectives for each phase of the project – detail the metrics utilized throughout the project to track how credentialed job candidates possessing the skills needed by employers will be provided.
* Performance assessment- clearly define measurable outcomes to be achieved through implementation of the plan and strategies to measure and report achievement of those outcomes.

*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: Financial Report Update**

*In the fields below, please enter your actual expenditures in each category through the end of the reporting period (June 1, 2017). 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 Implementation Grant Expenditures & Cost Sharing as of June 1** |  | $0.00 |

*Other Notes*