Training Provider and

This portion of the survey is collected in aggregate for
provide a response for each training program provided

Step One: First enter information for each training pro

1 Training Provider

Step Two: Next, complete the following sections for e

2 Participant Database

3 Institutional Information

4 Institutional Information (cont.)

5 Admissions

6 Reason for Non-Completion

7 Employment Status (6 months)

8 Employment Type

9 Earn and Learn

10 Salaries of Participants

11 Career and Job Preparation

12 Wraparound Services

13 Overview

Participant Questionnaire

all training providers by the EDA Grantee (System Lead Entity or Backbone Orga
by each training provider. Multiple training providers and programs can be ente

---

vider and training program within your regional workforce training system.

Provide the name of each training provider and program or programs each trai
leads.

ach training program in the system, even if led by the same training provider.

Provide the name, training program details, date of birth, and address of reside
GJC participants within the past quarter.

Provide responses for each training program in the system regarding length of t
environment type, program hours, additional supports provided, and costs.

Provide responses for each training program in the system regarding credential
of skills participants acquired.

Provide responses for each training program on the number of participants wh
recruited, admitted, and enrolled within the past quarter.

Provide responses for each training program on the number and reason particip
complete training.

Provide response for participants six months after training completion.

Provide responses regarding the number and type of employment of participan

Provide responses for each training program for earn and learn participants.

Provide responses regarding the median salaries of participants placed into jobs

Rank the effectiveness of career and job preparation services provided to partic and after training completion.

Provide responding for each training program regarding the wraparound servic and the number of participants who used these services.

Provide the cumulative number of participants who have completed training ar program costs.

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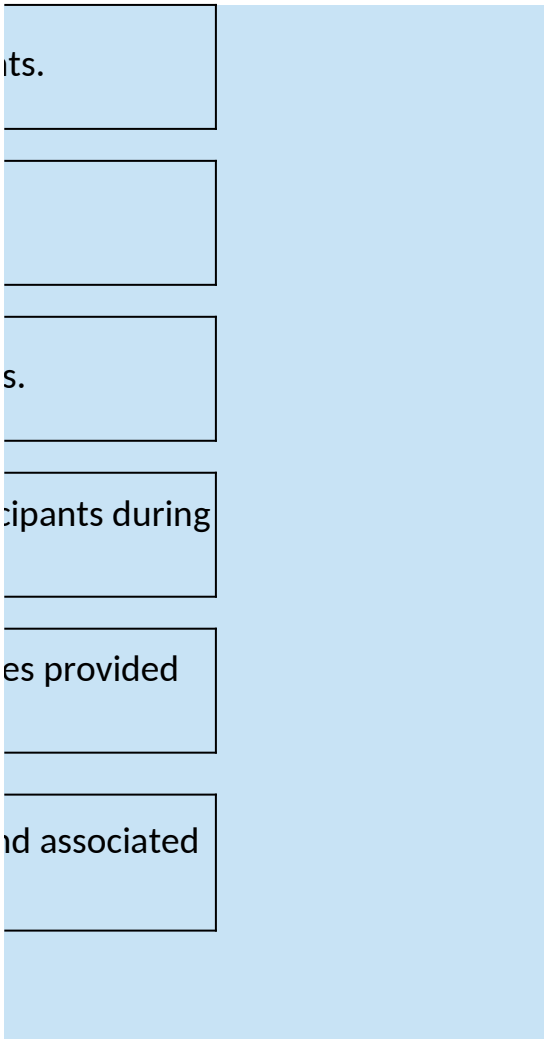
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es provided
nd associated

Training Provider Question

List Training Providers

	Training Providers
	Example: Training Provider Name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	

Save

Do not fo
recorded

naire

List each training program per training provider

Training Program 1	Training Program 2	Training Program 3	Training Program 4
Healthcare Program	*Manufacturing Program*		

rget to hit save or your responses will not be .

Training Program 5	Training Program 6	Training Program 7	Training Program 8

Training Program 9	Training Program 10	Training Program 11	Training Program 12

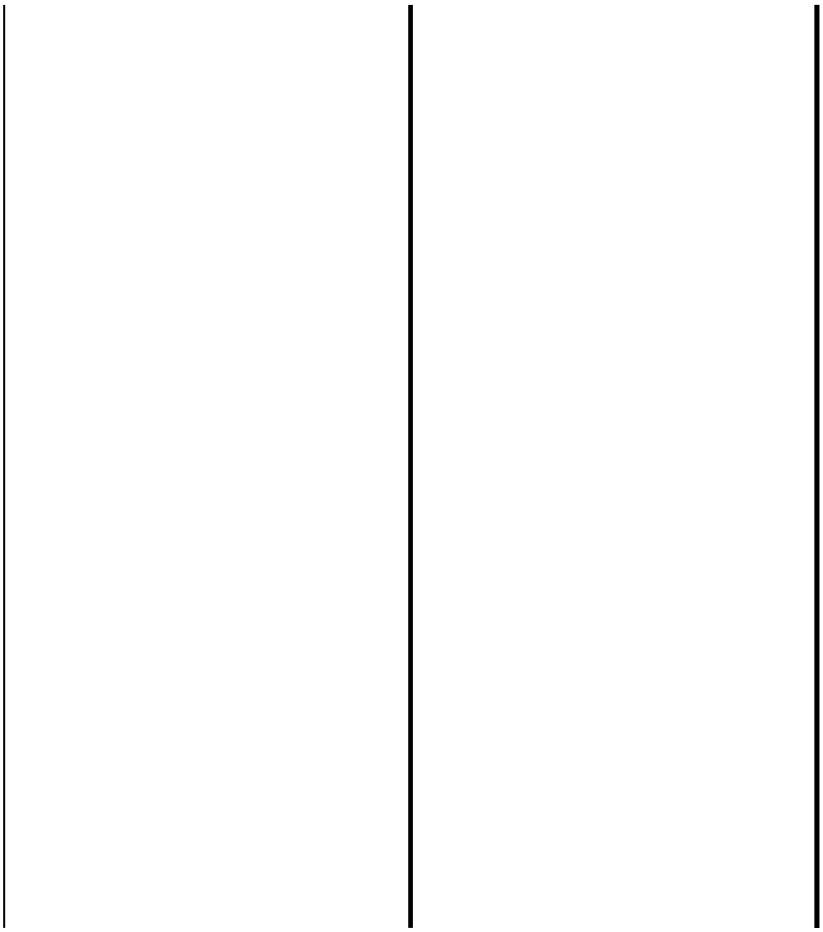
Training Program 13	Training Program 14	Training Program 15	Training Program 16

Training Program 17	Training Program 18	Training Program 19	Training Program 20

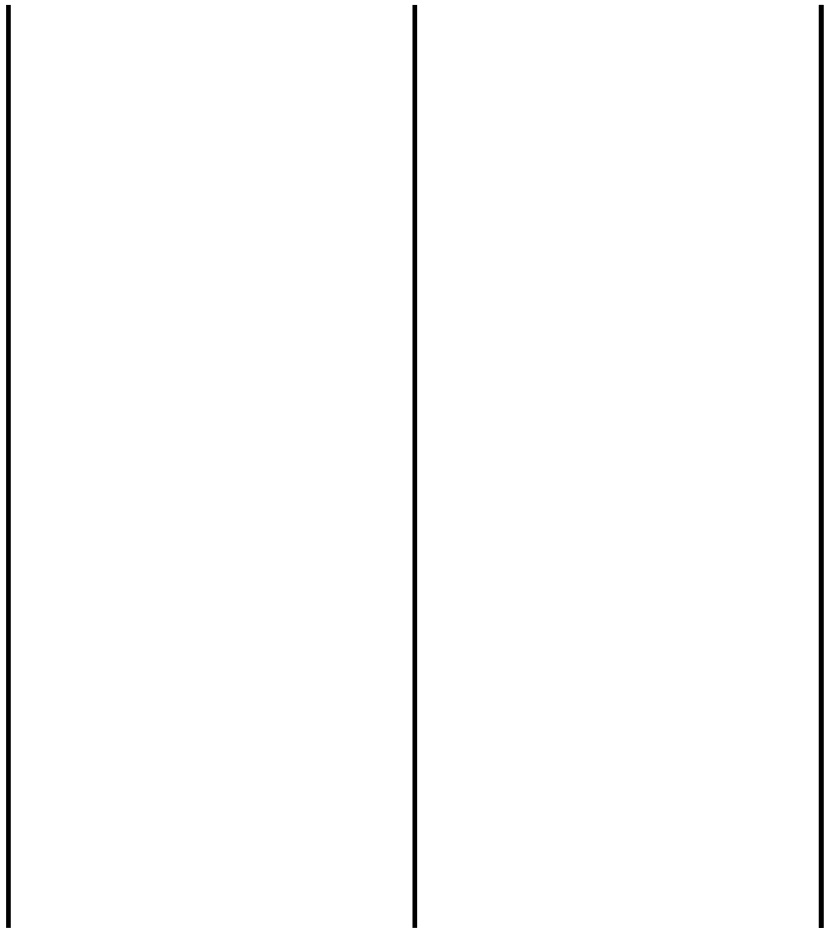
Training Provider	Training Program	First Name	Middle Name

☐ eck box and skip section if you have no participants to report.

Last Name	Training Start Date	Training End Date
	Please enter in month/day/year format.	*Please enter in month/day/year format.*
	Month *Day* *Year*	*Month* *Day* *Year*



Completed Training	Job Start Date	Date of Birth
Yes/No	*Please enter in month/day/year format.* Month Day Year	*Please enter in month/day/year format.* Month Day Year



Add

Street

Street (apt, etc.)

ress of Residence

City

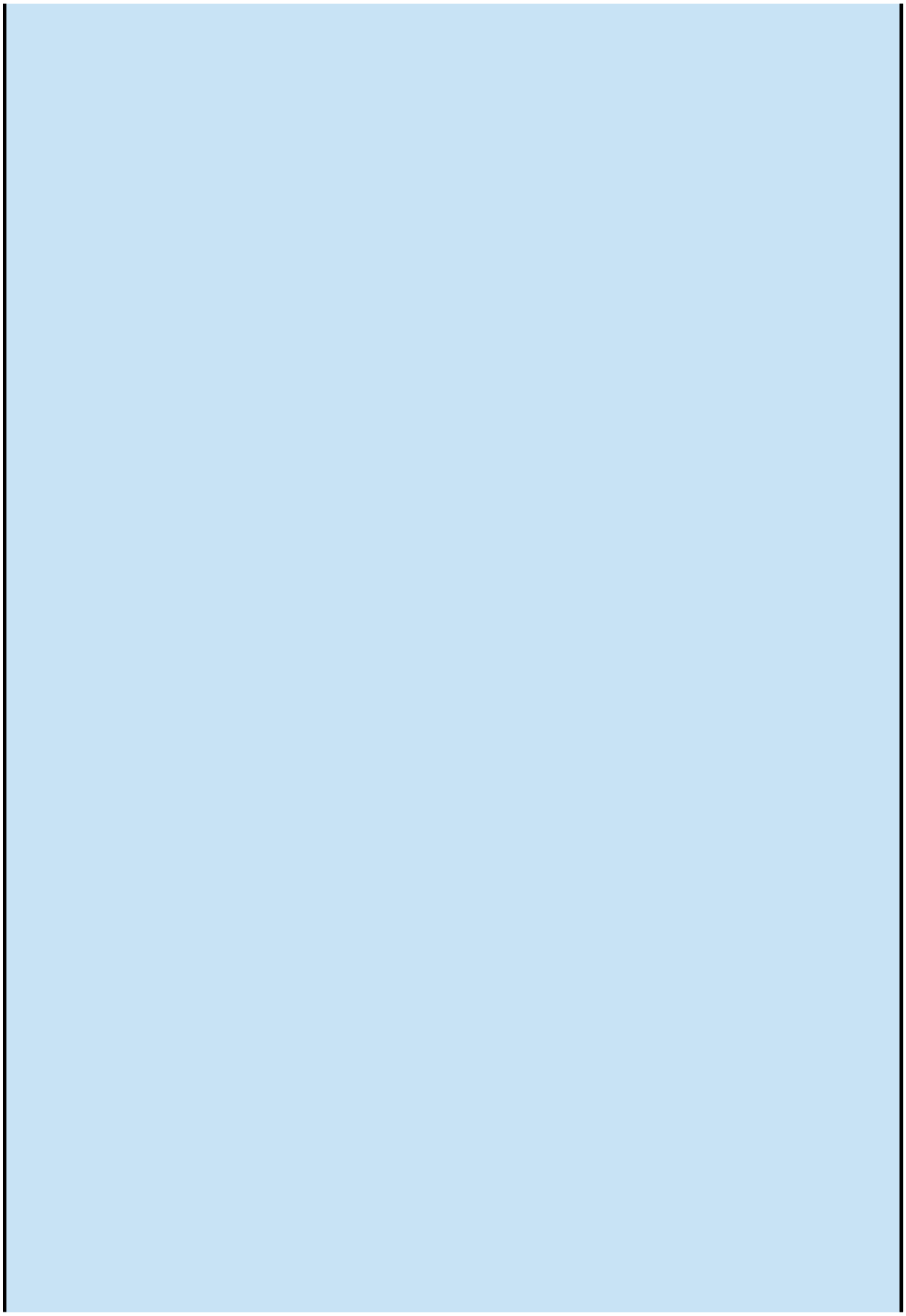
State

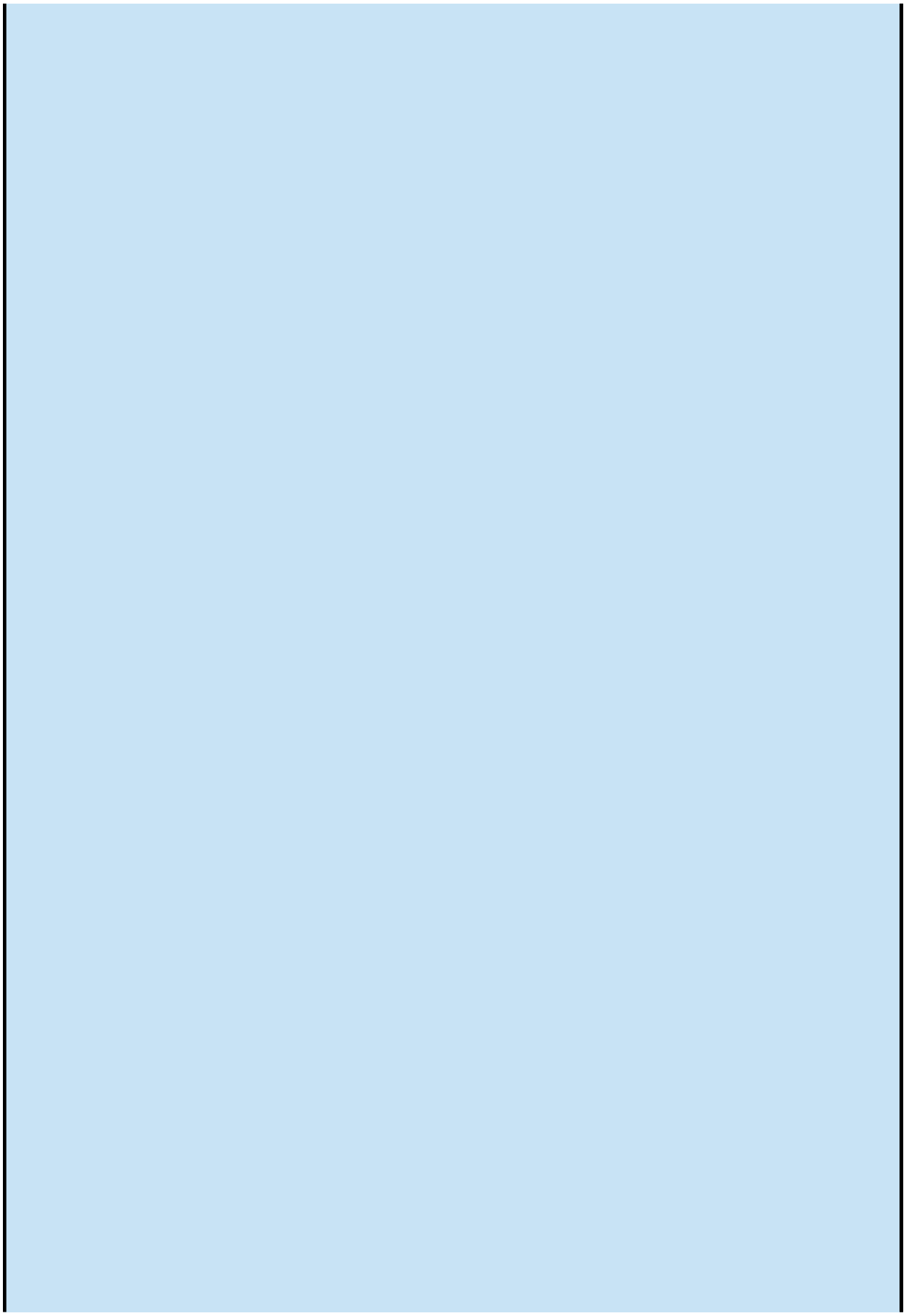
Please enter the five digit zip.

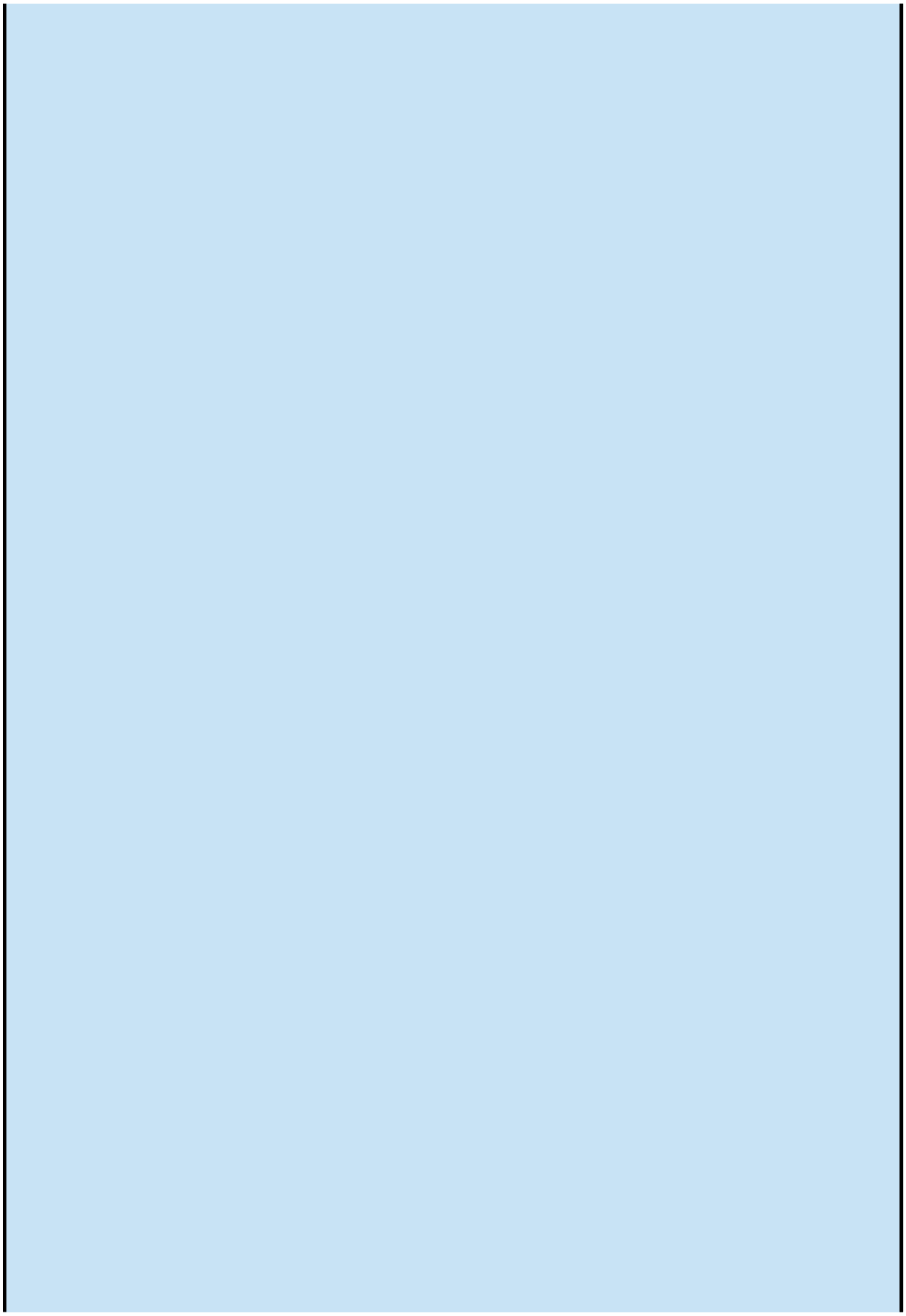
Zip

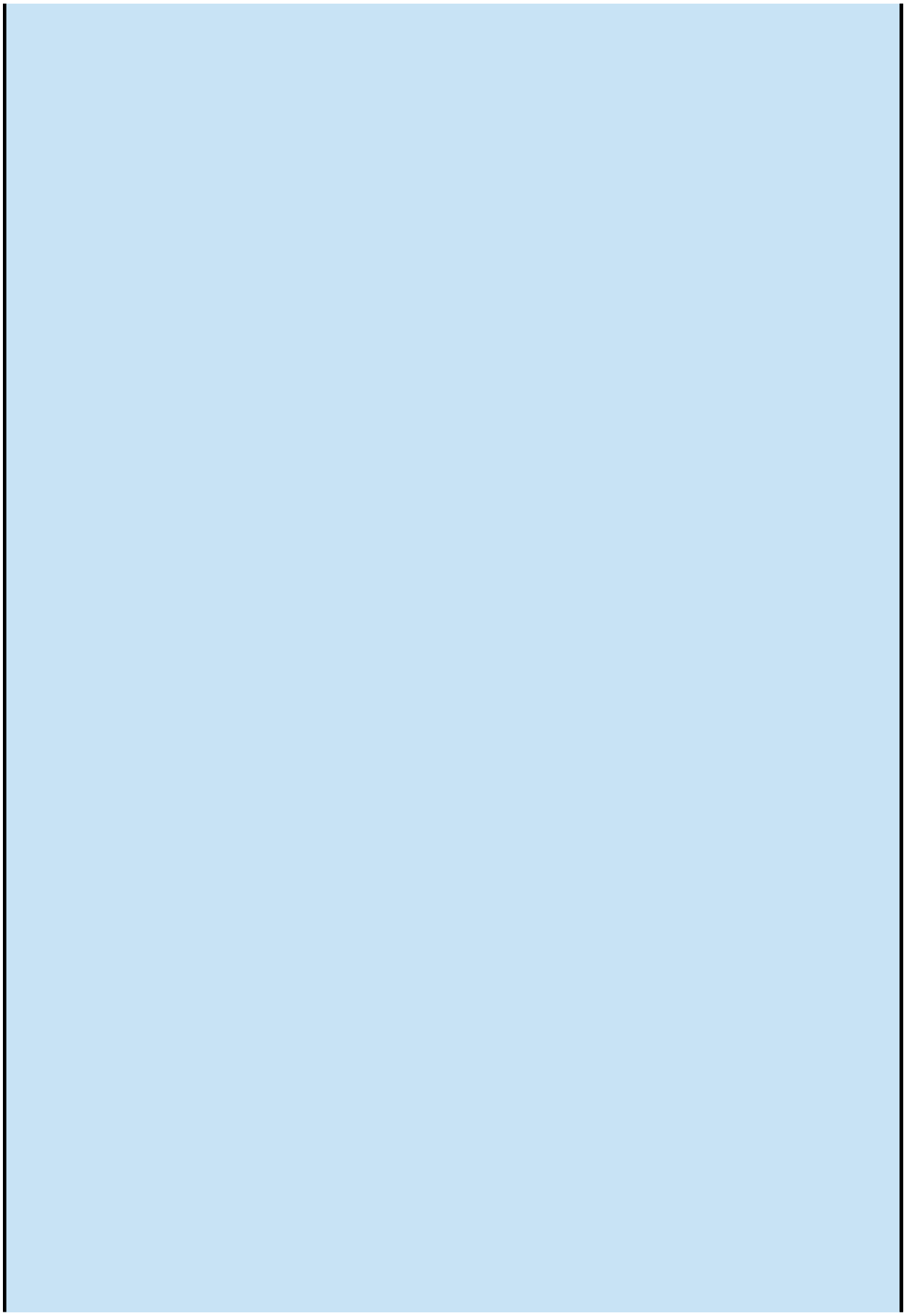
Name of Training Provider	Name of Training Program

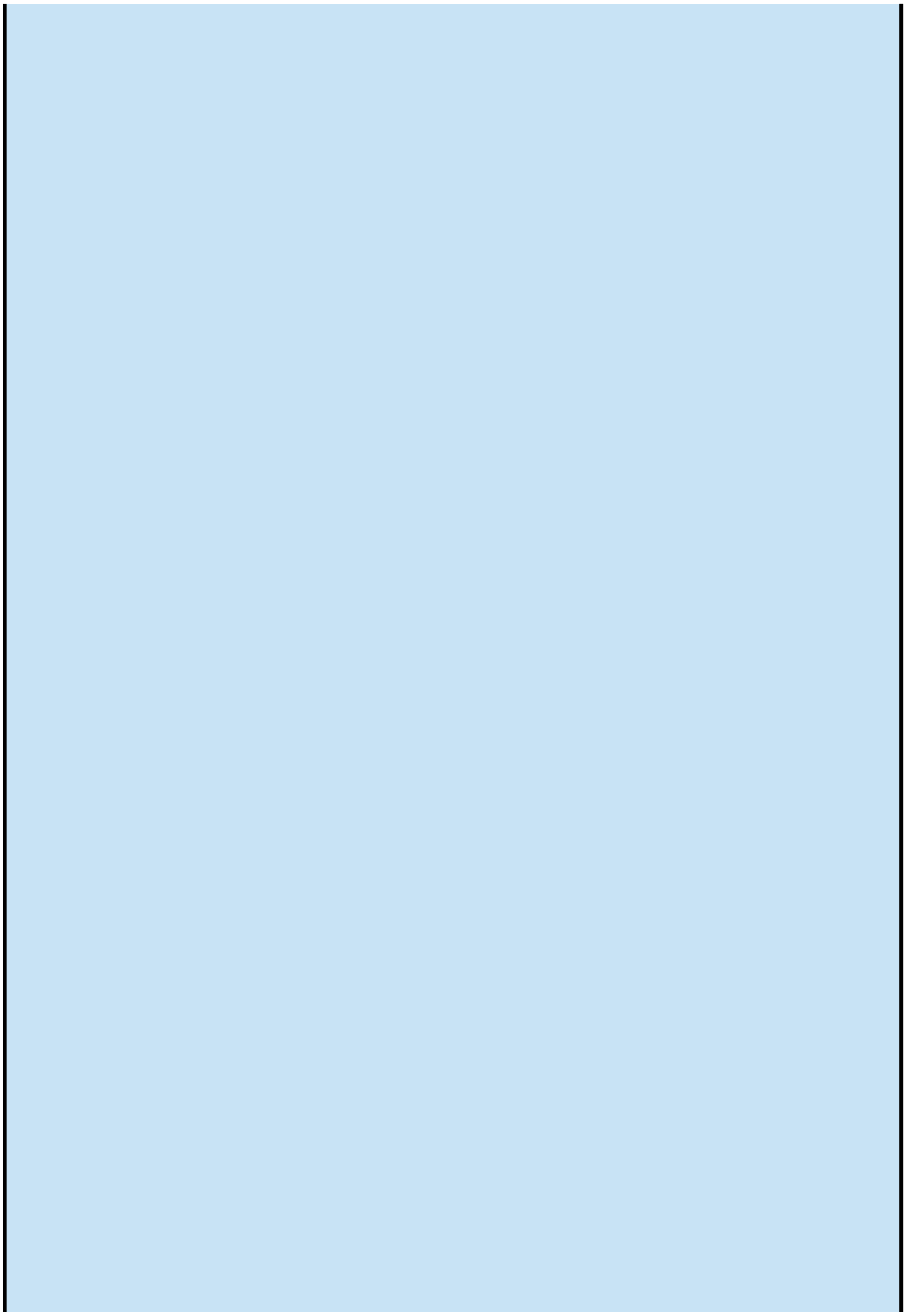
Please make sure the columns below are completed correctly. If blank or incorrect, return to the training provider tab and hit save.

