



Quarterly Narrative Progress Report Trade Adjustment Assistance Community College and Career Training (TAACCCT) Grants

Grantee Name:

Project Name:

Grant Number:

Report Quarter Ending:

Date of Submission:

Program Contact Information:

First Name:

Last Name:

Title:

Street Address:

City:

State:

Zip Code:

Phone Number:

Extension:

E-mail Address:

A. Summary of Grant Activities

Please limit your response to 2,500 characters.

[This section is an executive summary of grant activities for the quarter, and should serve as the annual summary each fourth quarter. In one page or less, please provide a short summary of all activities supported by the grant for the current quarter, highlighting key activities in line with the grant Statement of Work. This section is not intended to be a list of every meeting or communication.]

B. Status Update on Leveraged Resources

Provide an update on the organizations that contributed the resources:

Please limit your response to 700 characters.

Provide an update on the ways in which the resources were used during the current quarter:

Please limit your response to 700 characters.

Comments:

Please limit your response to 700 characters.

[Leveraged resources must be reported on the Financial Status Report (ETA-9130) quarterly report. In addition, please use this section of the narrative to report leveraged resources used to support grant activities. Leveraged resources include both Federal and non-Federal funds, and may take the form of cash or in-kind contributions. Examples of in-kind contributions include personnel services provided by volunteers or non-grantee staff, donated equipment, supplies, or space.]

During this quarter, did you receive any additional leveraged resources beyond what is listed in your statement of work?

Yes

No

C. Status Update on Employer(s) Involvement

Discuss how the required employer(s) has/have been involved during the current phase of the project.

Please limit your response to 500 characters.

Outline specific roles and contributions of the employer(s) during this quarter.

Please limit your response to 500 characters.

Identify any challenges encountered/resolved in the development and management of the employer involvement.

Please limit your response to 500 characters.

Discuss new employers and commitments that may have been added to support the project.

Please limit your response to 500 characters.

Comments:

Please limit your response to 700 characters.

Have you had any consultation or advisory meetings with business or employer partners during this quarter?

Yes No

Were there any direct hires of program of study completers by employer partners during this quarter?

Yes No

Were internships or other work-based learning opportunities posted during this quarter?

Yes No

Did you acquire any additional employer partners during this quarter?

Yes No

D. Timeline for Grant Activities and Deliverables

ID #	Activity/ Task/ Event	Description	Expected Start Date	Expected End Date	Status as of Qtr Ending Date	Actual Start Date	Actual End Date	Notes
								Please limit your response to 250 characters per activity/task/event.

[Additional rows for each activity/task/event from the Statement of Work; grantees should update the cells in yellow]

ID#	Deliverable/ Product	Description	Expected Start Date	Expected End Date	Status as of Qtr Ending Date	Actual Start Date	Actual End Date	Notes
								*Please limit your response to 250 characters per deliverable

[Additional rows for each deliverable from the Statement of Work; grantee should update the cells in yellow]

Comments:

Please limit your response to 2,000 characters or less.
 [Use this section to provide additional information about project goals, benchmarks, milestones, special events, important deadlines and deliverables.]

How many programs are you planning to offer? This number should align with your statement of work. _____

As of this quarter, how many programs have you launched to date? _____

E. Key Issues and Technical Assistance Needs

Issue:

Description of Problem:

Please limit your response to 300 characters.

[This section should be used to summarize the issue or problem encountered during the quarter and resolution of previous issues and challenges identified in previous quarters. Describe any actions taken or plans for addressing issues, any question you have for DOL, and any need for assistance from DOL or others. If grantees have nothing to report, that should be specified.]

F. Best Practices, Promising New Strategies and Success Stories

Best Practice or Promising New Strategy:

Please limit your response to 500 characters.

[This section should be used to describe promising approaches and innovative. Examples may include developing and implementing an outreach plan, developing new or enhancing existing curriculum, and creating new career assistance tools and resources. Throughout the implementation of the program, grantees may discover new strategies that emerge as a result of data-driven continuous improvement. The new strategies may or may not have significant levels of evidence at this point in the program; however, they should still be described here. As progress is made with a new and promising strategy, or as data/evidence is gathered to support it, grantees should document the progress and data/evidence each quarter. Grantees may also describe any lessons learned and how those lessons learned will be implemented.]

Success Story:

Please limit your response to 500 characters.

[This section should be used to grant-level and/or participant level success stories].

G. Additional Outcome Information

Please limit your response to 700 characters.

[This section allows grantees to report any grant-specific outcomes not captured in other sections of the quarterly narrative progress report, including, but not limited to, any specific outcomes included in the statement of work. For every fourth quarterly report, this update may include additional information about activities and outcomes to supplement data submitted on the Annual Performance Report form.]

H. Name of Grantee Certifying Official:

First Name:

Last Name:

I. Telephone Number:

Extension:

K. E-mail Address:

Persons are not required to respond unless this form displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits (Workforce Investment Act [Section 185(a)(2)]. Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, averages 15.5 hours per response, including time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, ETA, Room N-4643, 200 Constitution Avenue, NW, Washington, DC 20210.

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*