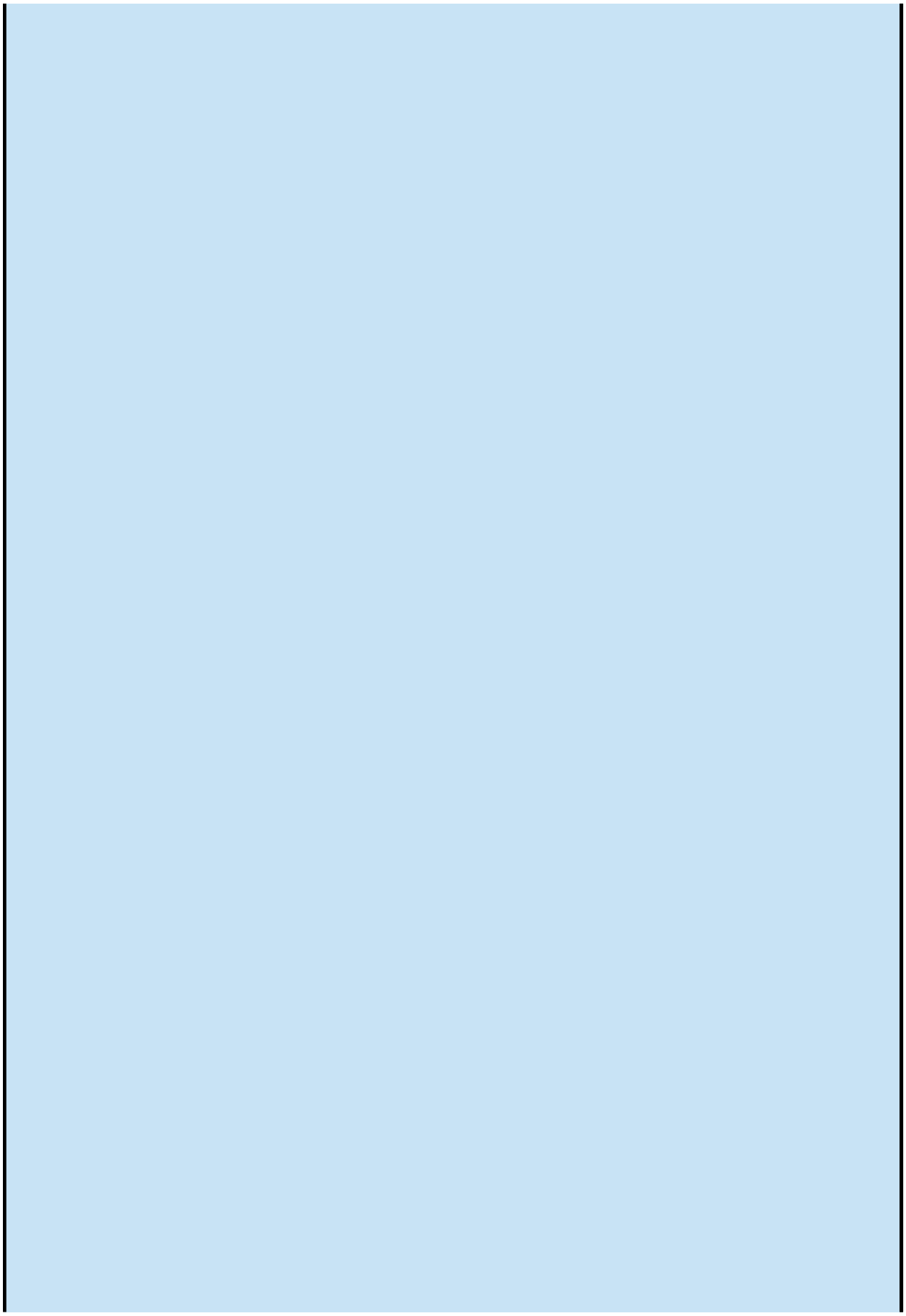


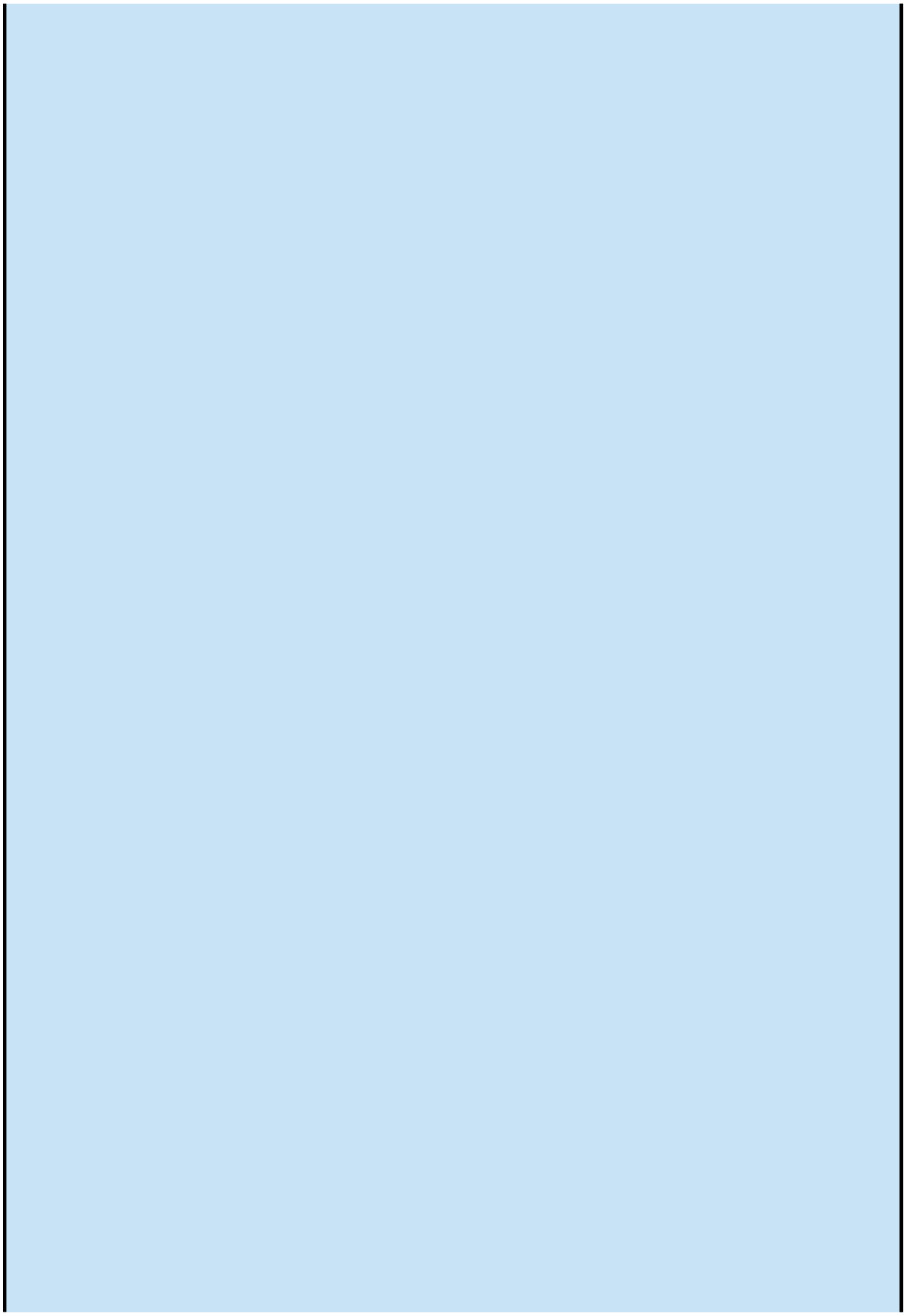


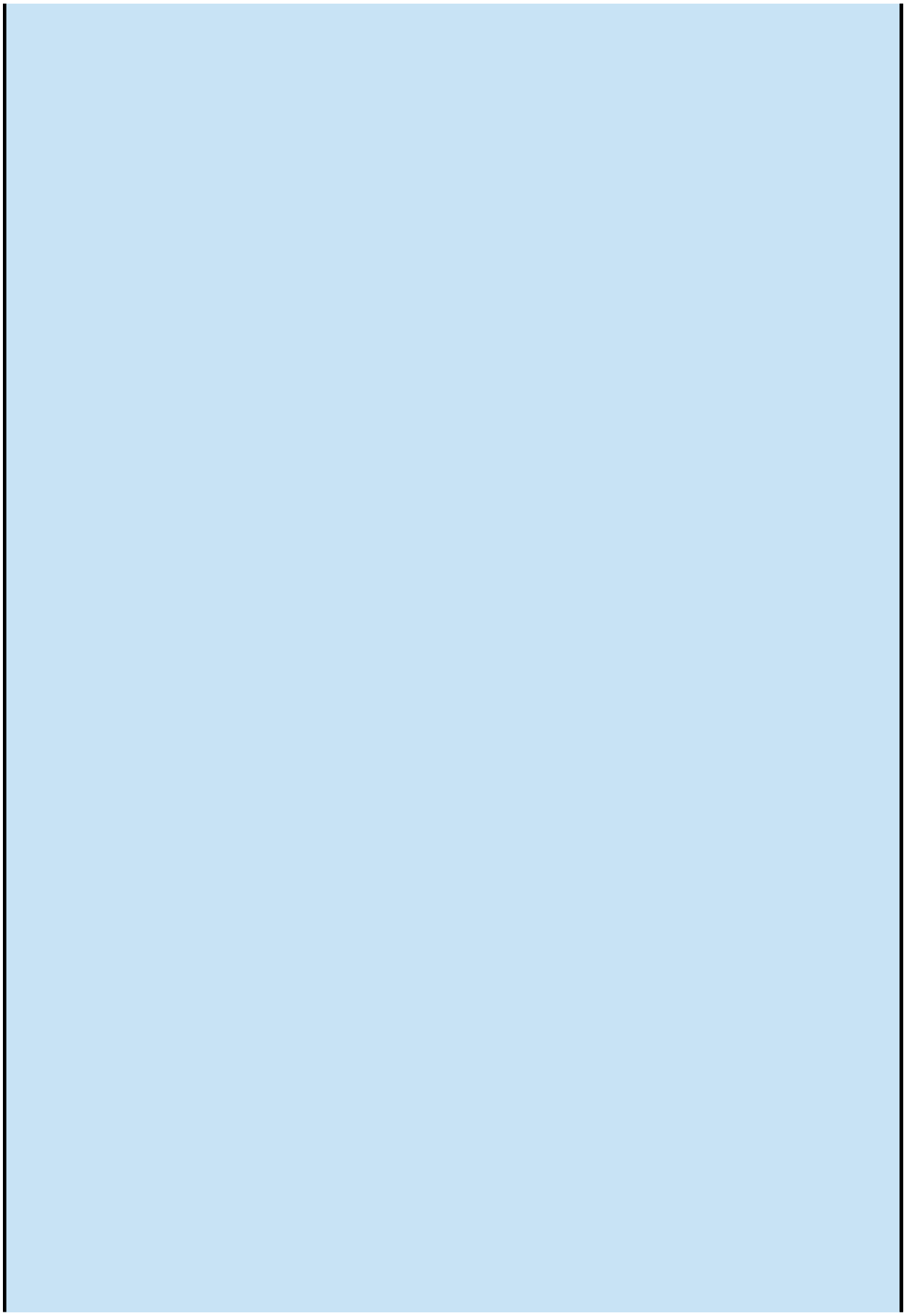


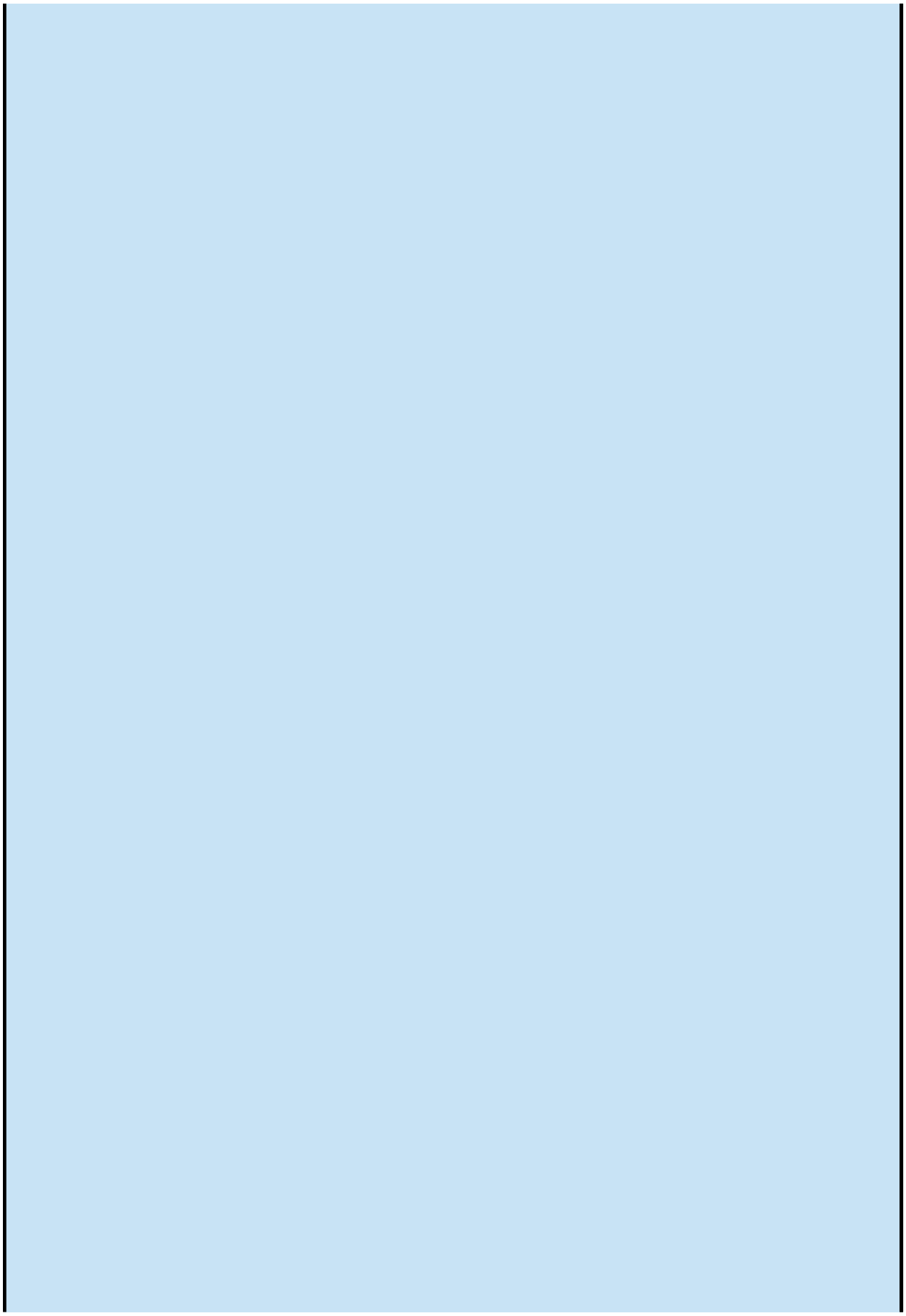


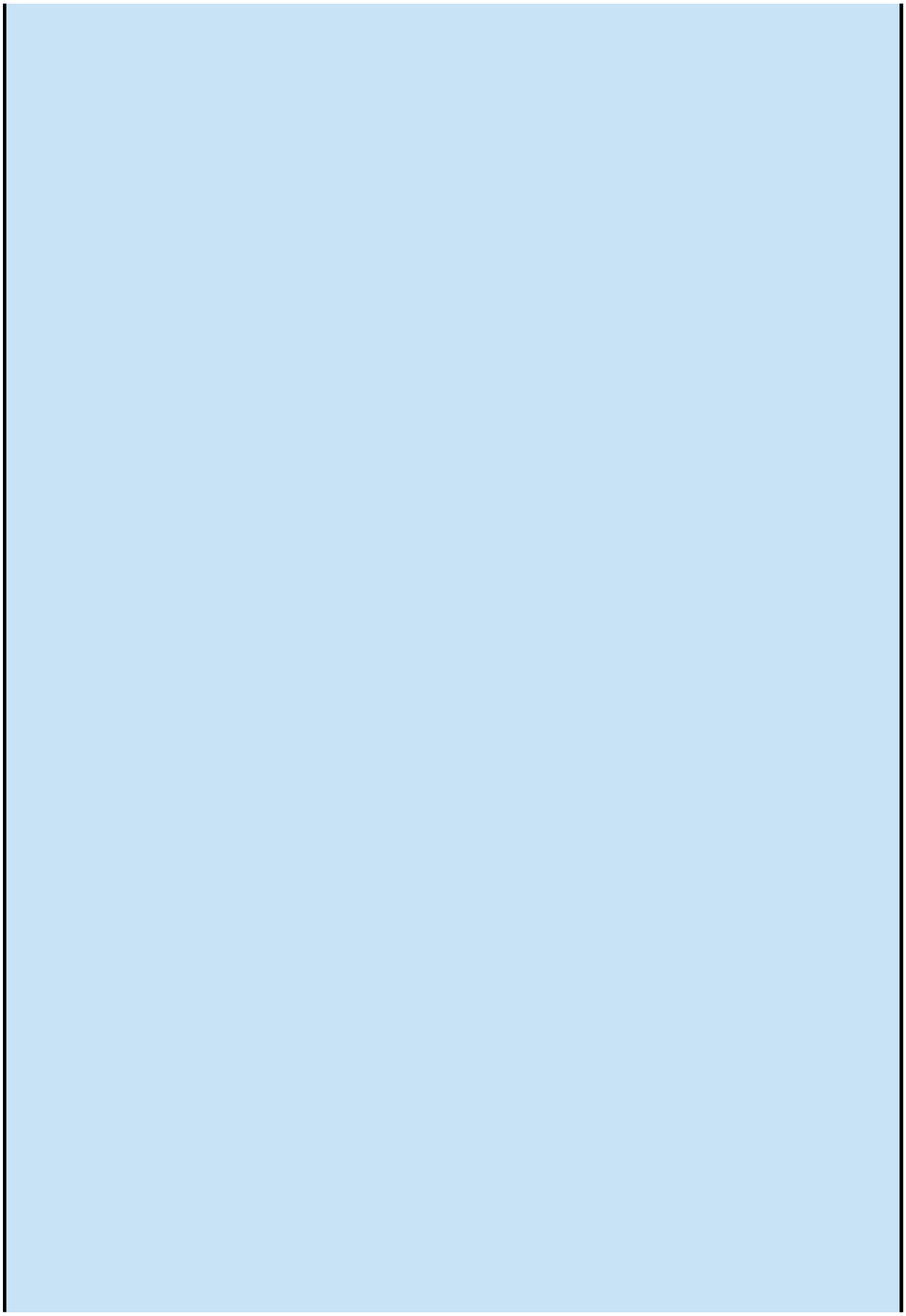


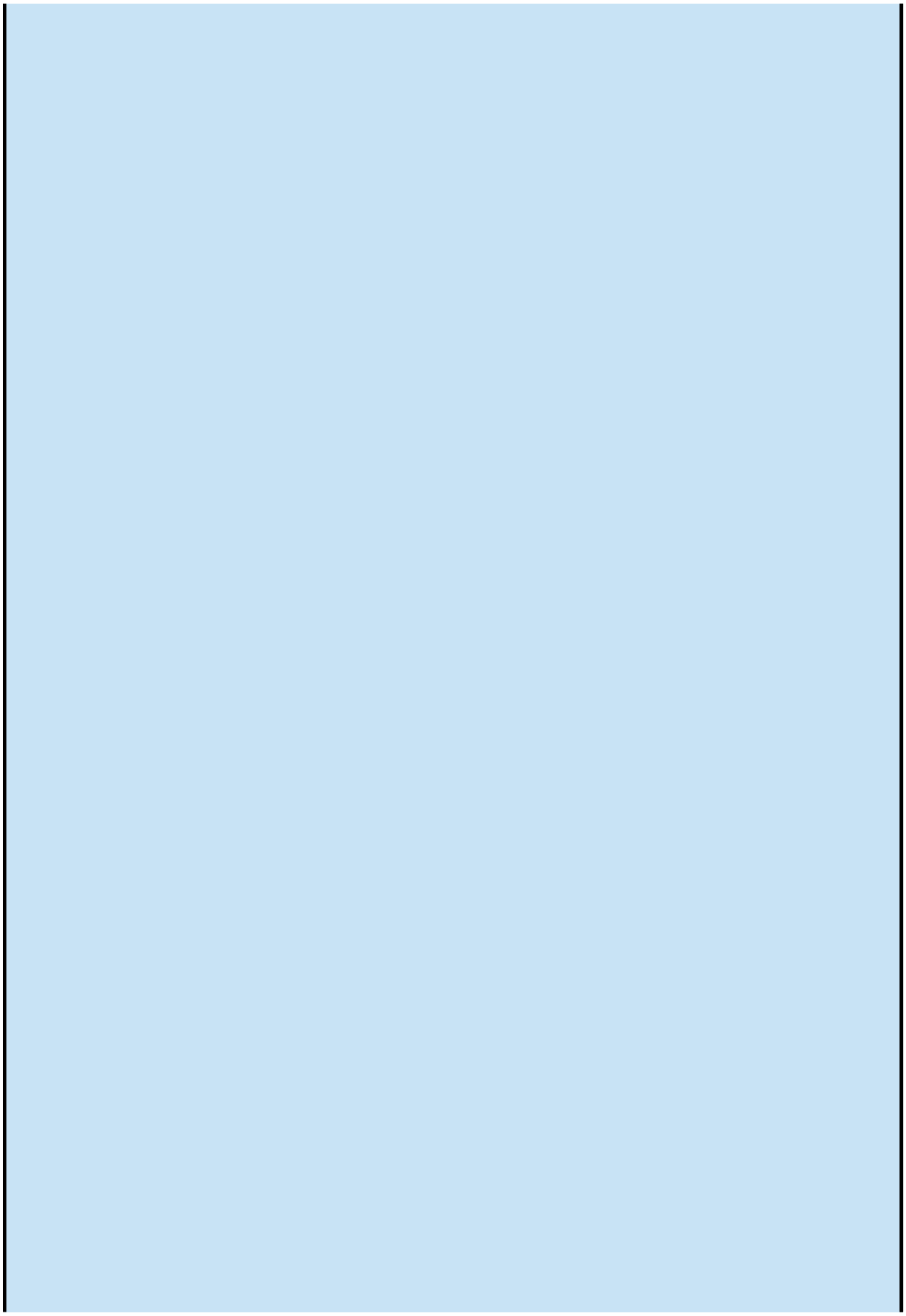


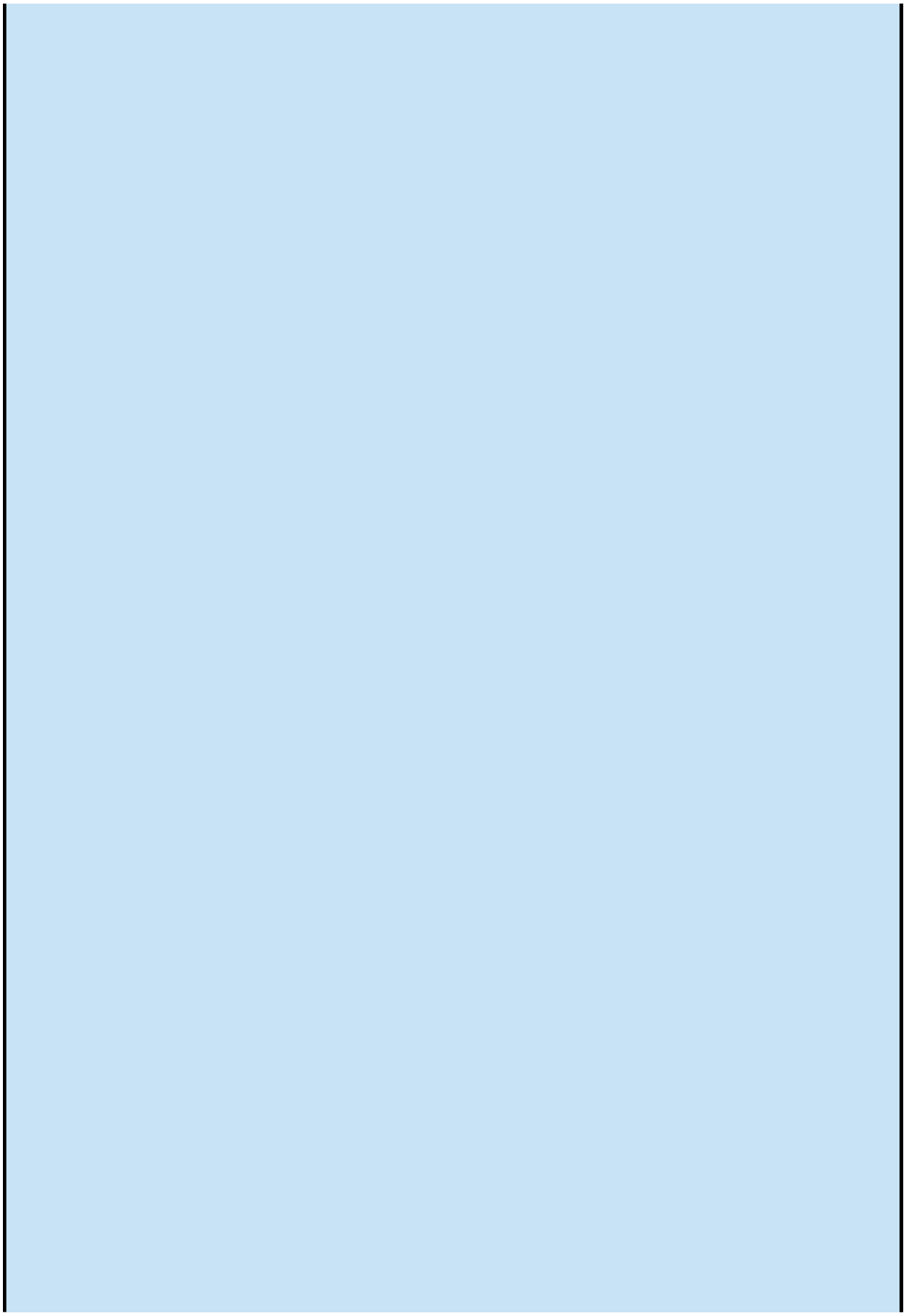


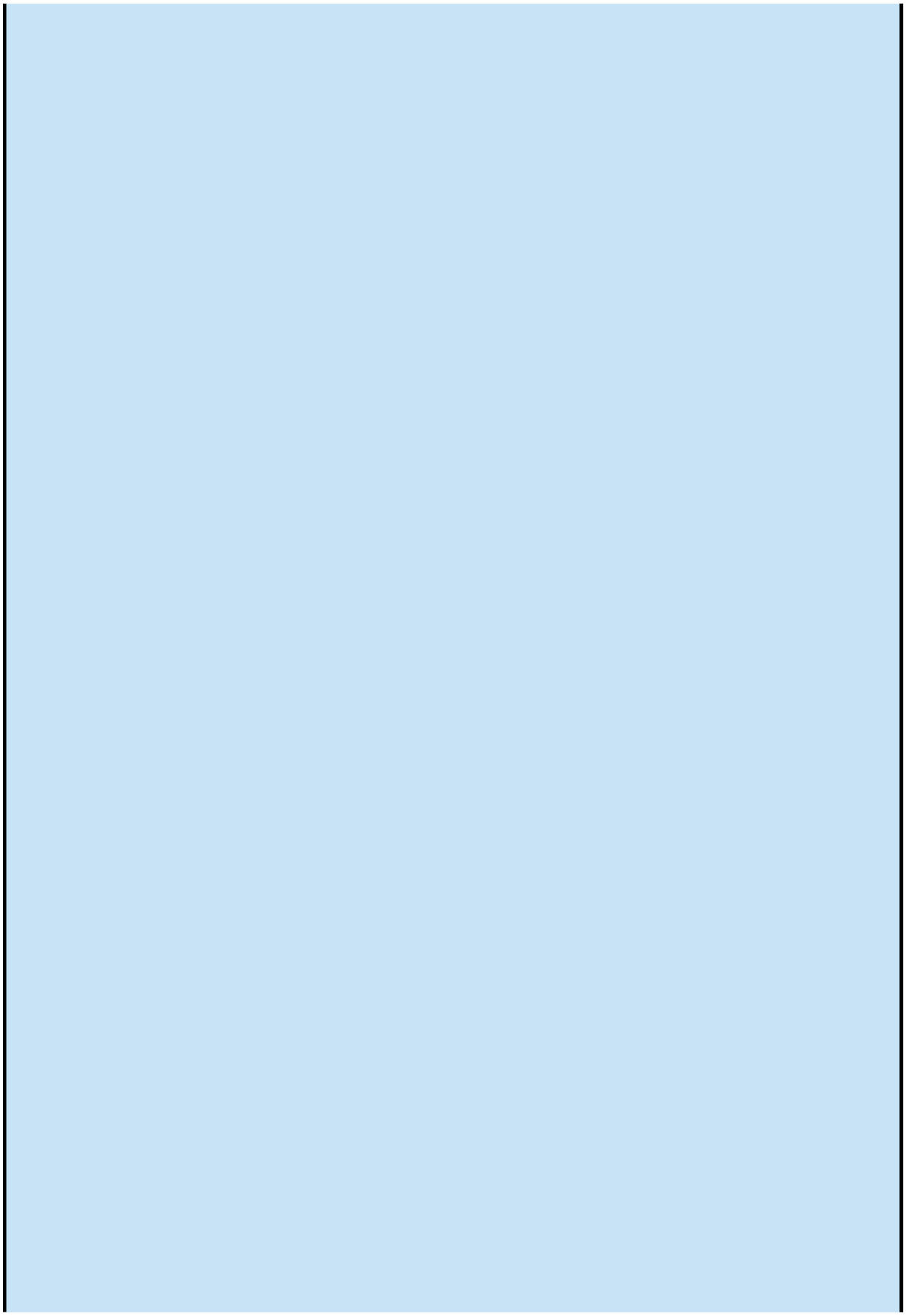




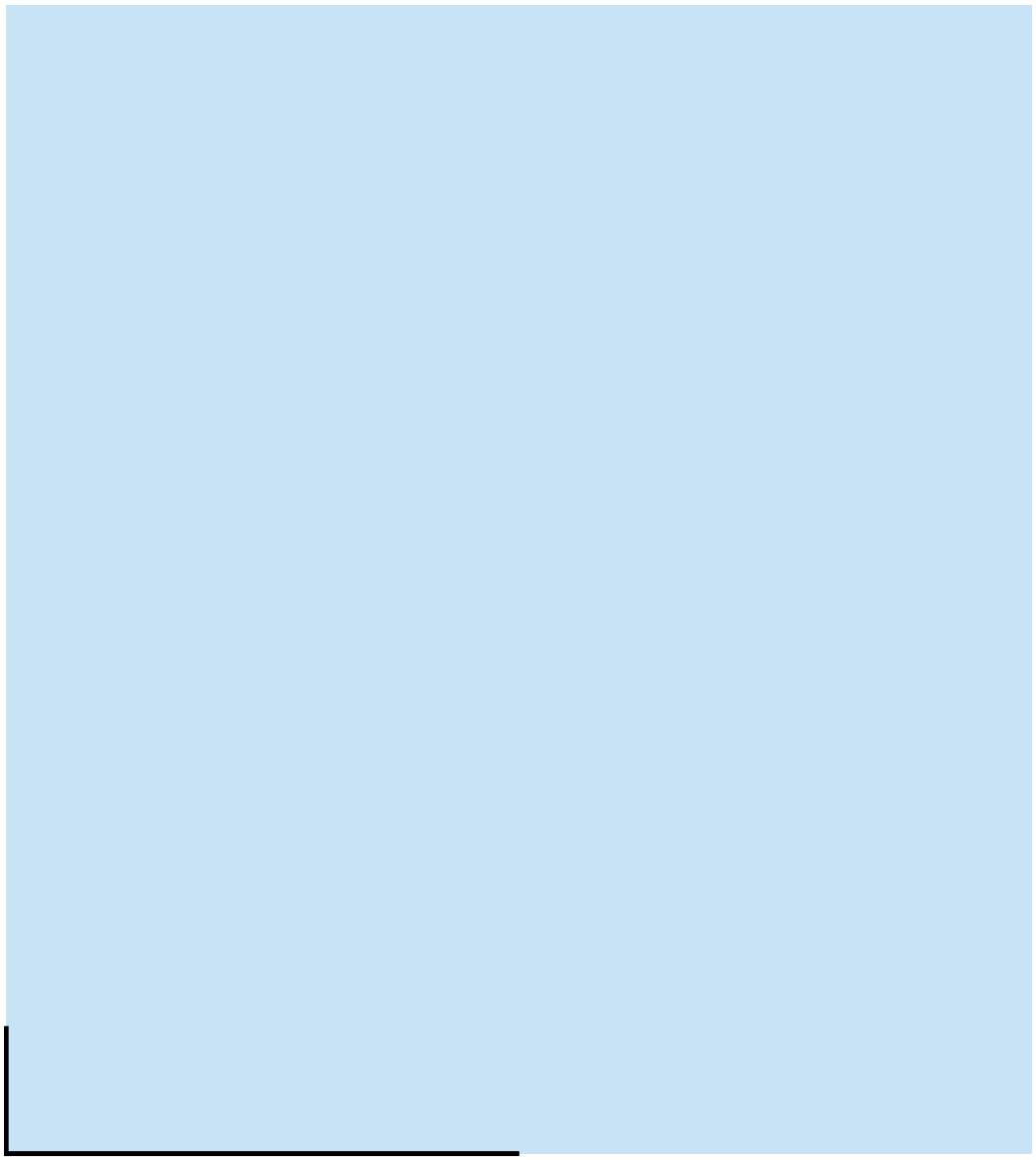








Length of Program	Environment Type
Select one option: • Less than 3 months • 3 – 6 months • 7 – 12 months • 13 – 24 months • 25 – 36 months • 37 – 48 months	***Select one option:*** • In-person • Hybrid in-person and remote • Permanently remote • Remote only due to Covid



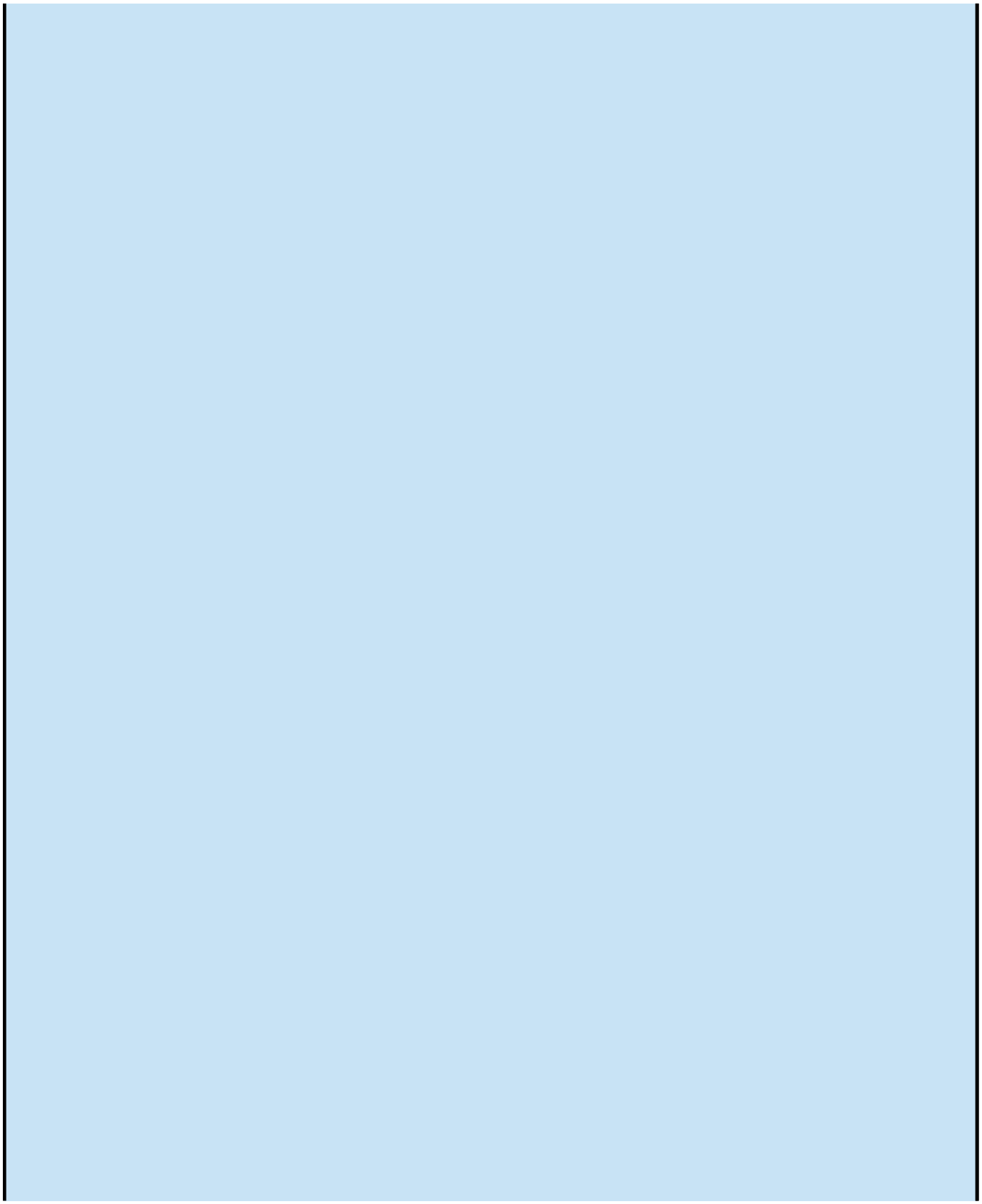
Program Hours	Job Prep Supports Provided (pre- or post-training) REMOVE
Select all that apply: • *Full time program* • *Part time program* • *Program has the option to take breaks and return*	***Select all that apply:*** • *Career coaching* • *Resume review* • *Interview prep* • *Other*

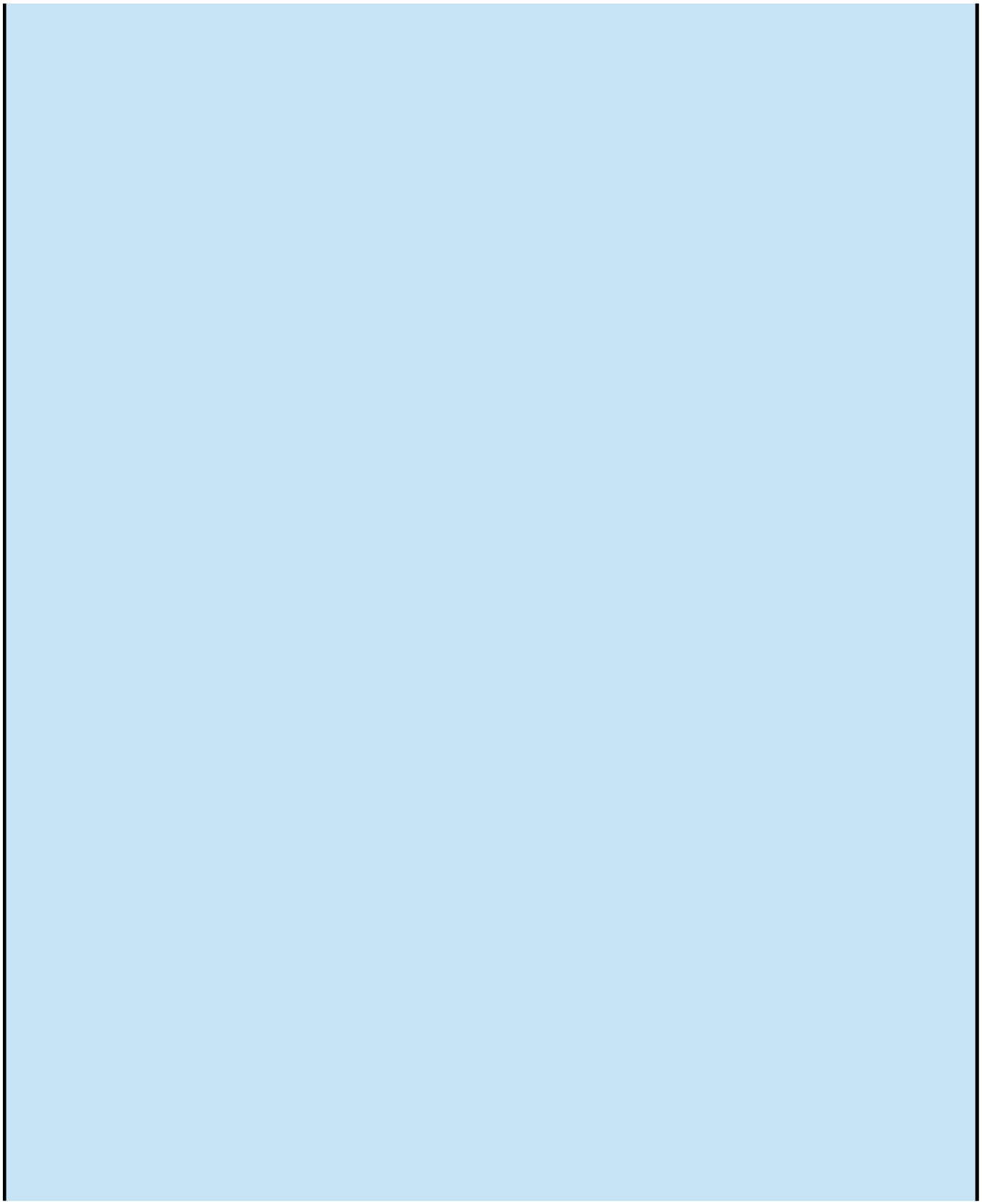
Does your training program include soft skill training?	Does your training program include job prep support?
Select one option: • Yes • No	***Select one option:*** • Yes • No

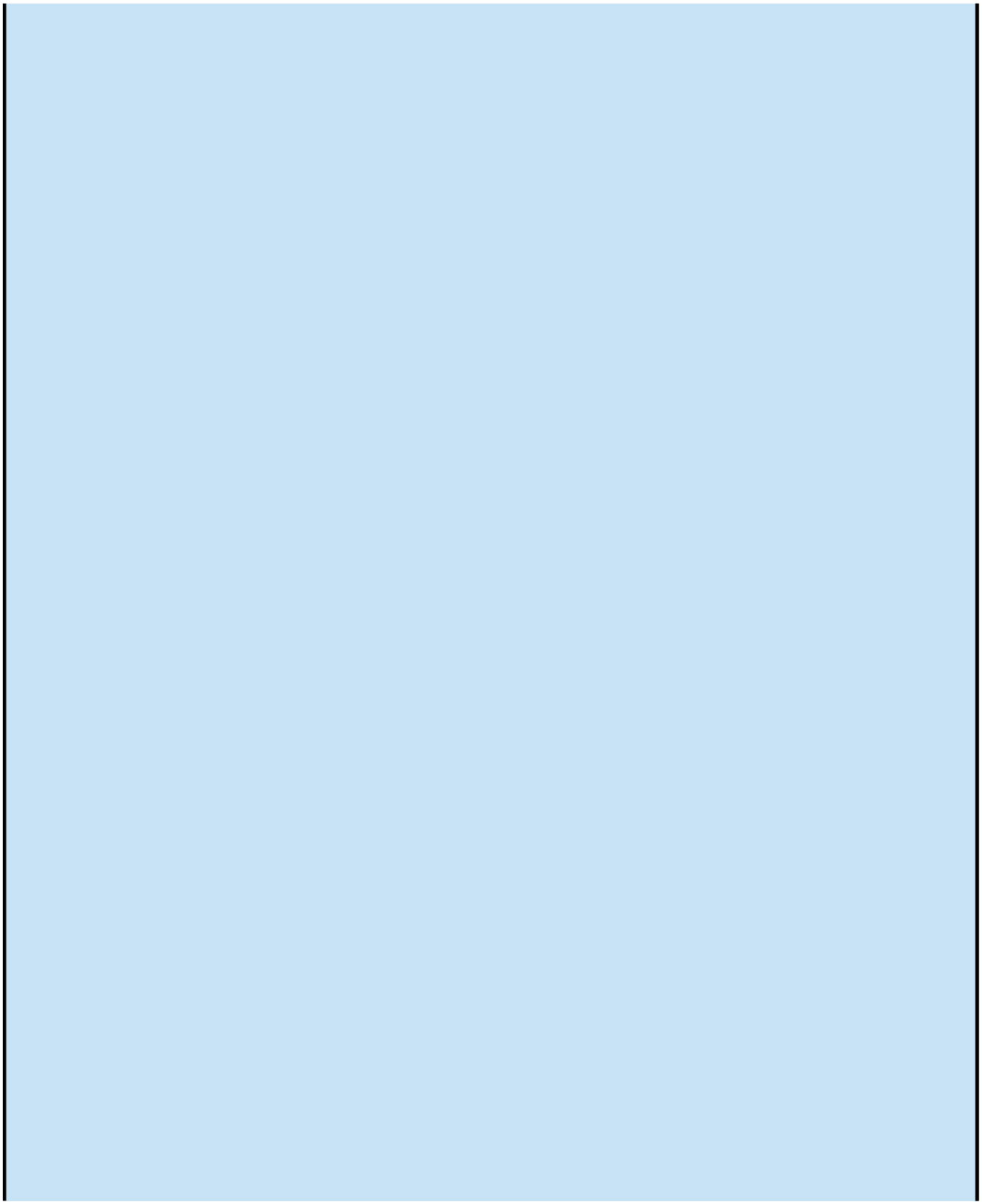
Does your program include work-based learning opportunities as defined as on-the-job training for more than 6 weeks?	Program Tuition Cost (Actual Cost)
Select one option: • Yes • No	*Include all costs related to tuition. ADDED*

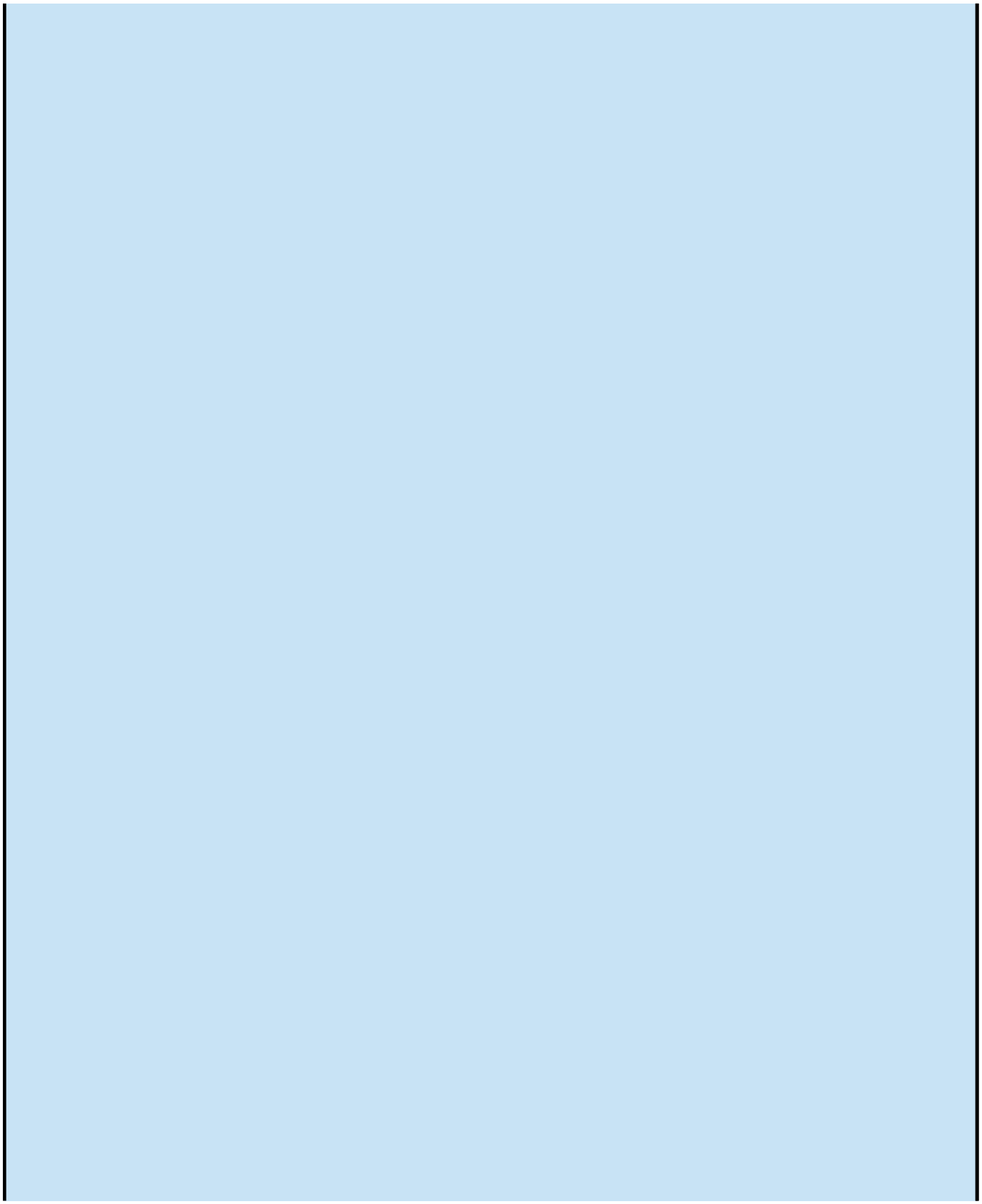
Other Supplementary Costs (Actual Cost) REMOVE
example $500.00

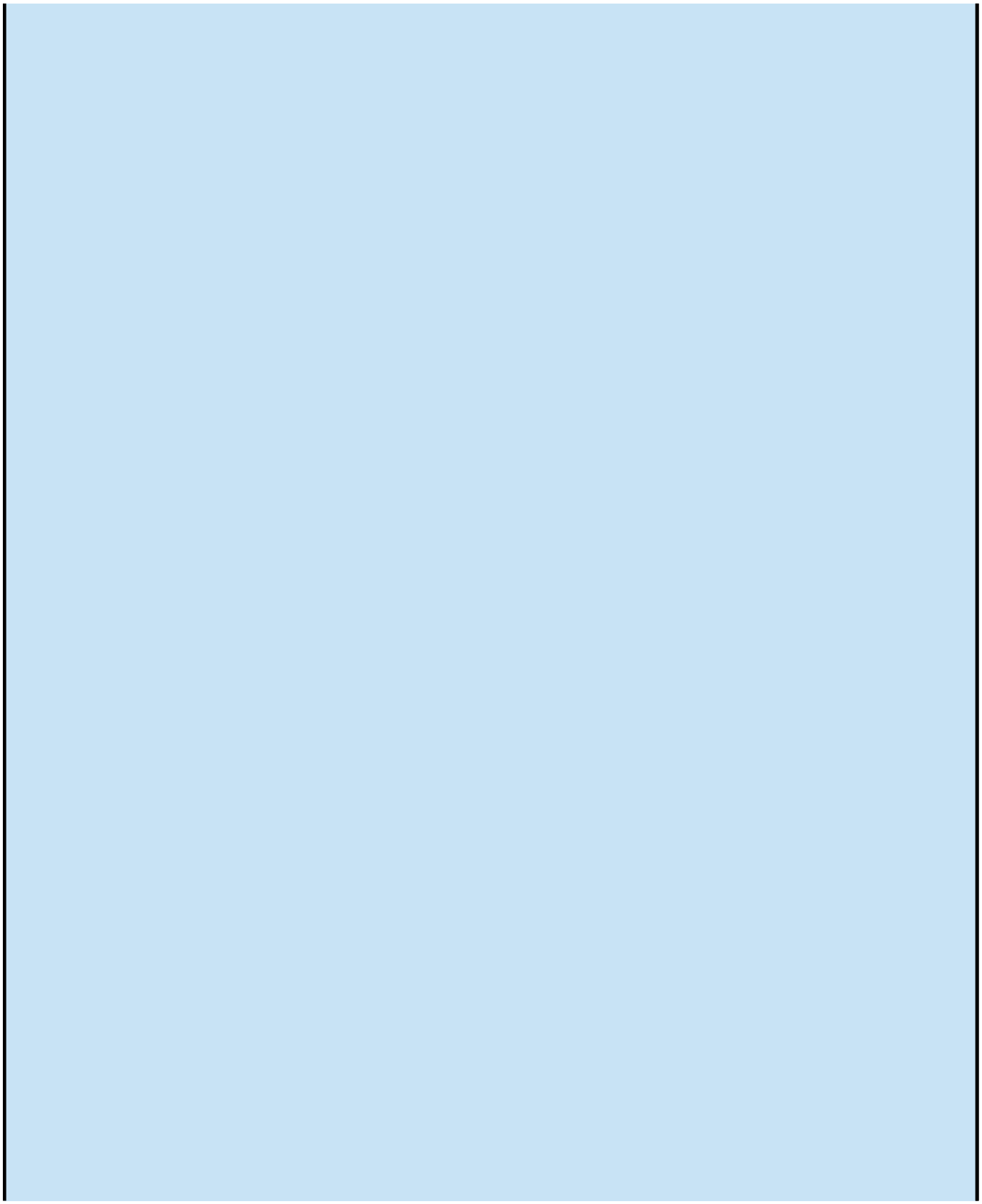
Name of Training Provider	Name of Training Program
Please make sure the columns below are completed correctly. If blank or incorrect, return to the training provider tab and hit save.	

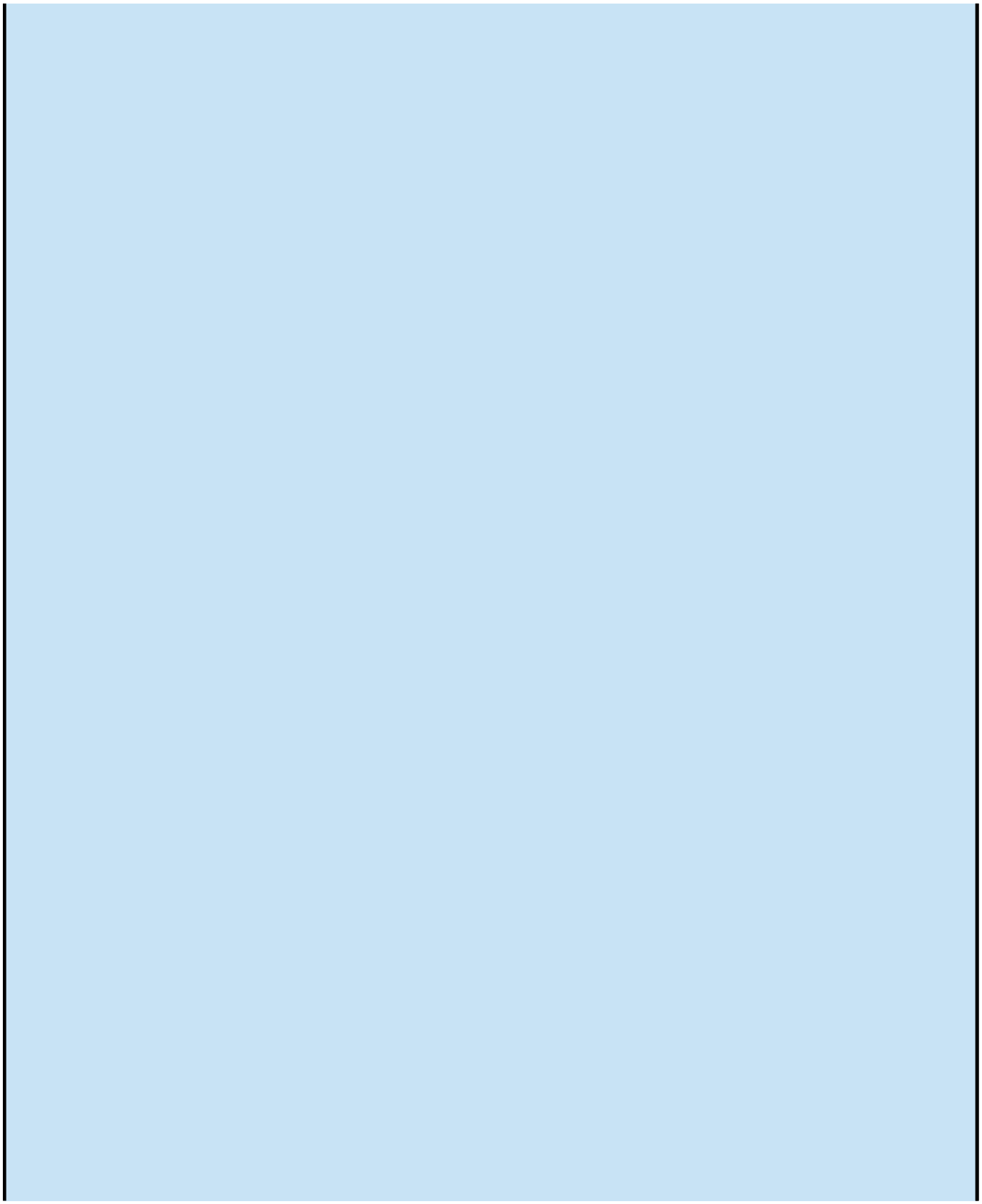


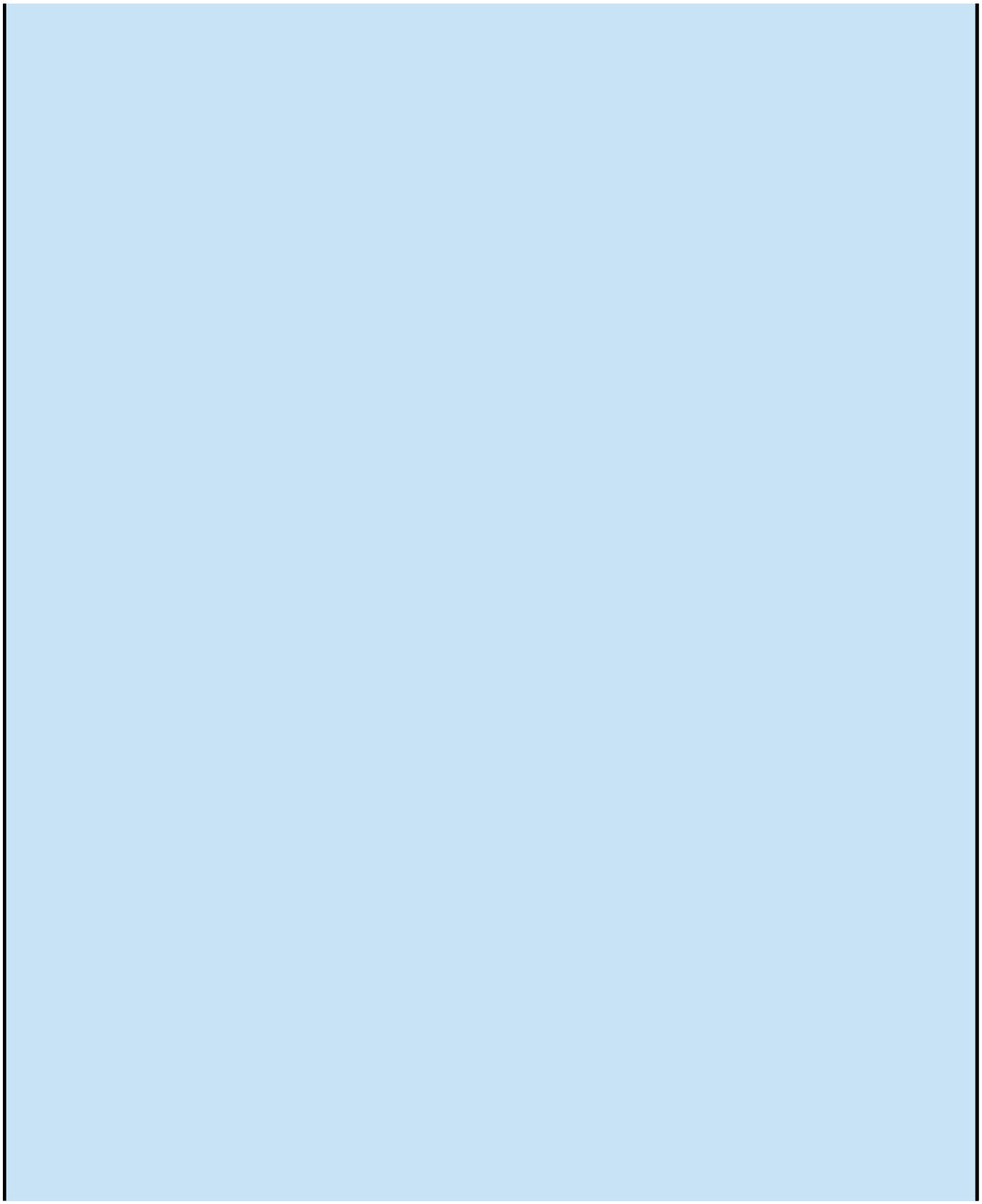


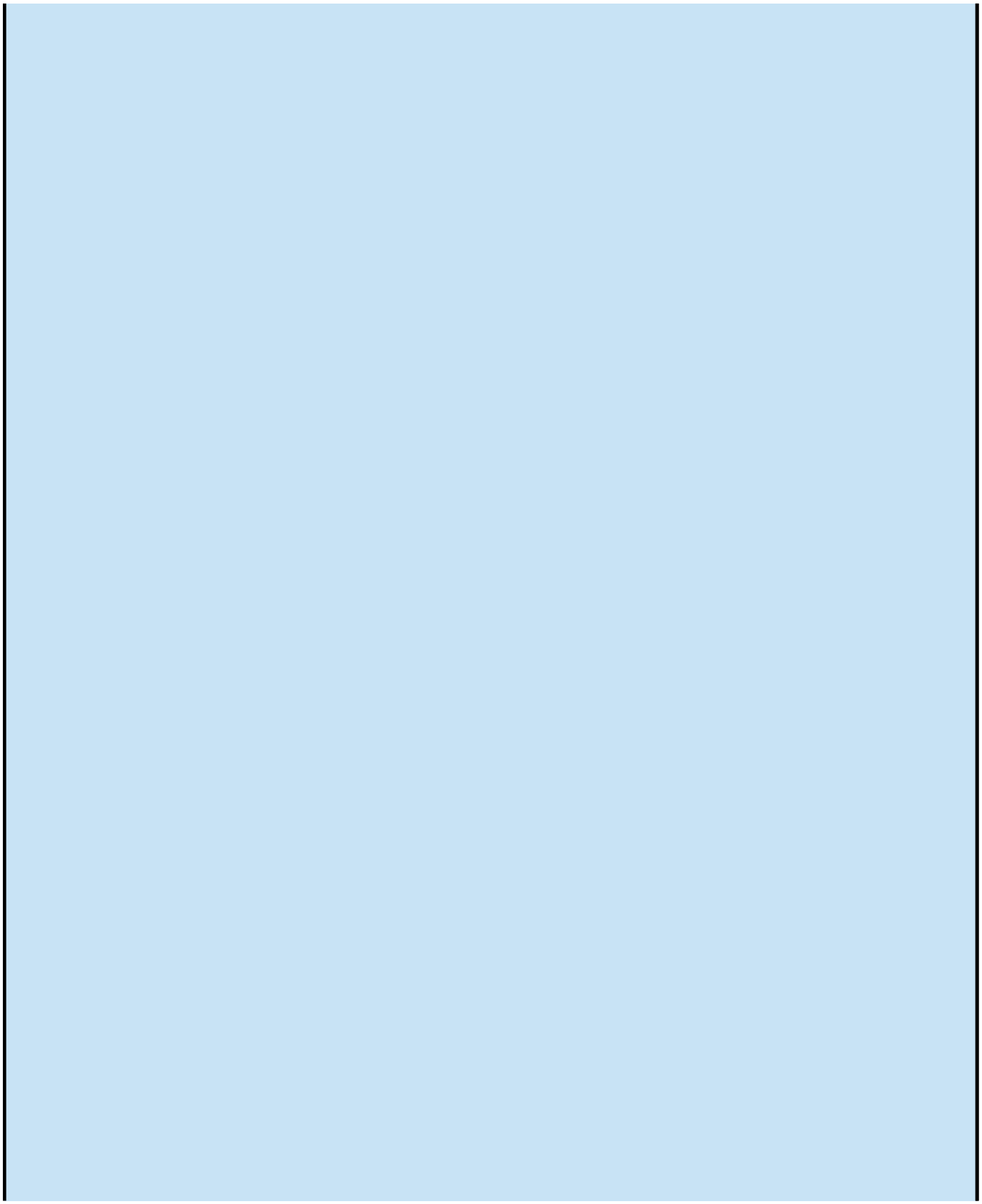


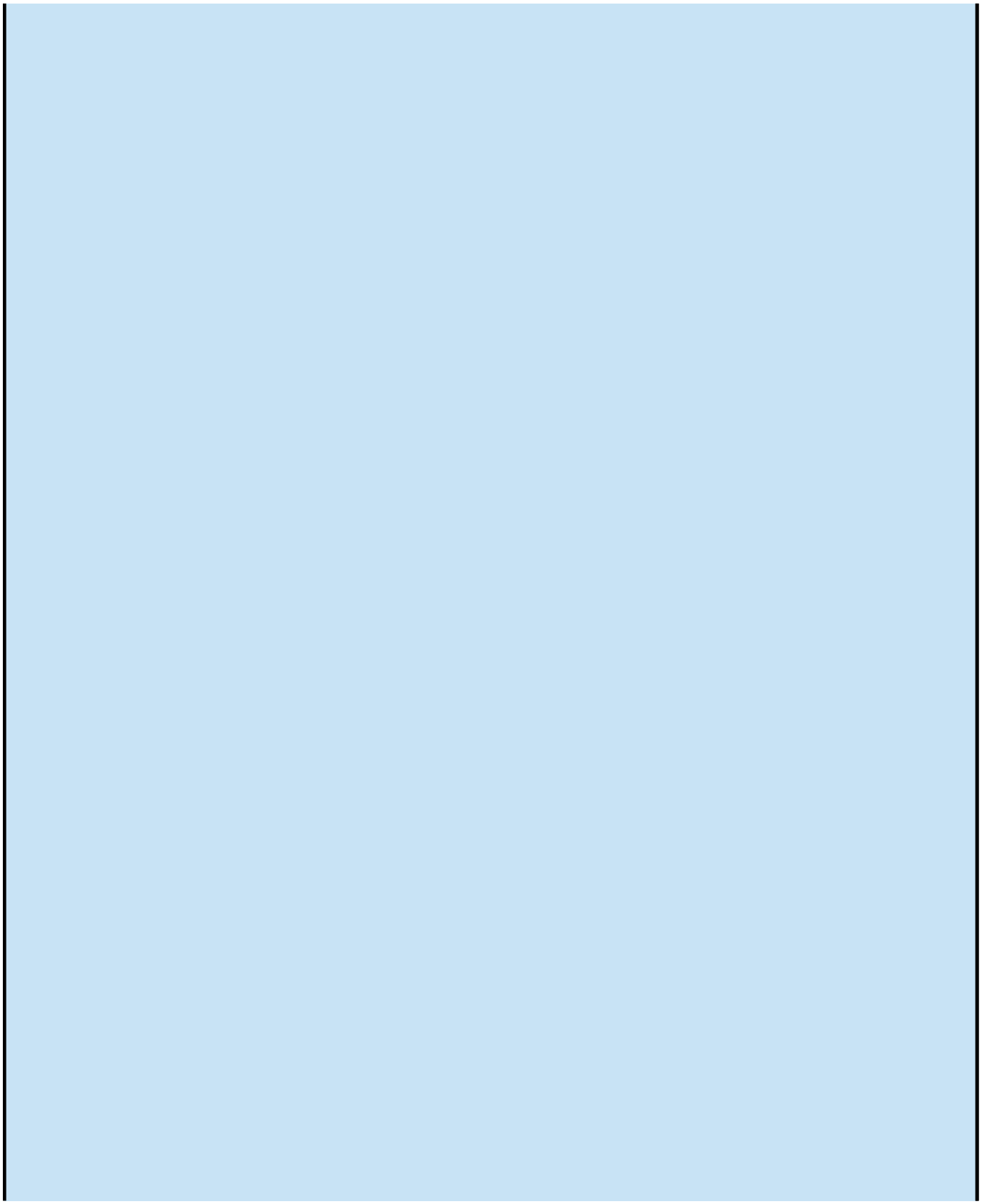


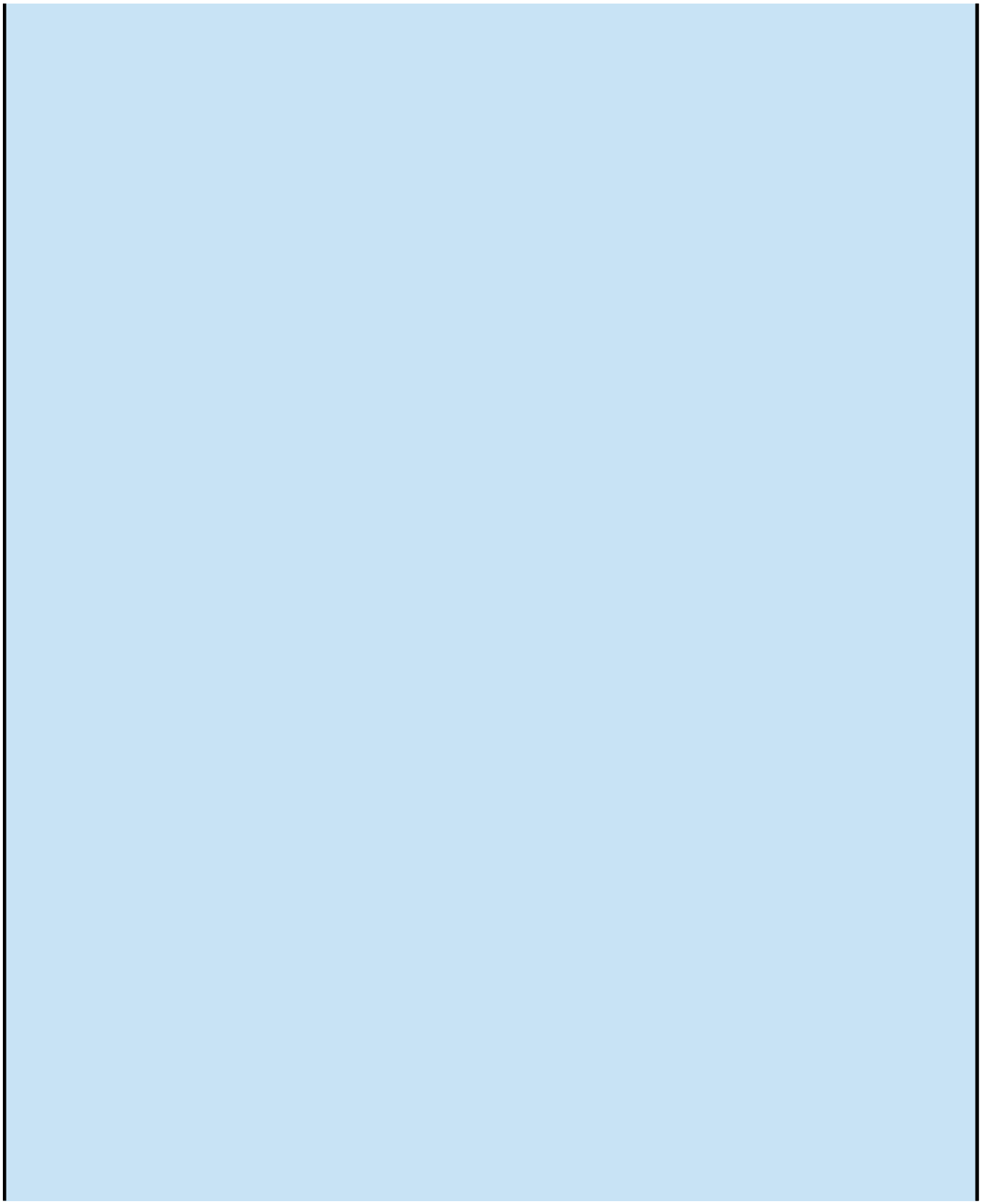


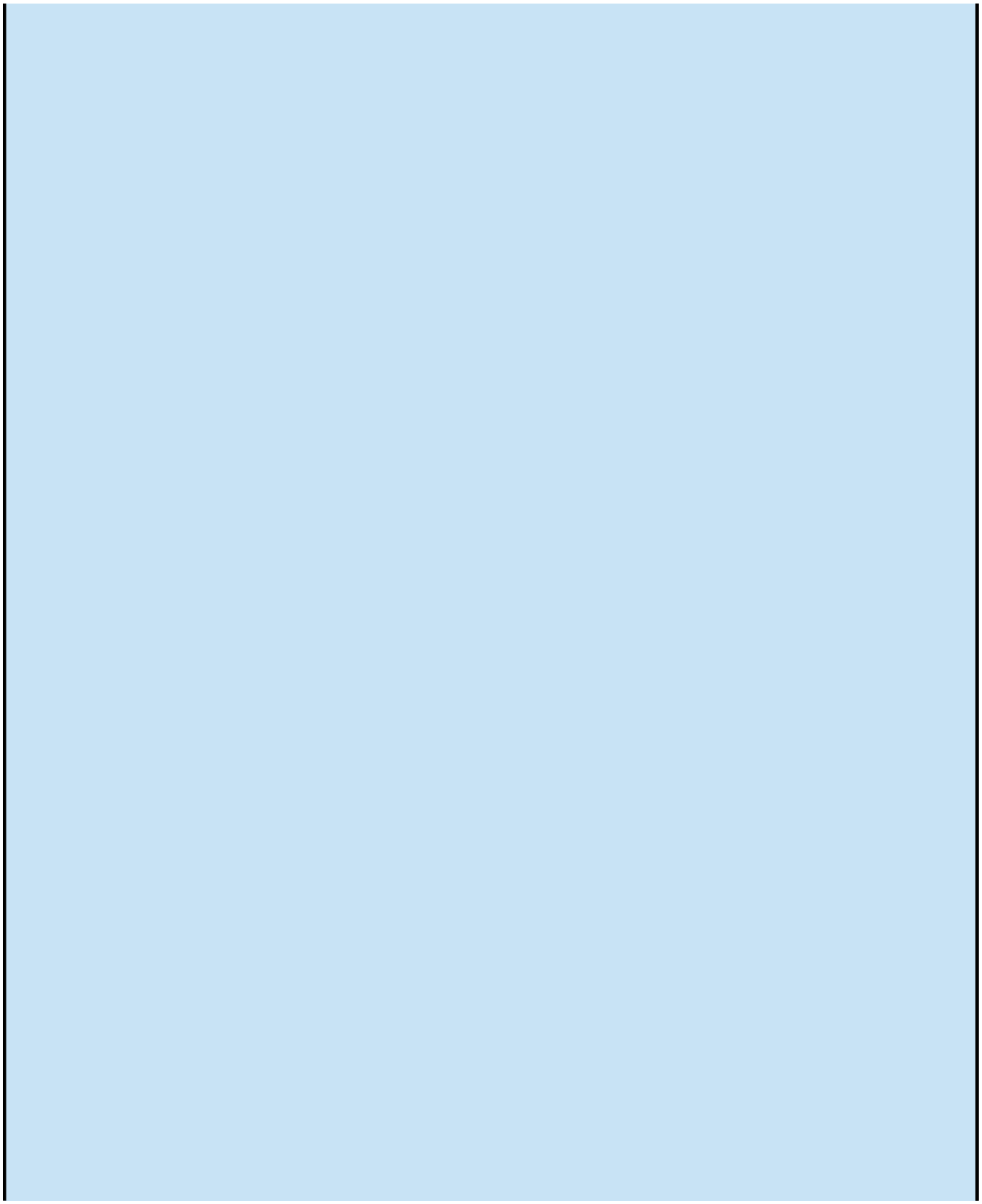


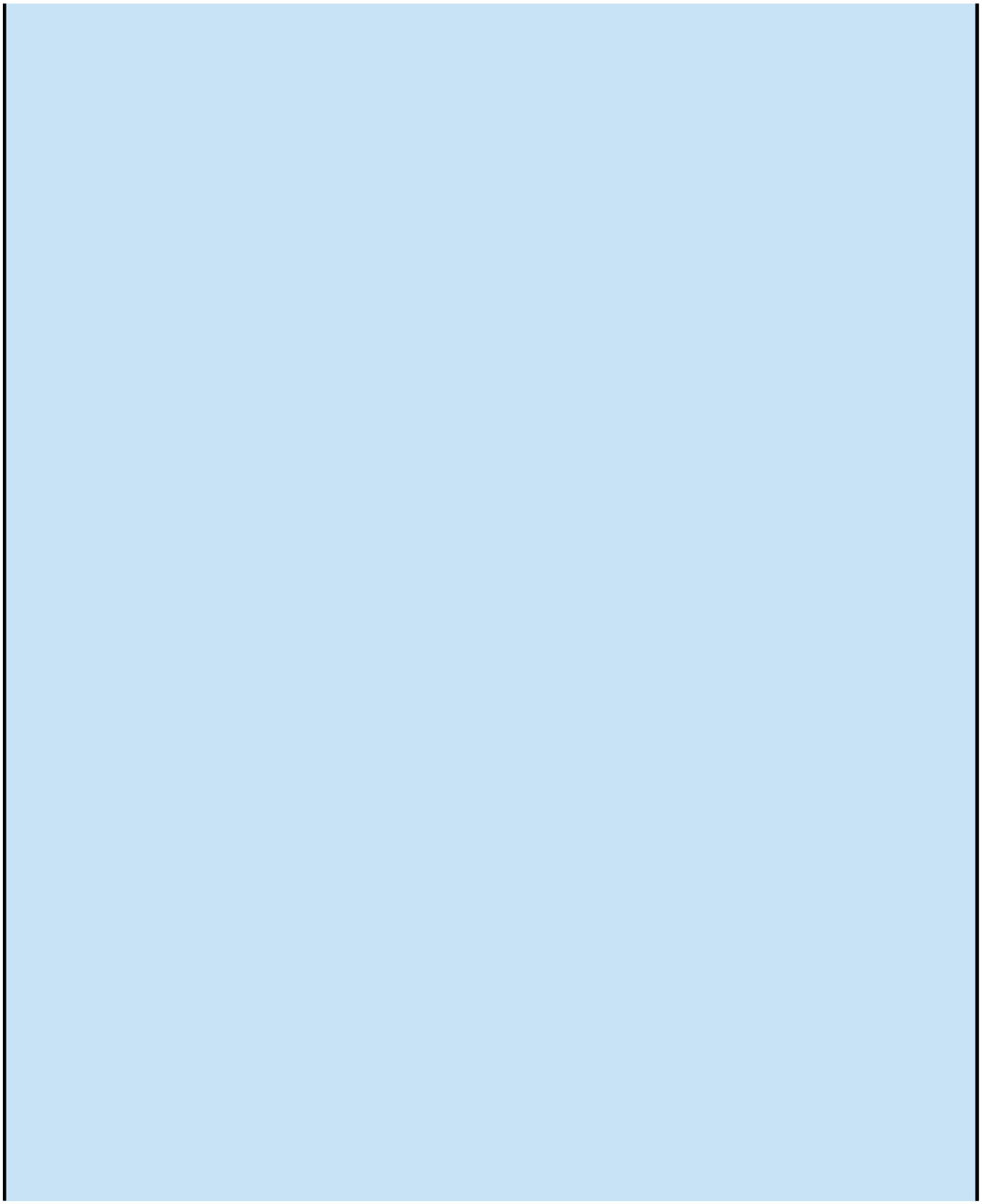


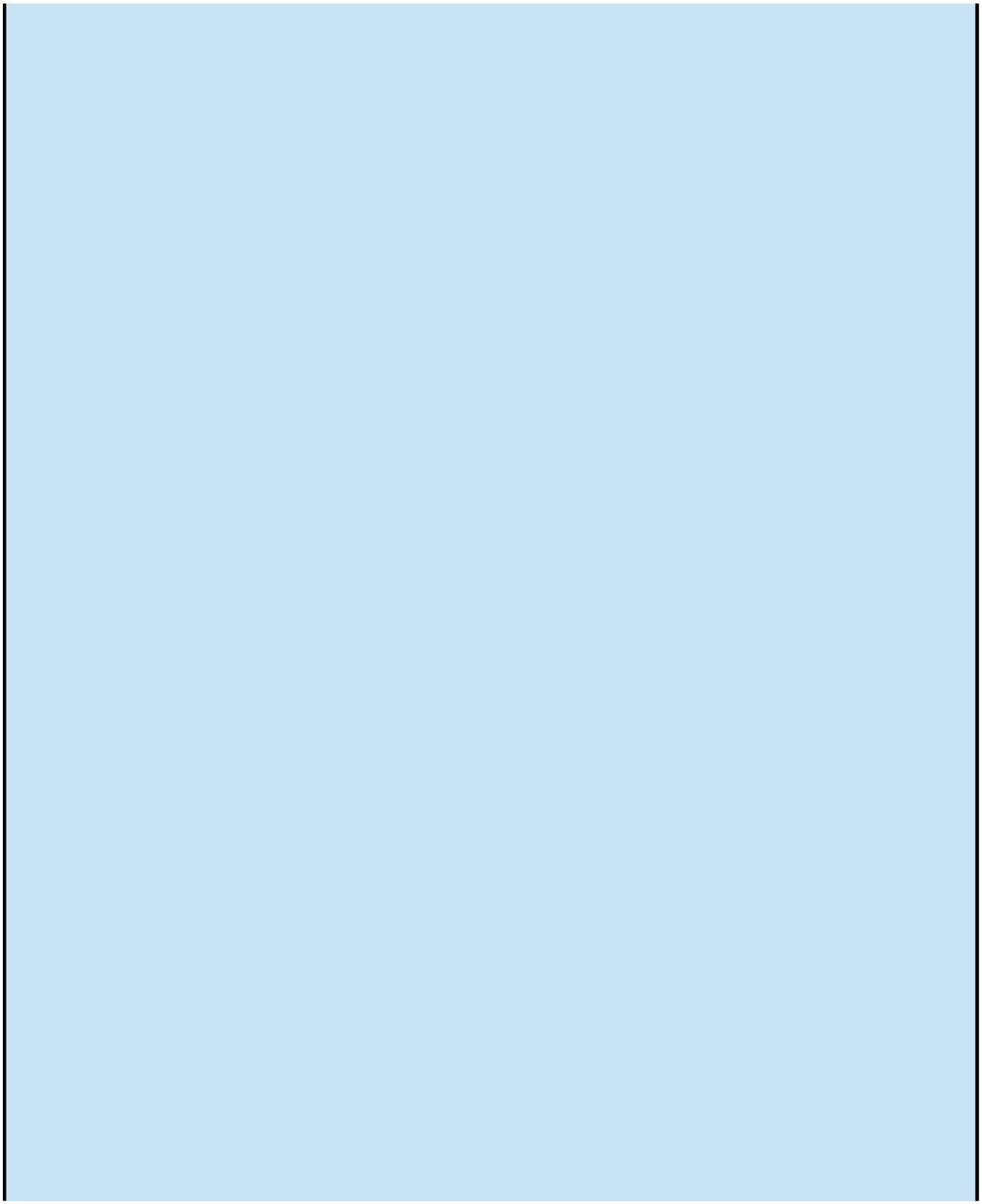


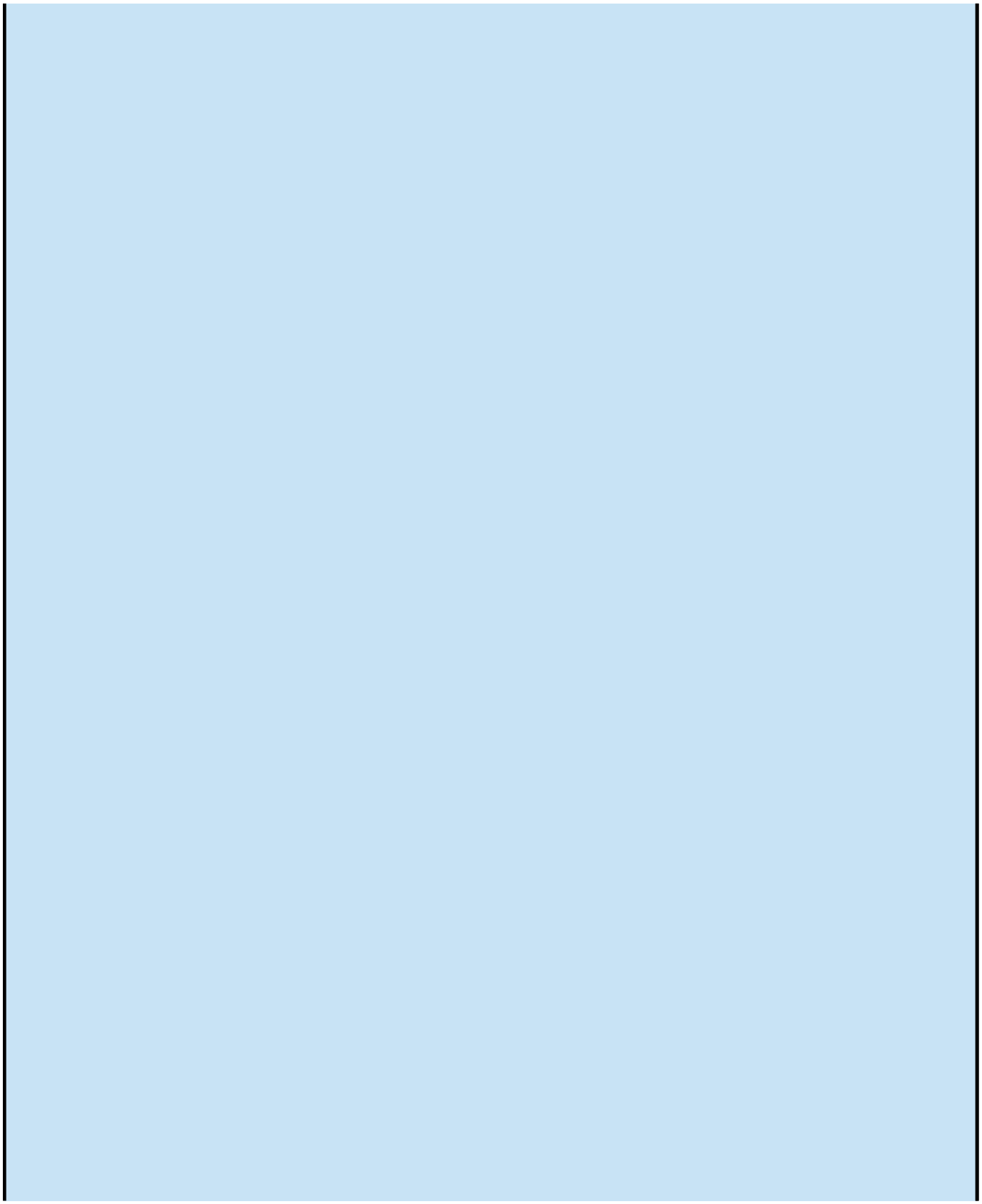


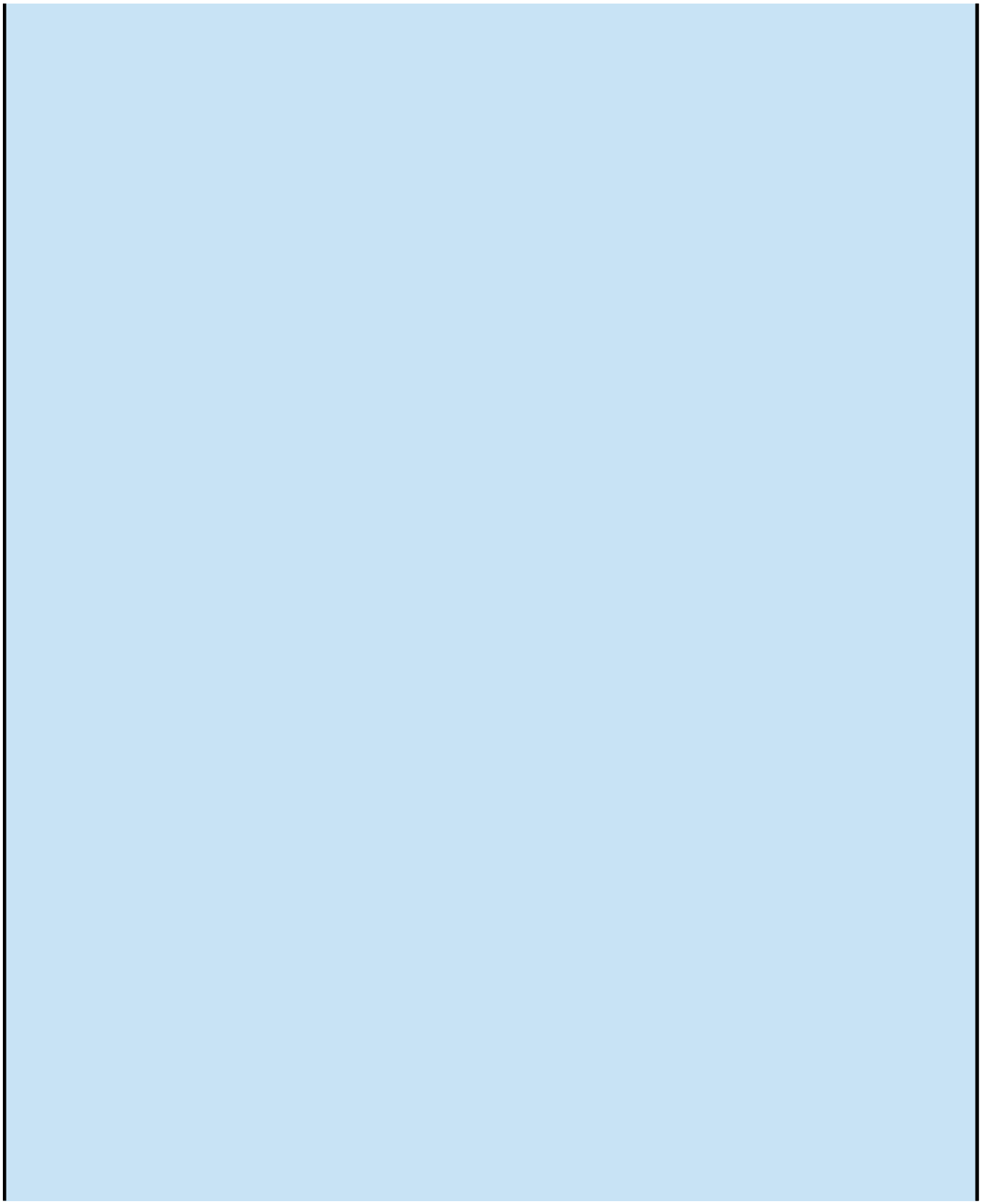


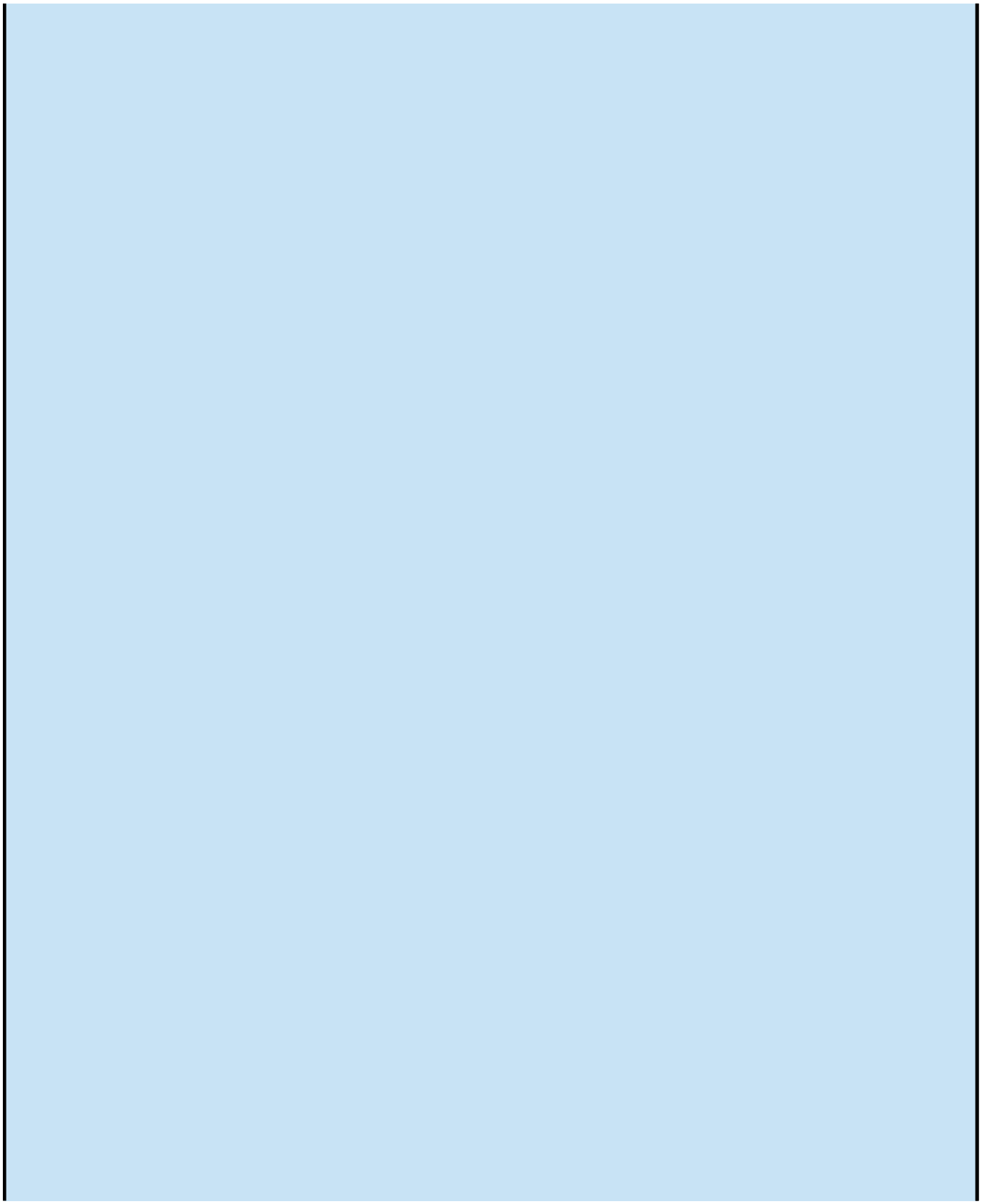


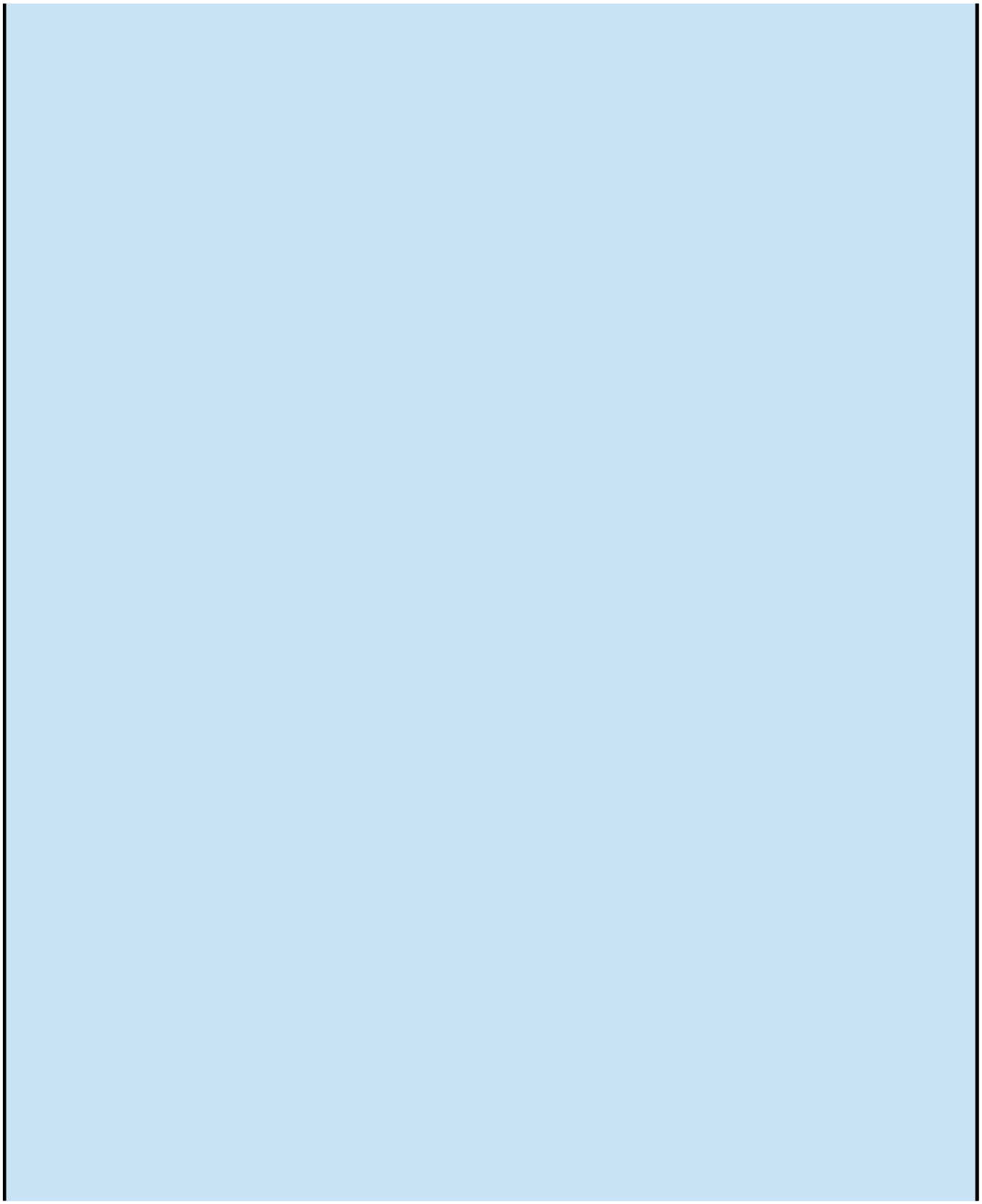


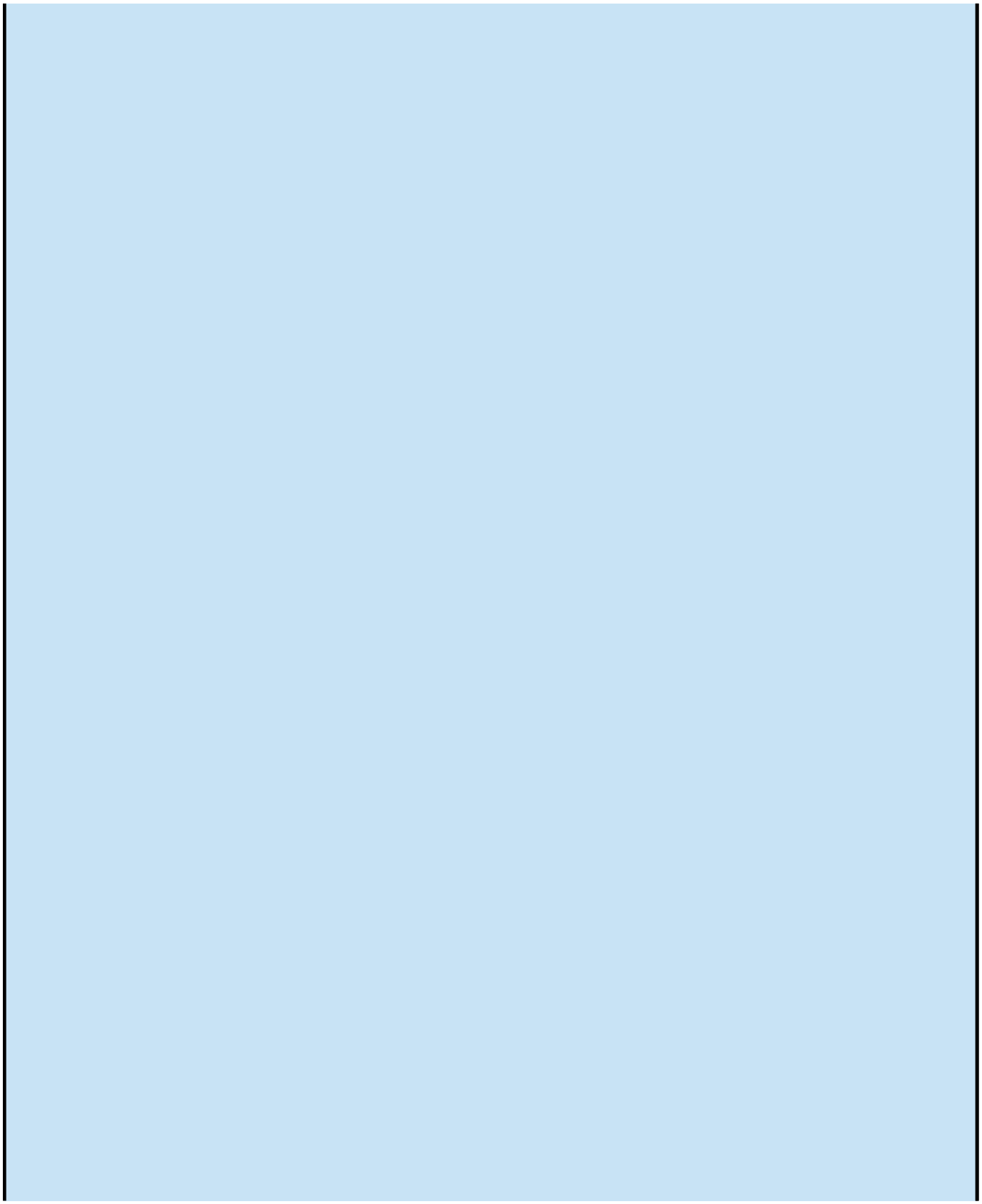


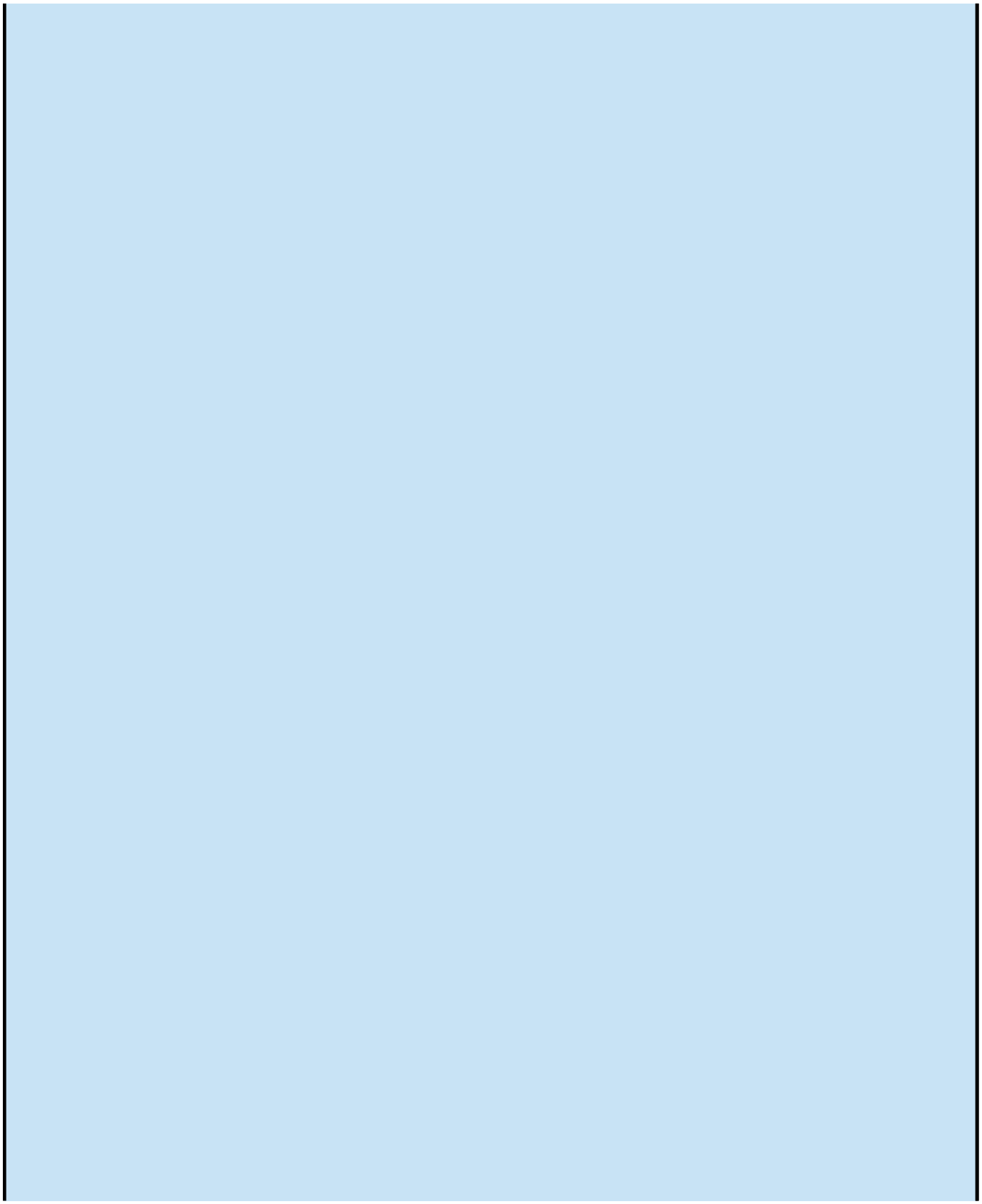


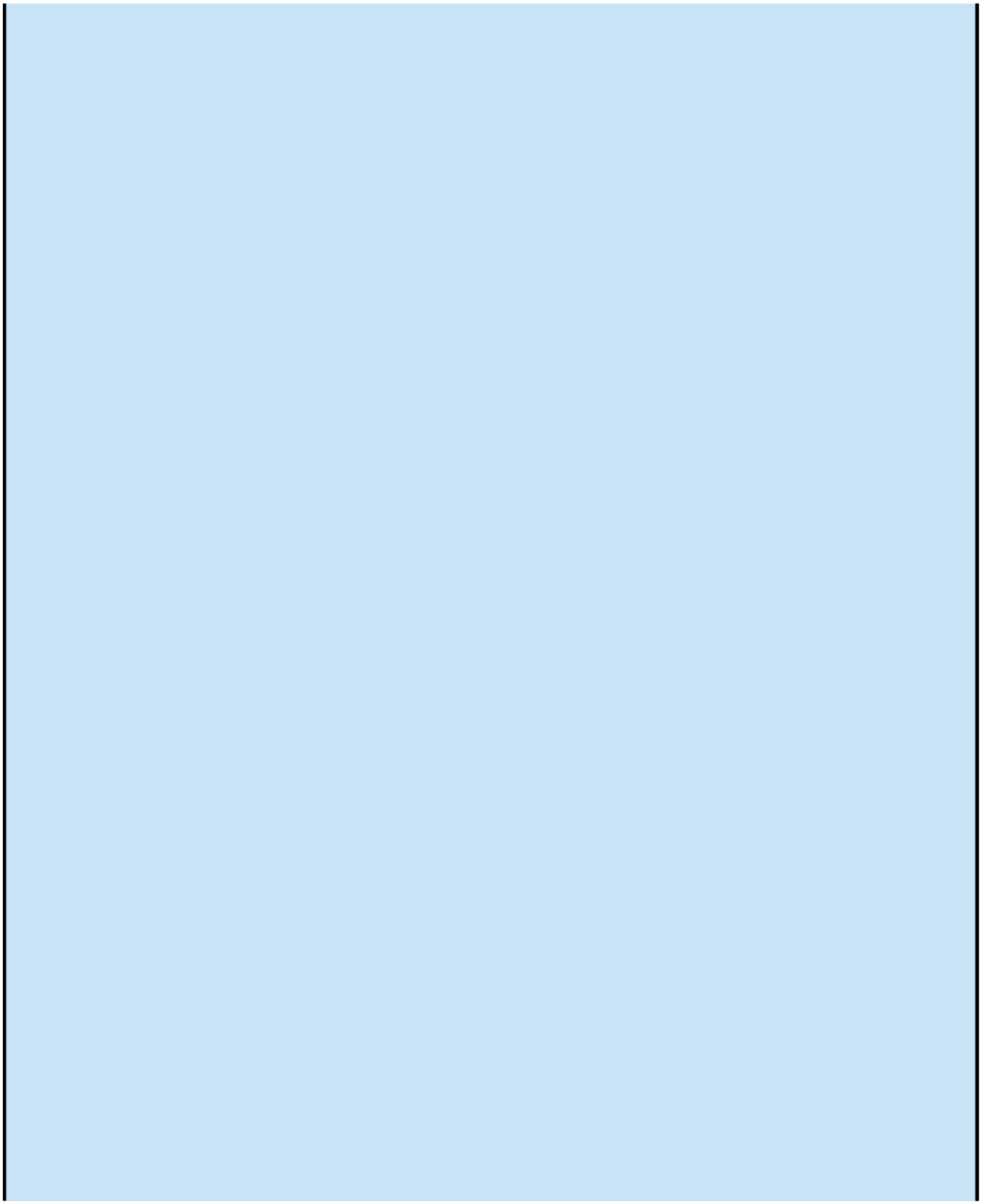


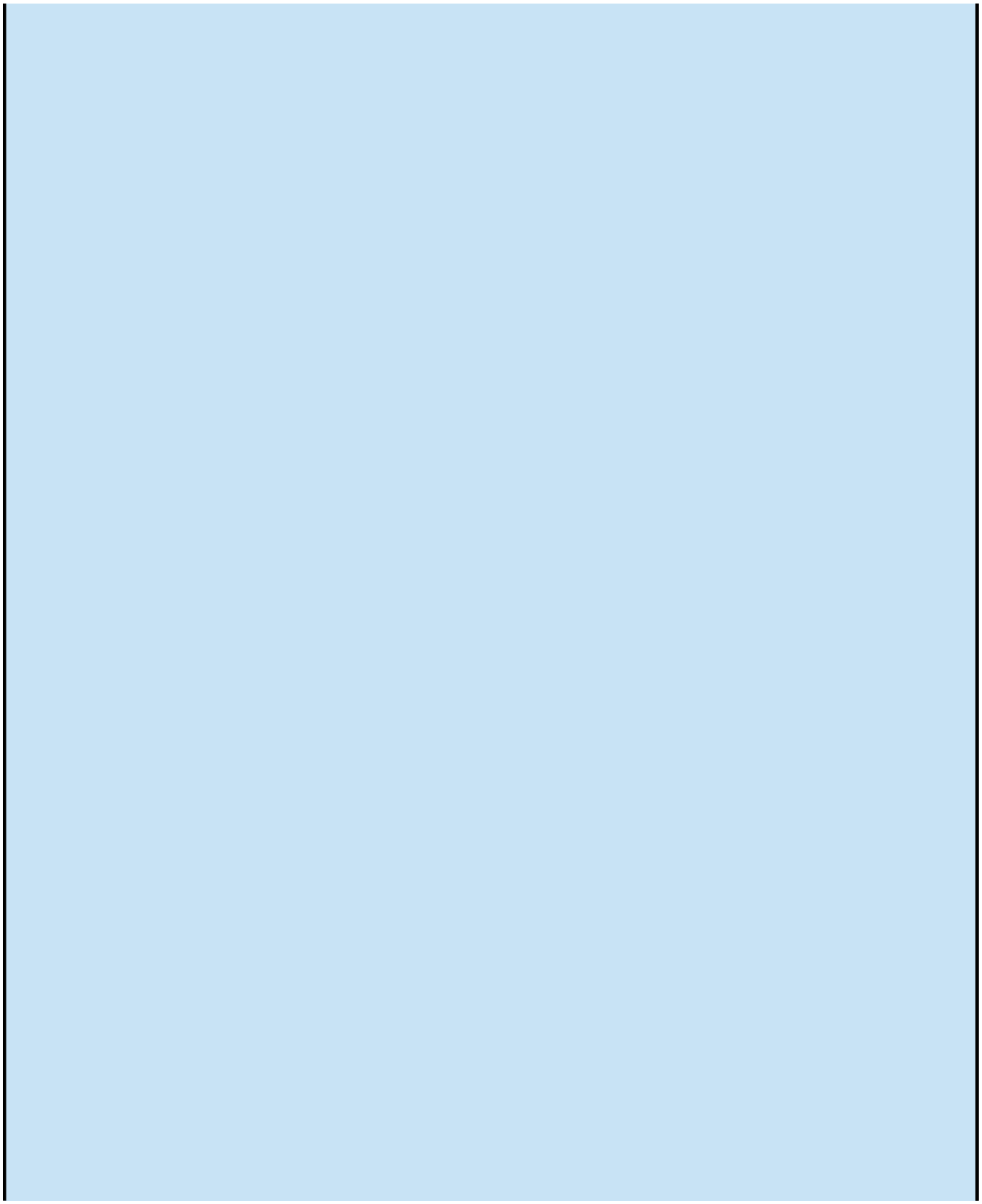












Type of Credential Attained (based on WIOA statutory definitions)

Select one option:

Title IV Degree (Post-secondary educational degrees and certifications)
Title IV Certificate (Post-secondary educational degrees and certifications)
Non-Title IV Degree (Post-secondary educational degrees and certifications)
Non-Title IV Certifications (Post-secondary educational degrees and certifications)
Micro-credentials (MOOC Providers)
Degrees from Foreign Universities (MOOC Providers)
Course Completion Certifications (MOOC Providers)

Occupat
Occupat
Register
Unregis
Coding
Online
Public S
Private

What new skills did participants acquire? CHANGED

Types of new skills acquired

Select all that apply:

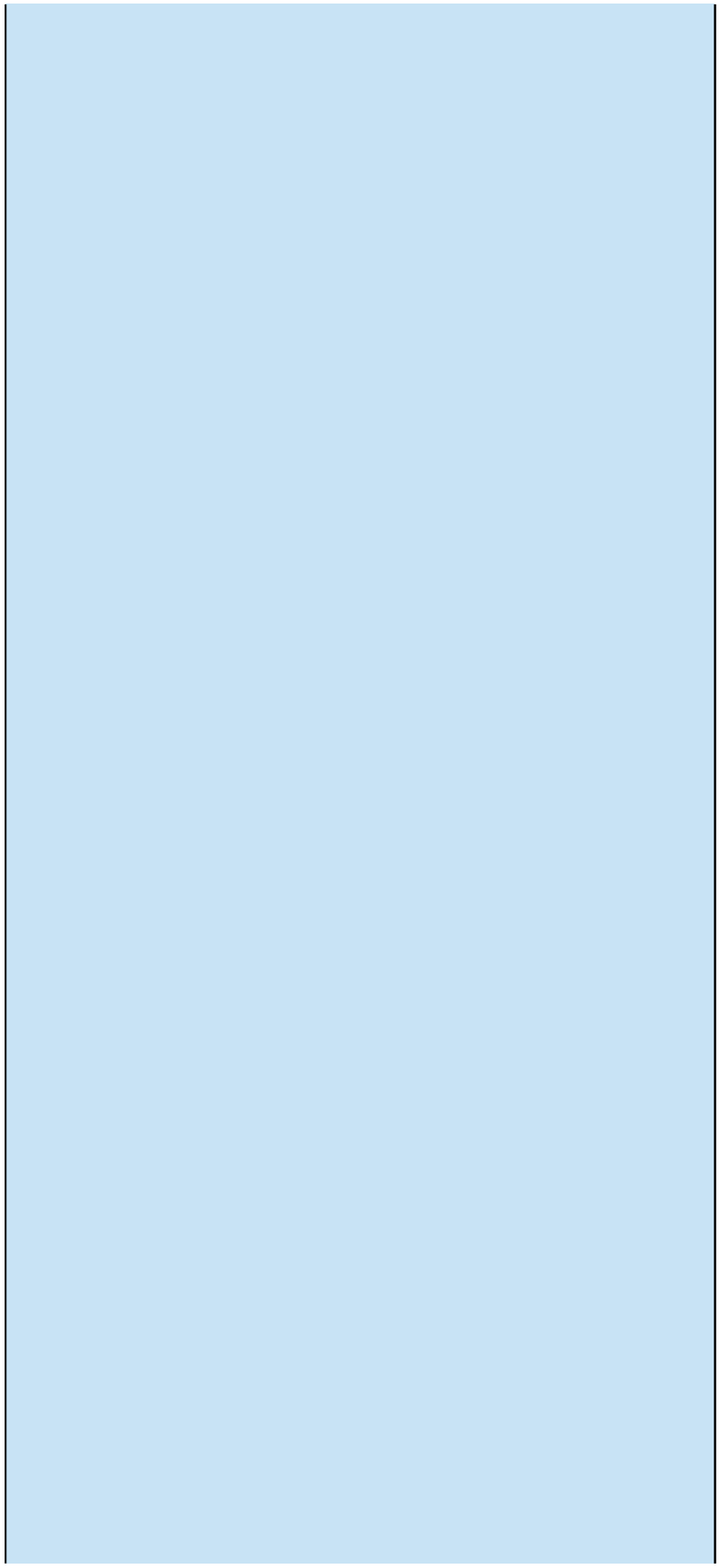
Data analytics
Management/leadership
Project management
Marketing/sales
Engineering/computer science
Trade Skills
Healthcare
Finance/investment
Product development
Business analytics
Business development
Information technology
Other

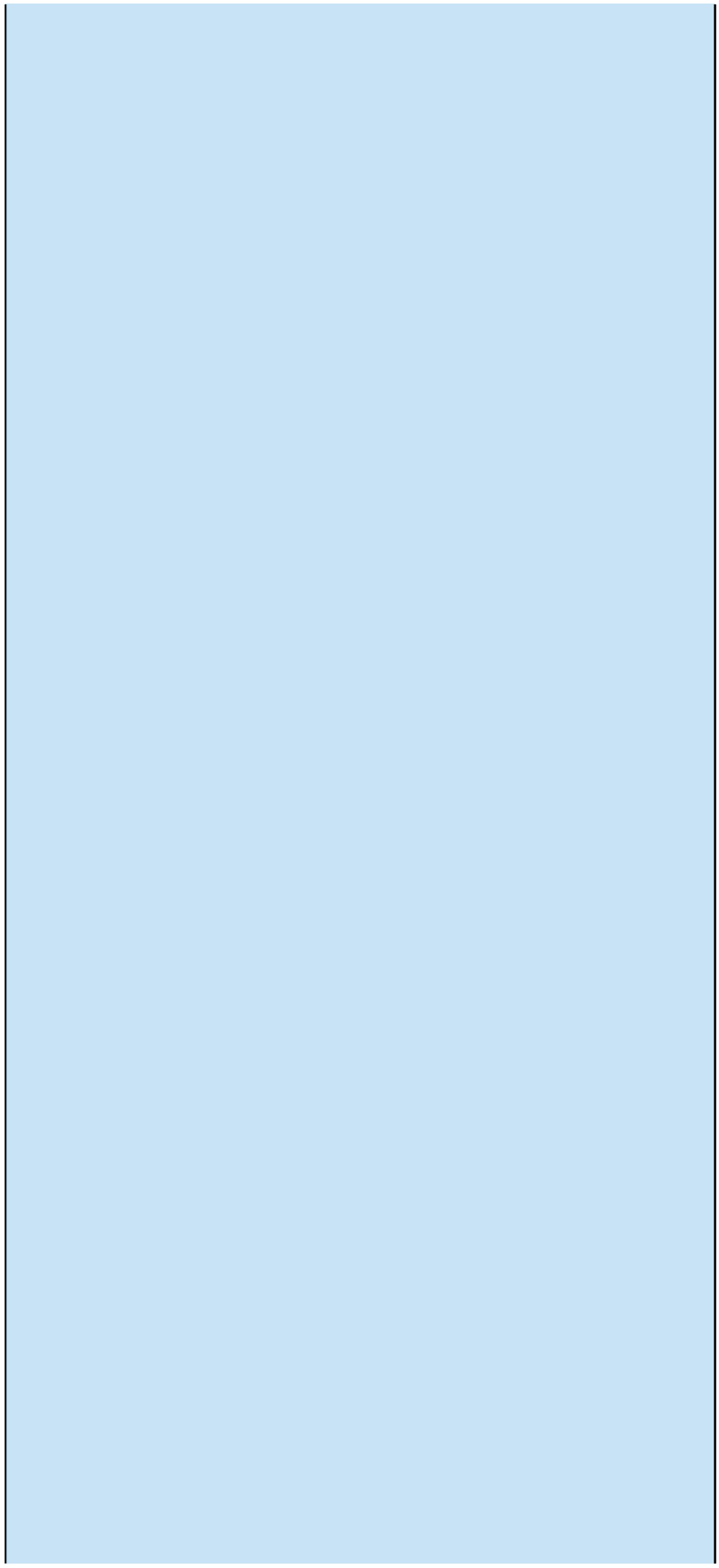
What new skills did participants acquire? - Other CHANGED

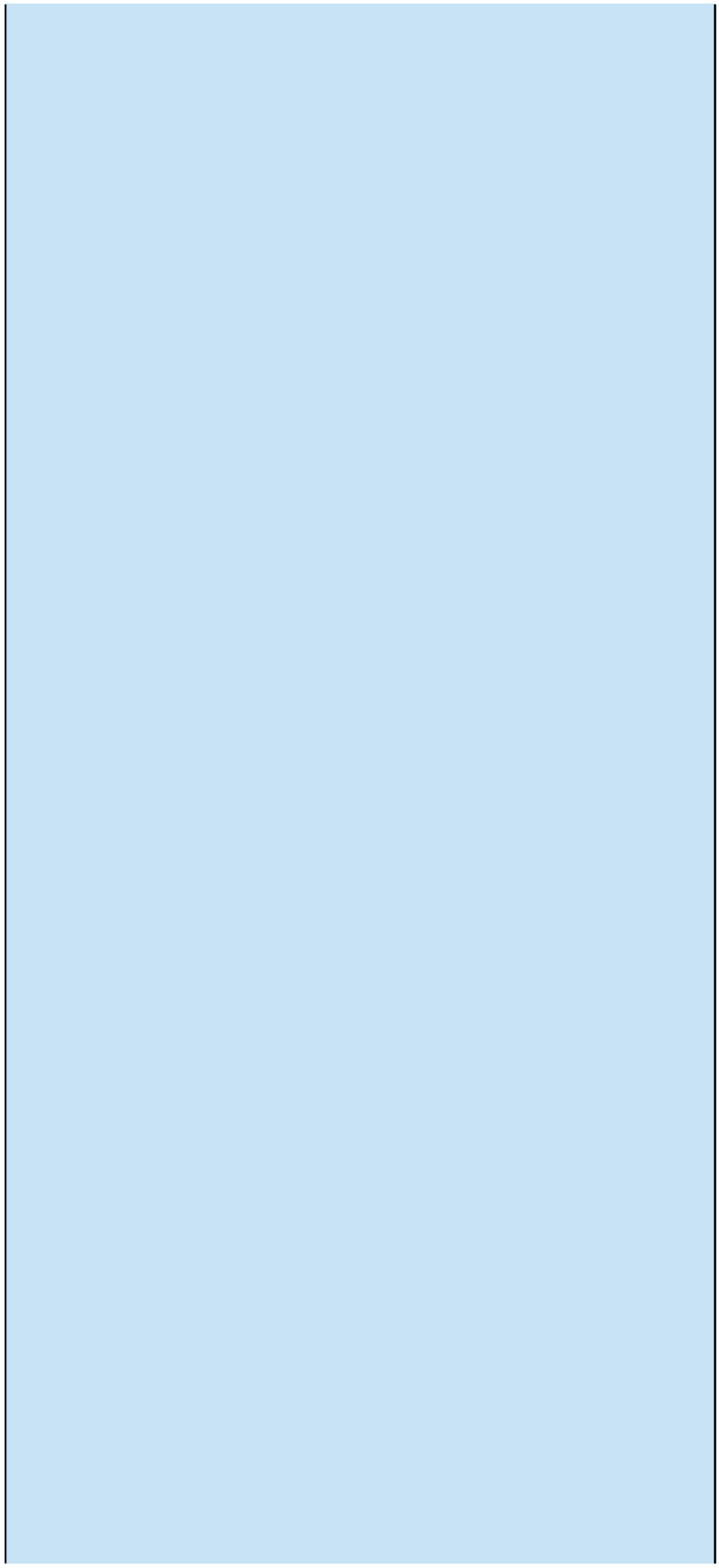
Other (please specify)
If industry specific, please provide NAICS code(s) or descriptions. NAICS codes are available at www.census.gov/naics

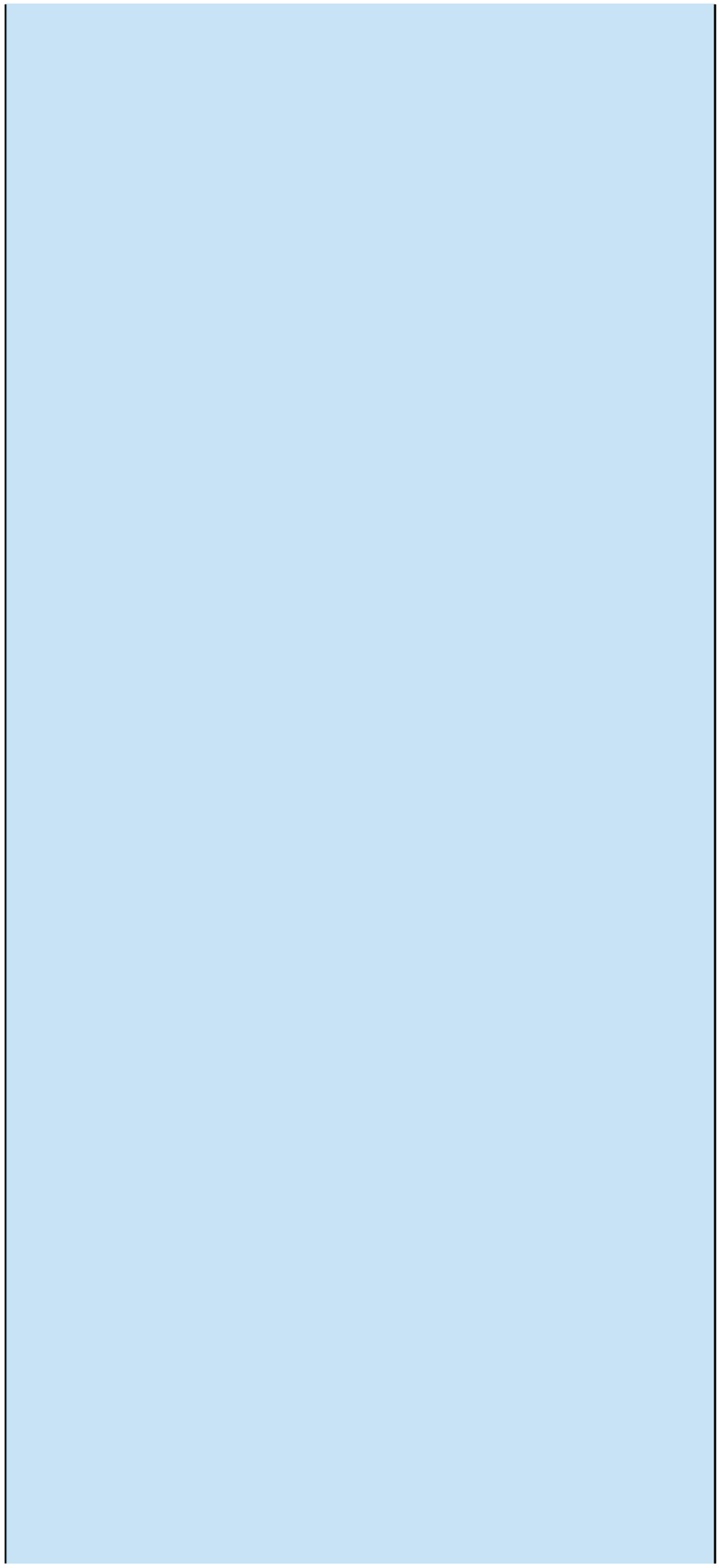
Name of Training Provider	Name of Training Program
Please make sure the columns below are completed correctly. If blank or incorrect, return to the training provider tab and hit save.	

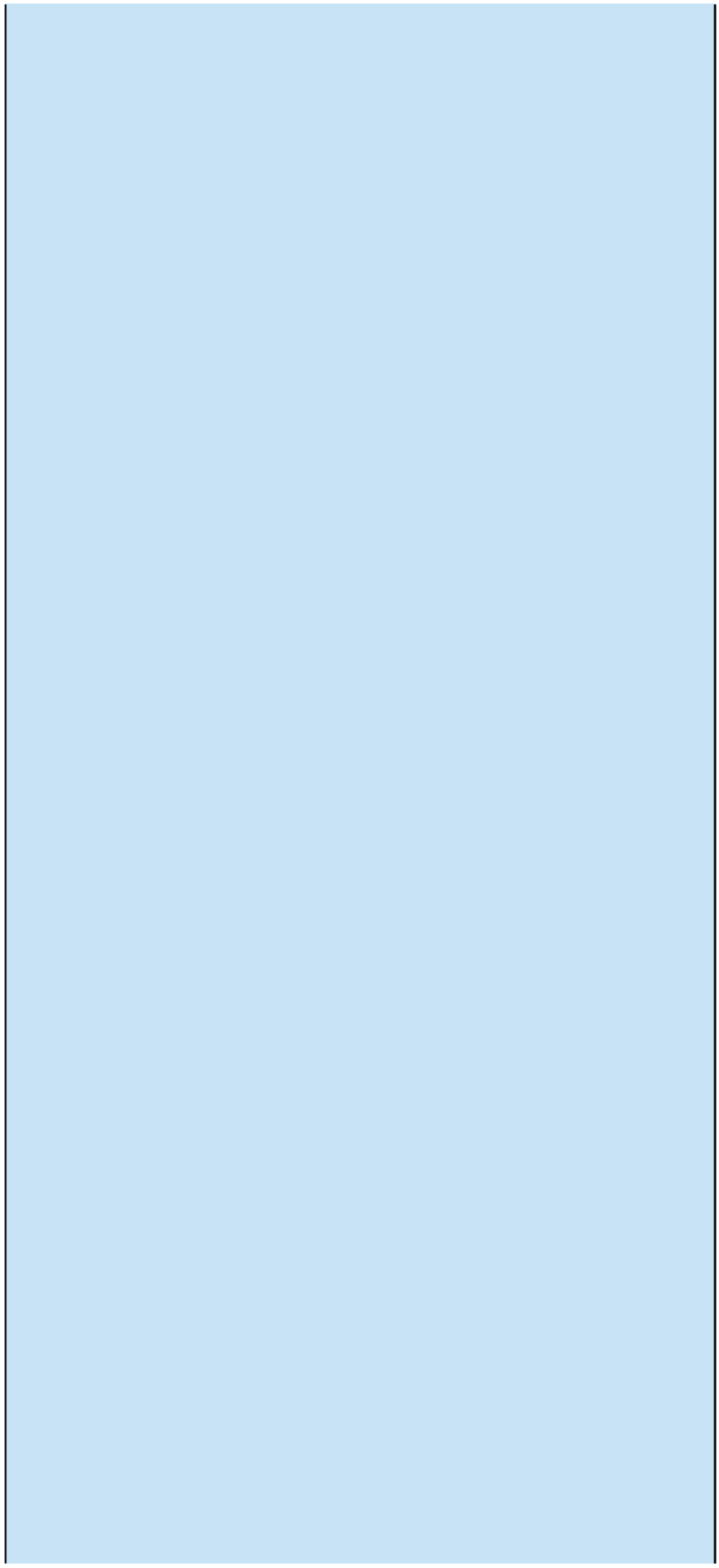
How many GJC Participants were RECRUITED this quarter?
☐ x box and skip section if no participants were
If no participants were recruited, admitted, and/or e
# of Participants

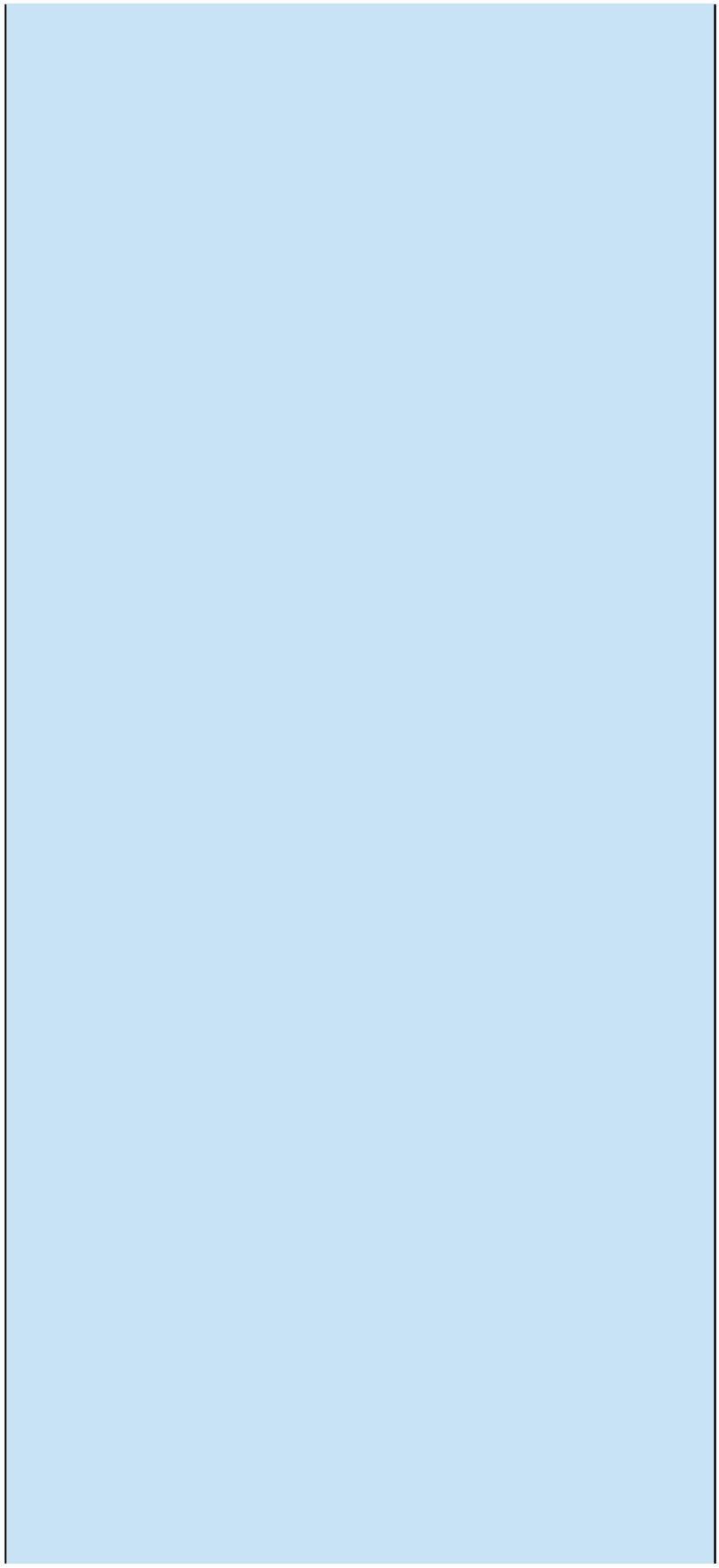


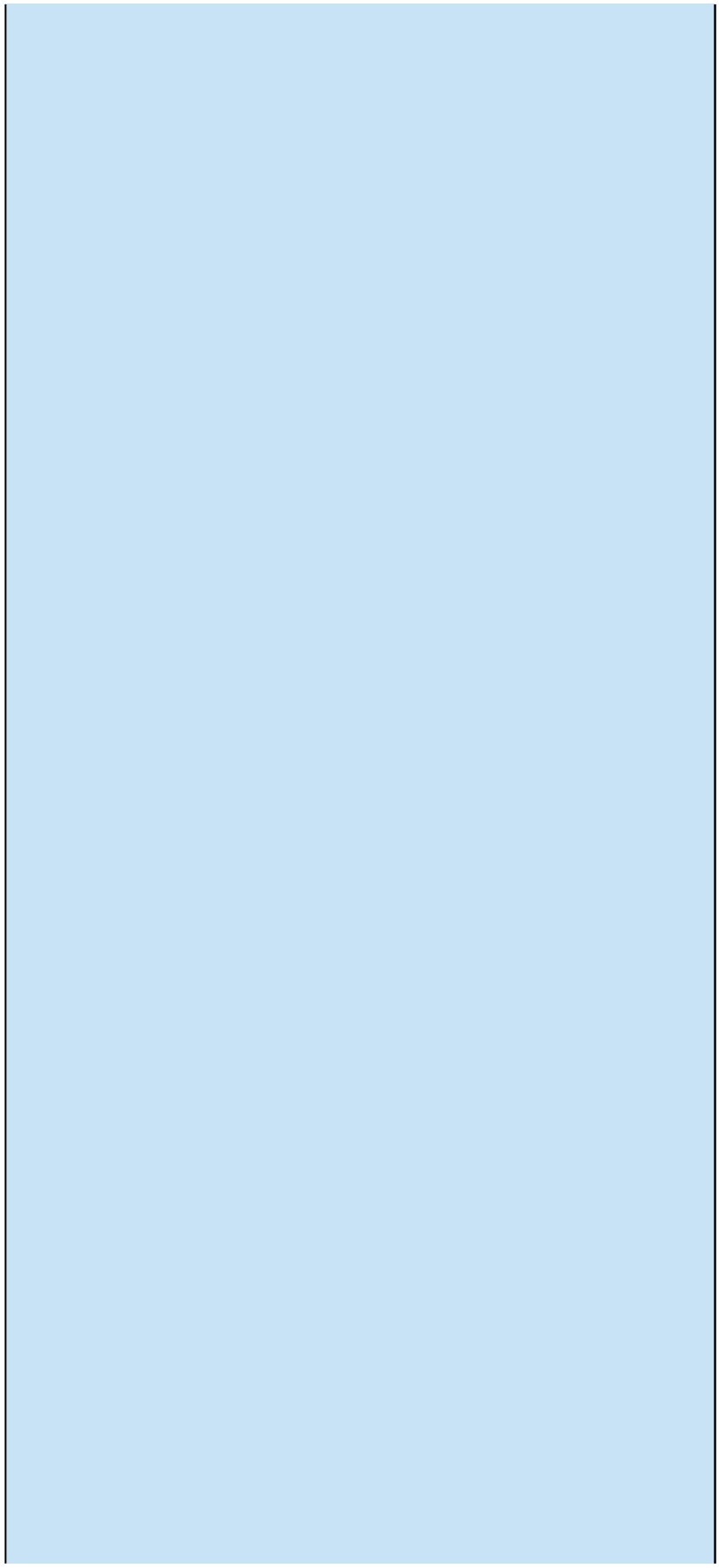


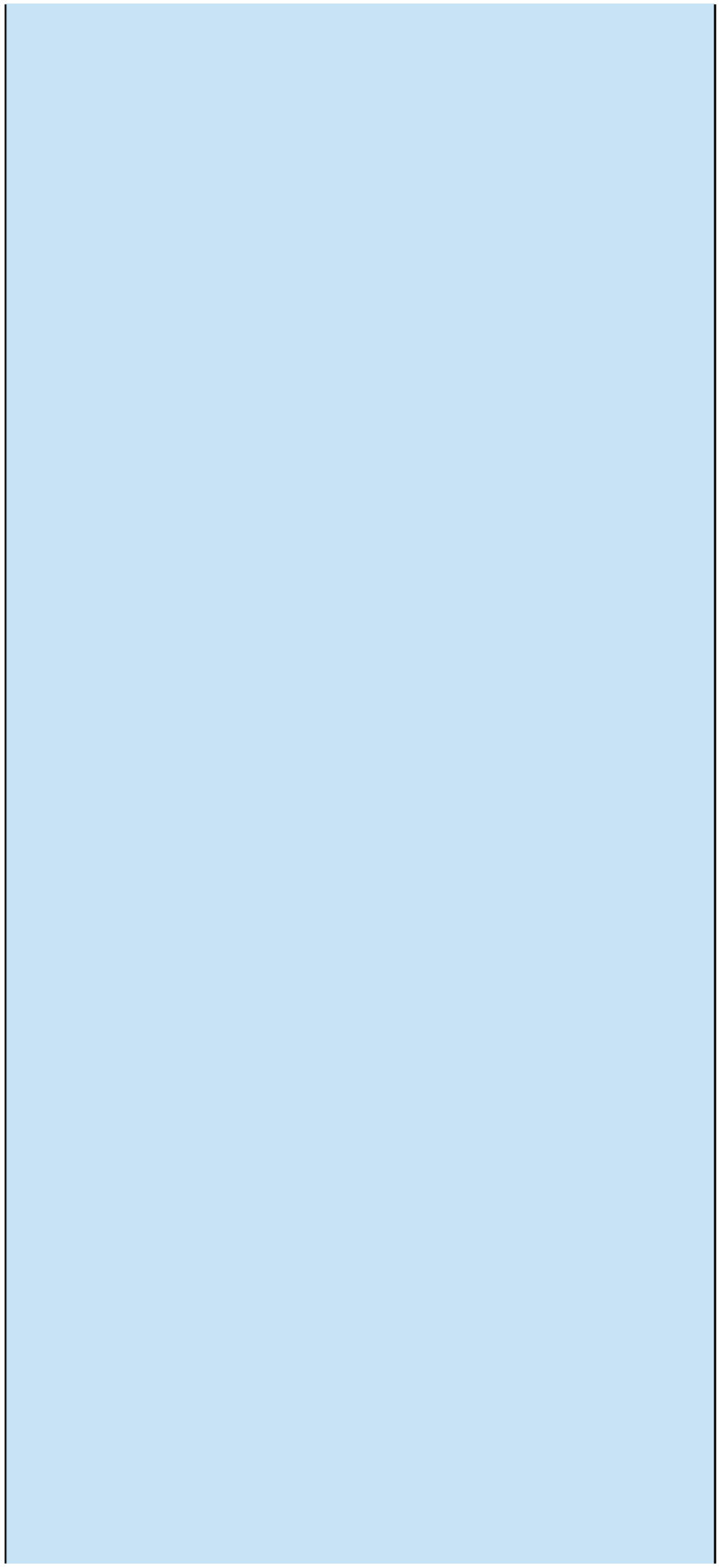


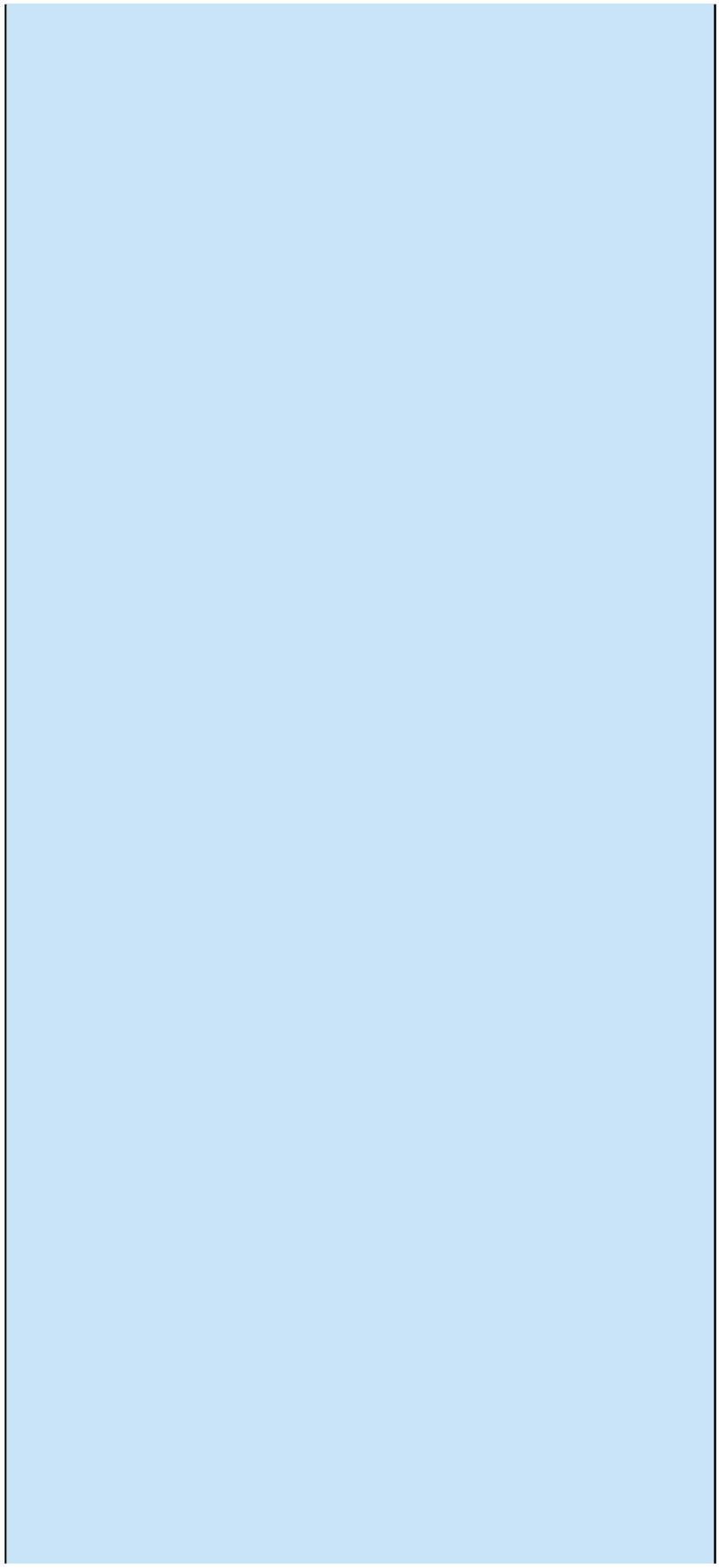


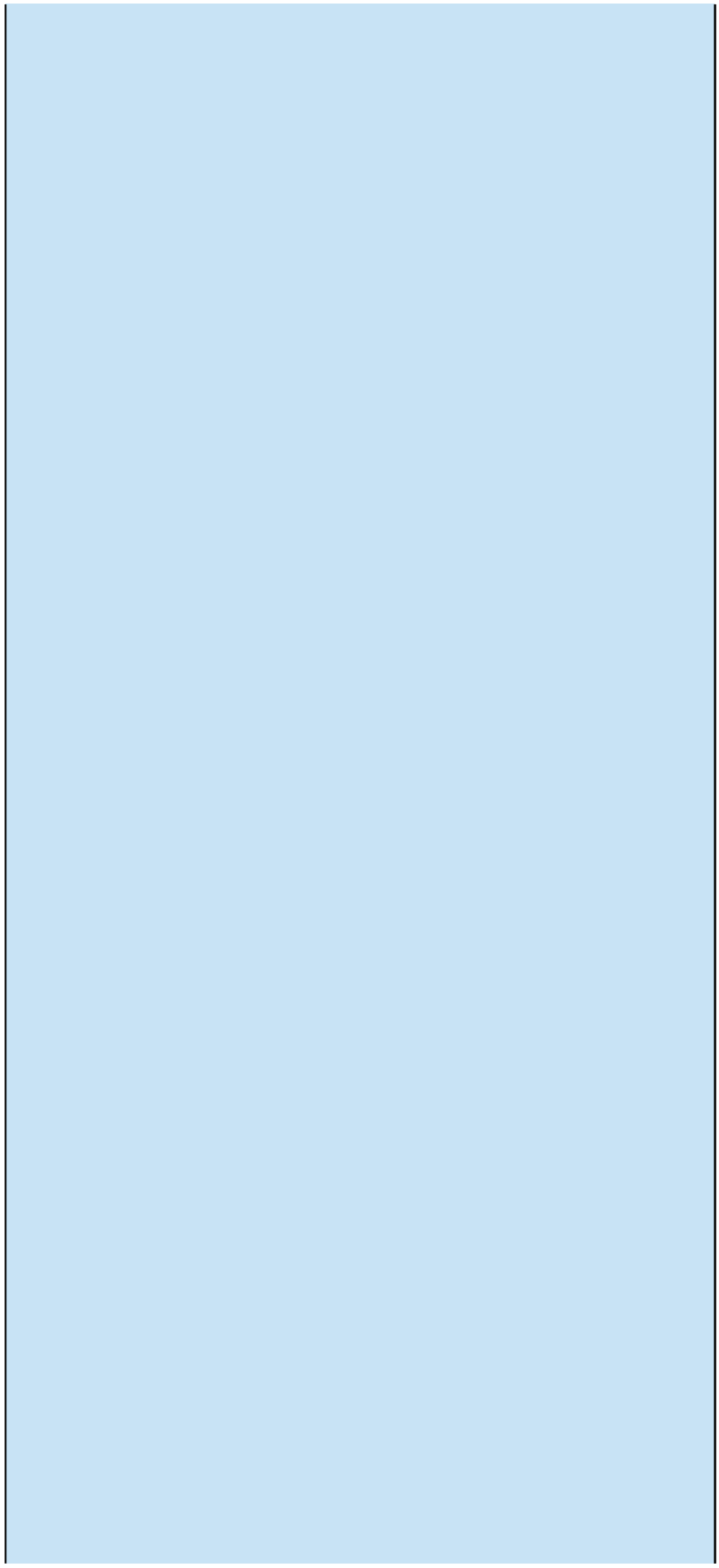


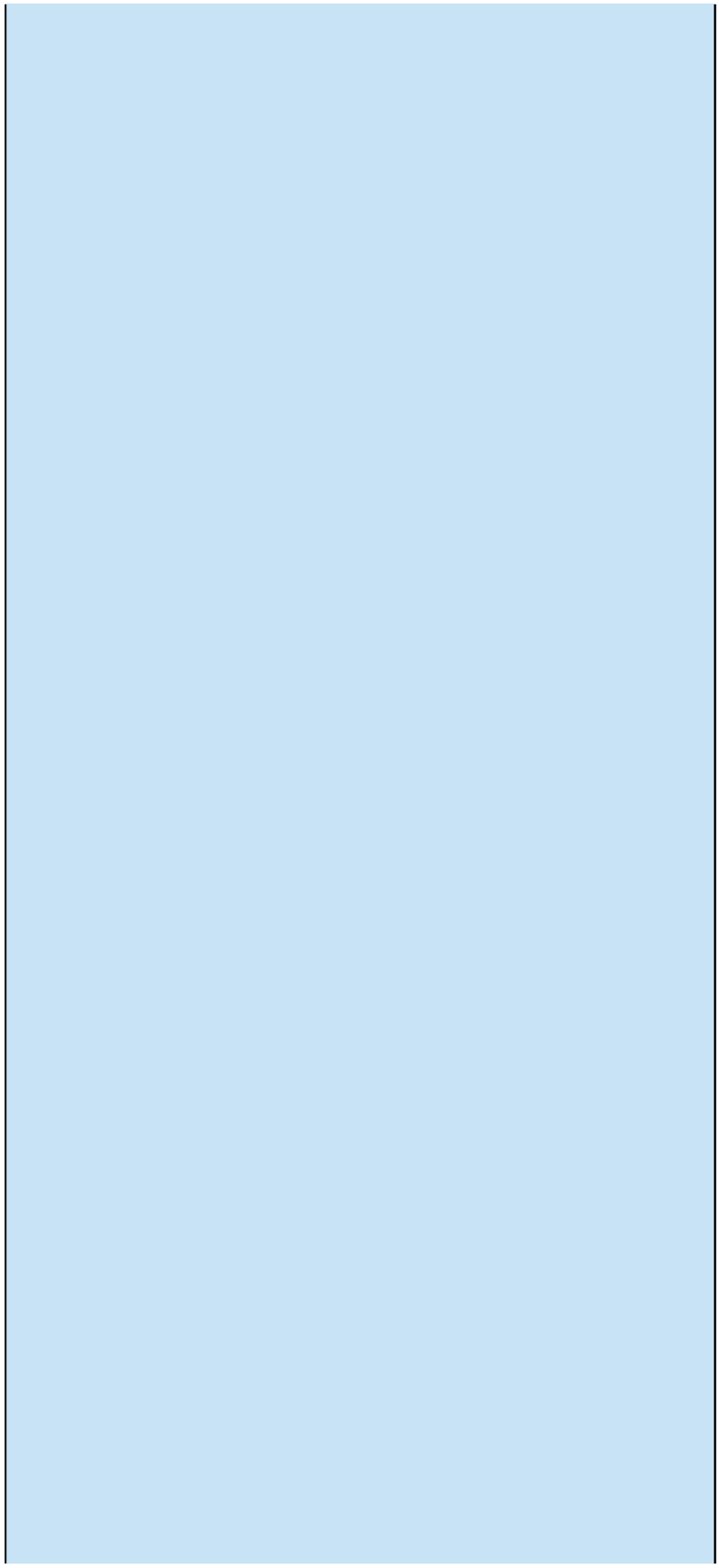


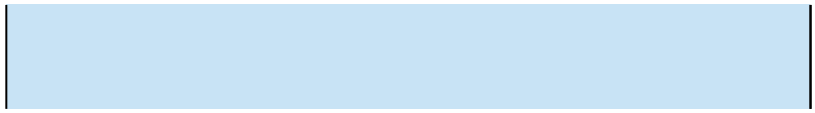




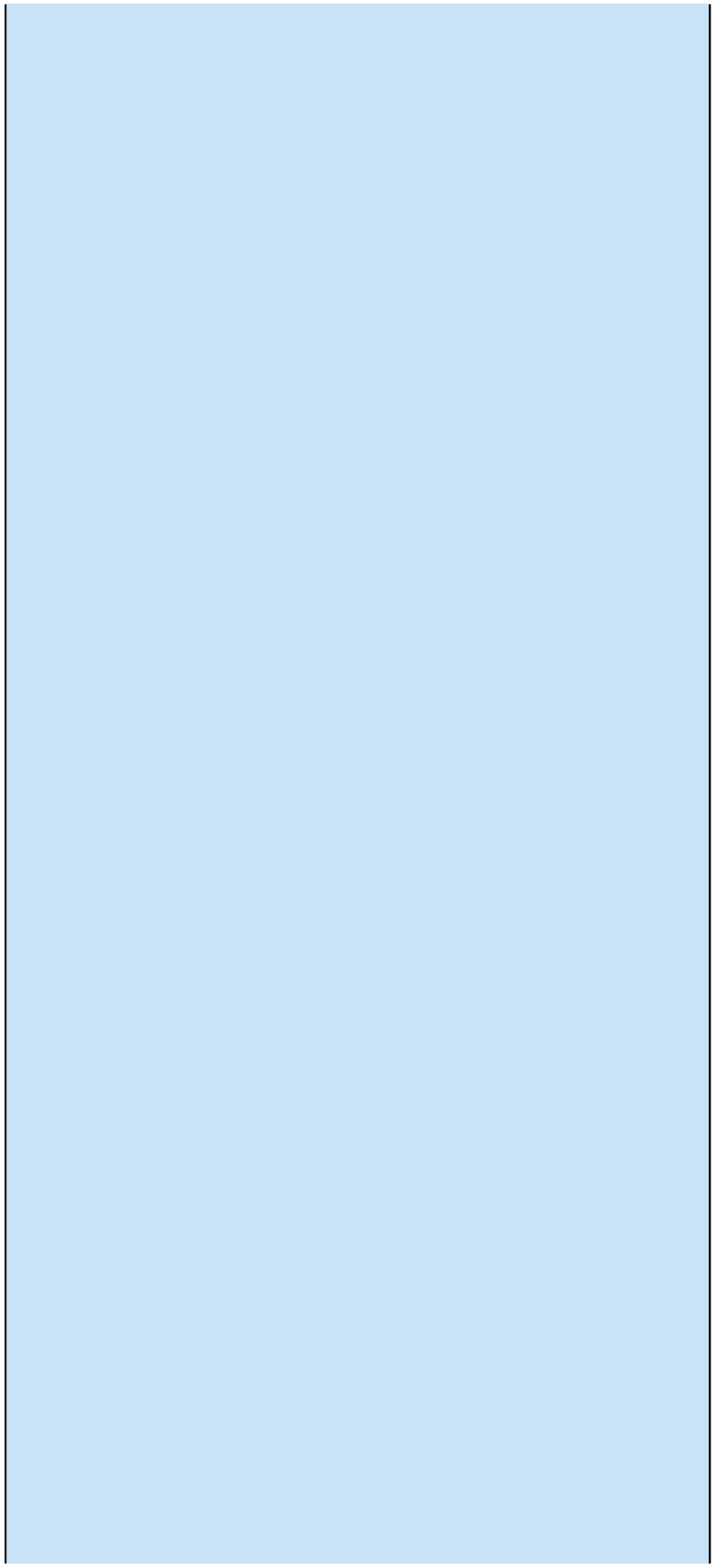


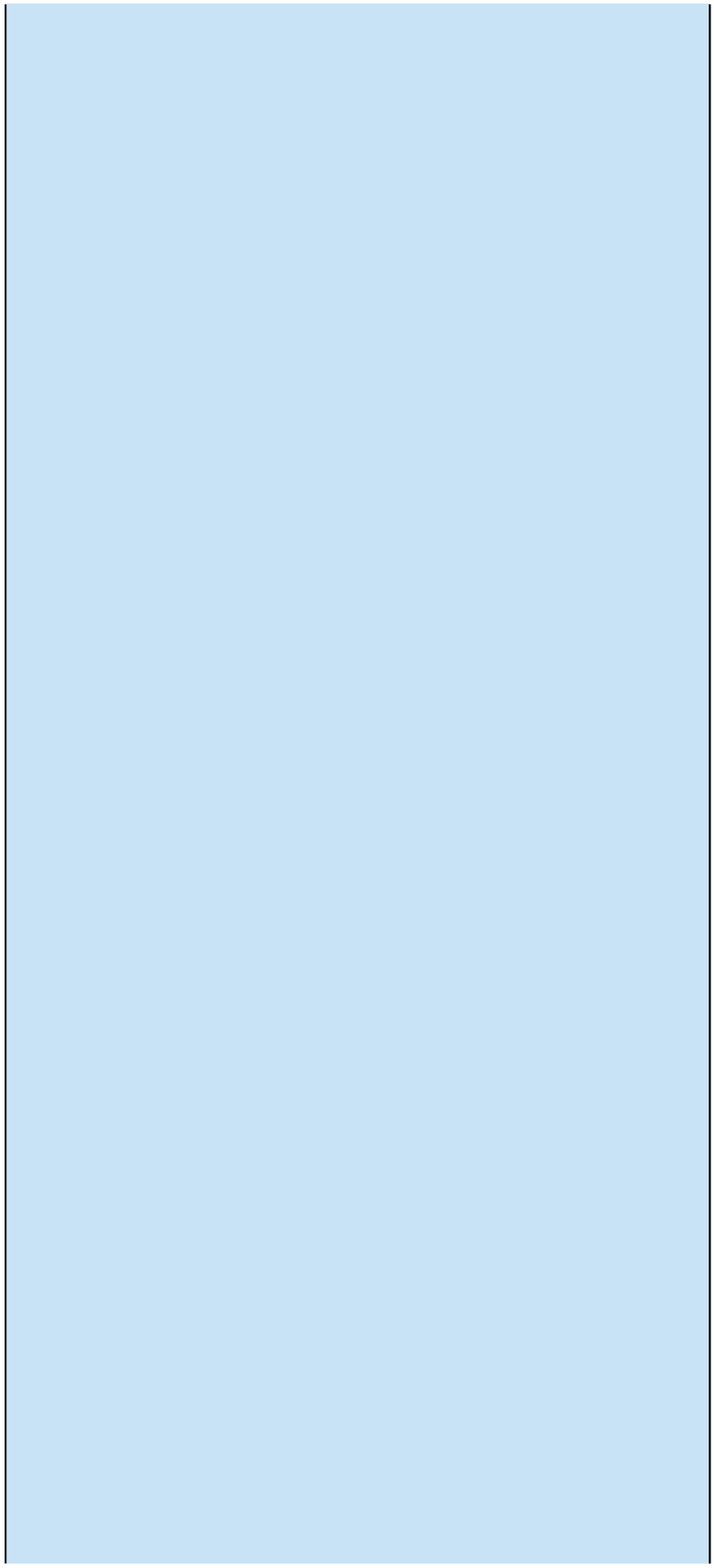


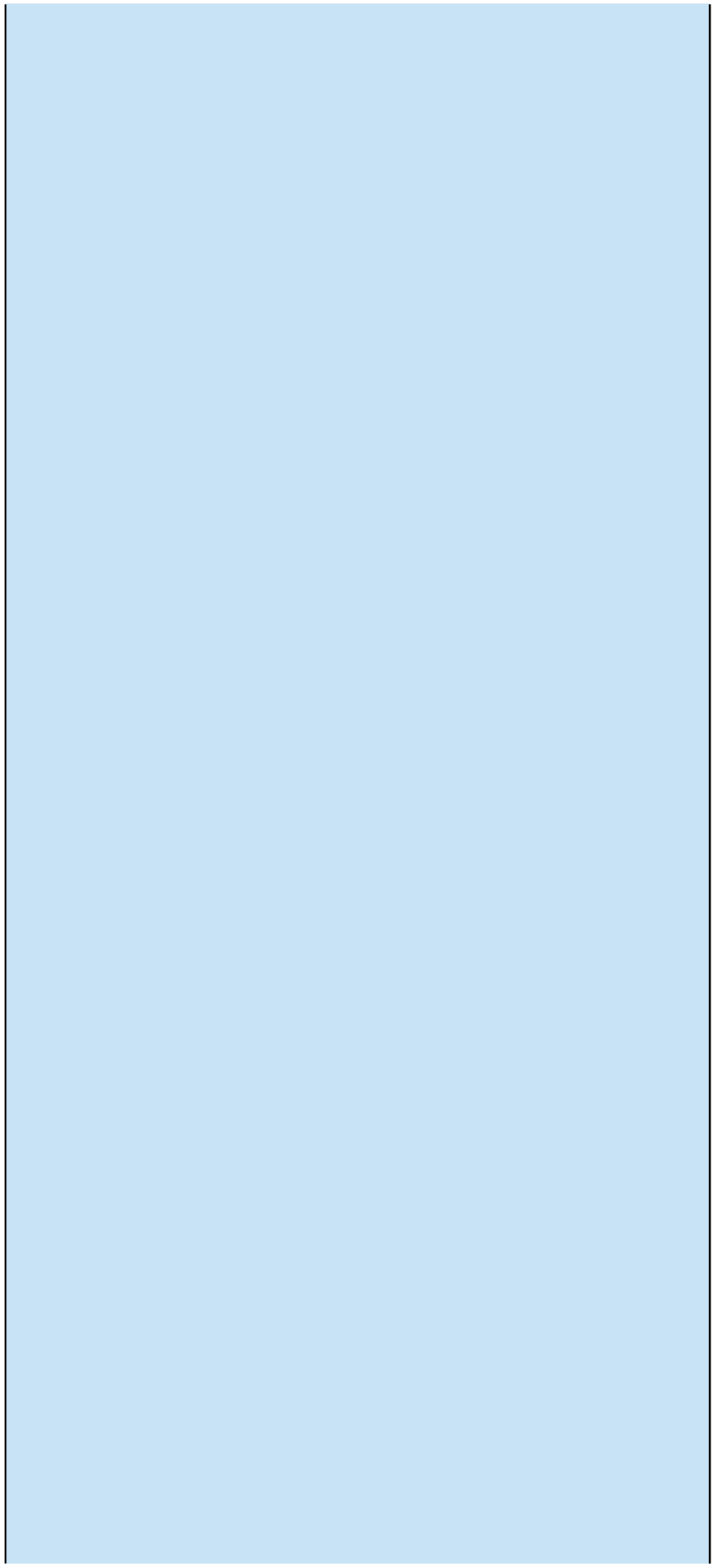


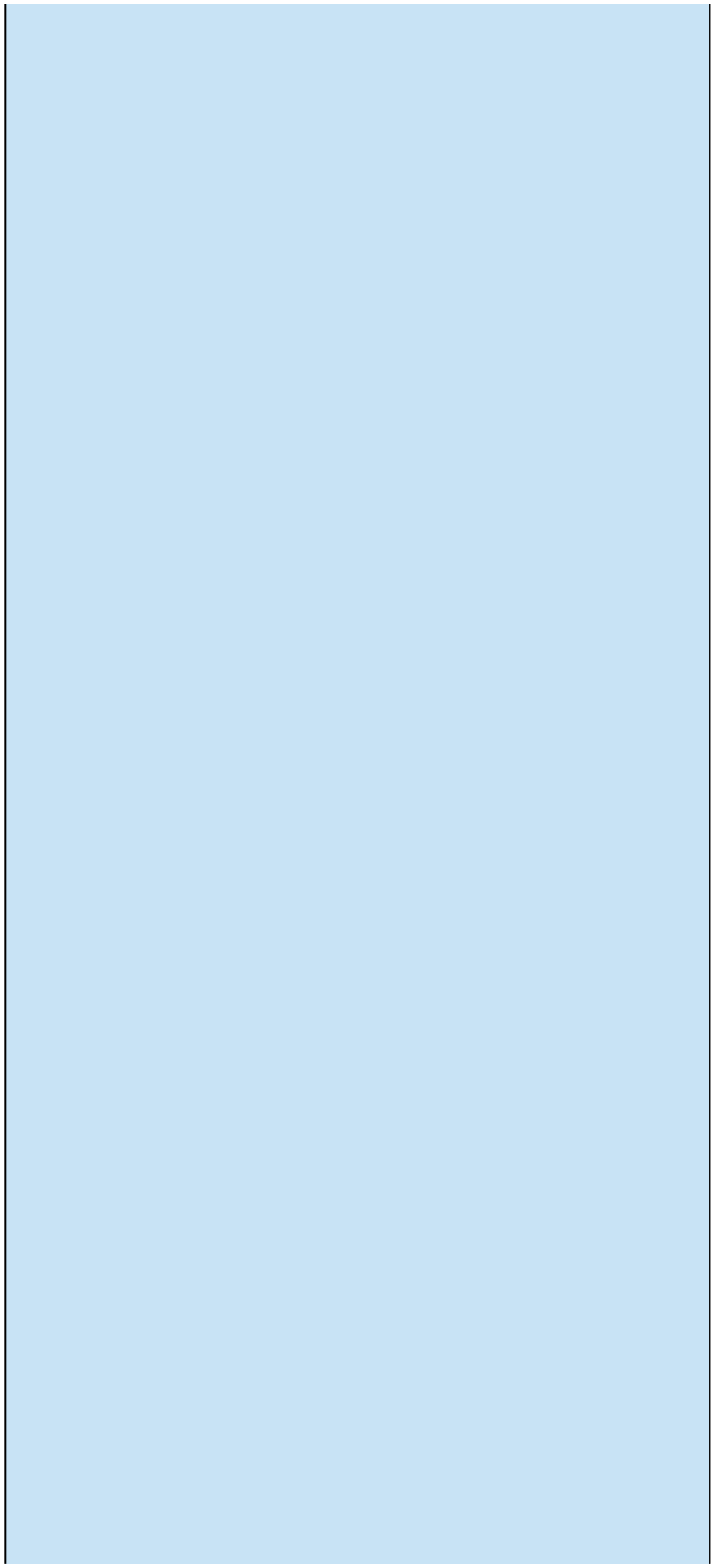


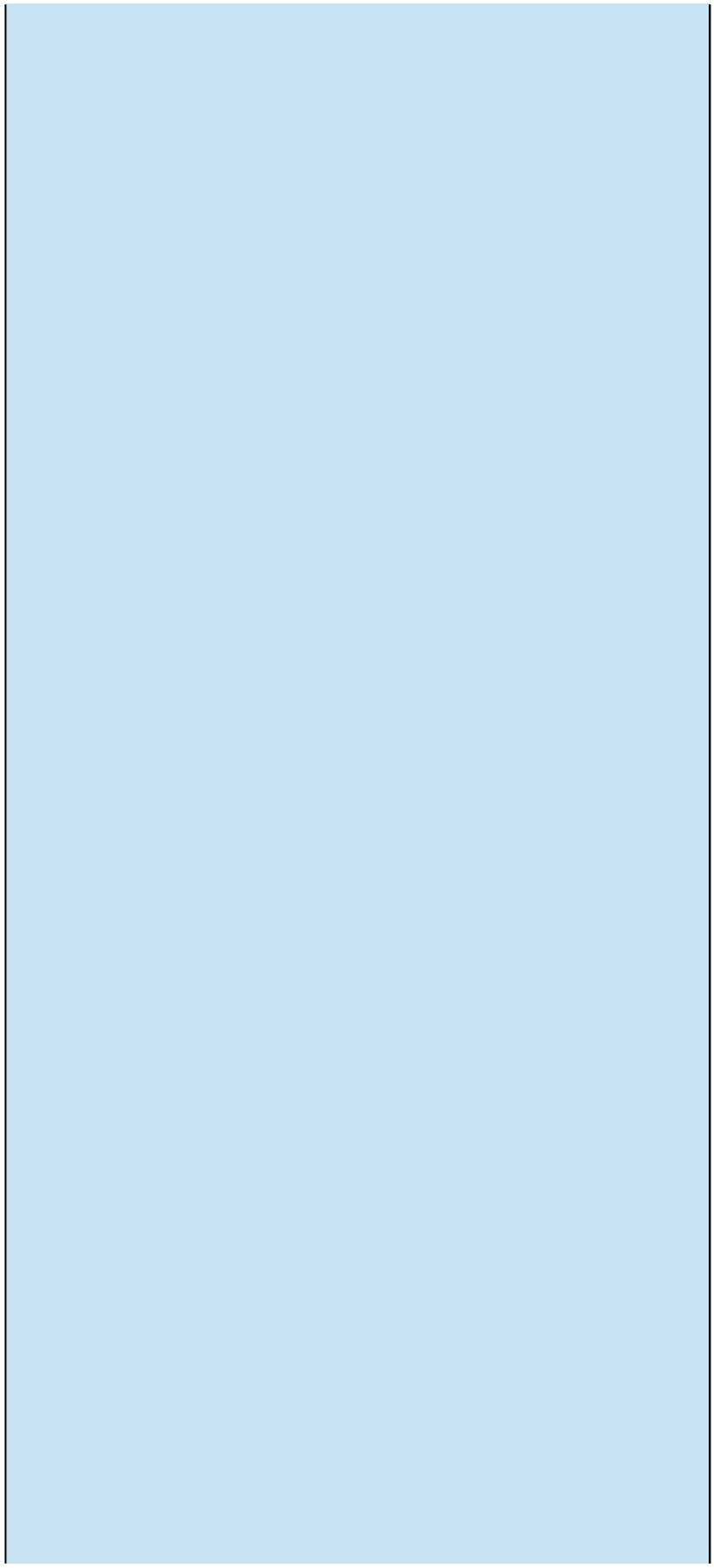
How many GJC Participants were ADMITTED this quarter?
e recruited, admitted, or enrolled in the **past quarter**
nrolled **this past quarter** please enter 0 for that cate
# of Participants

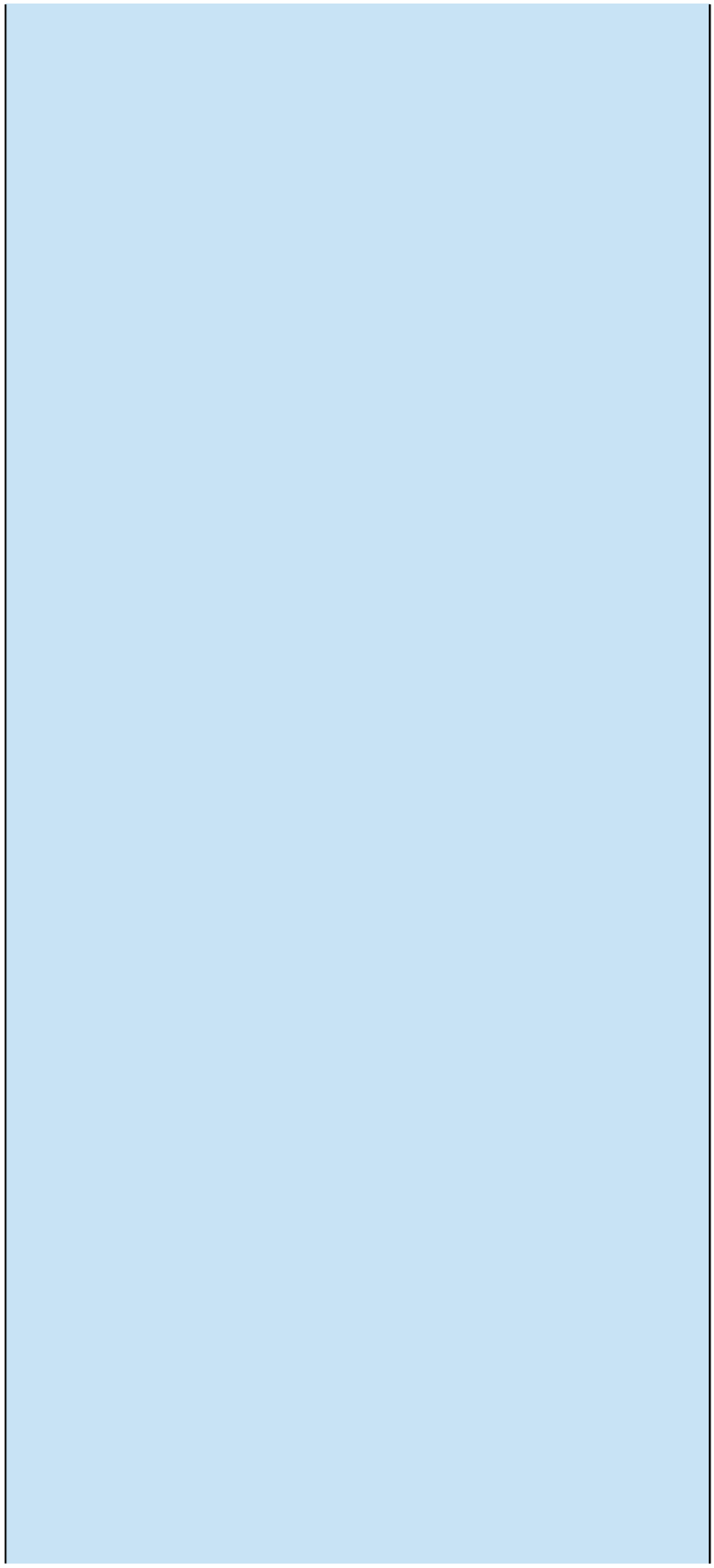


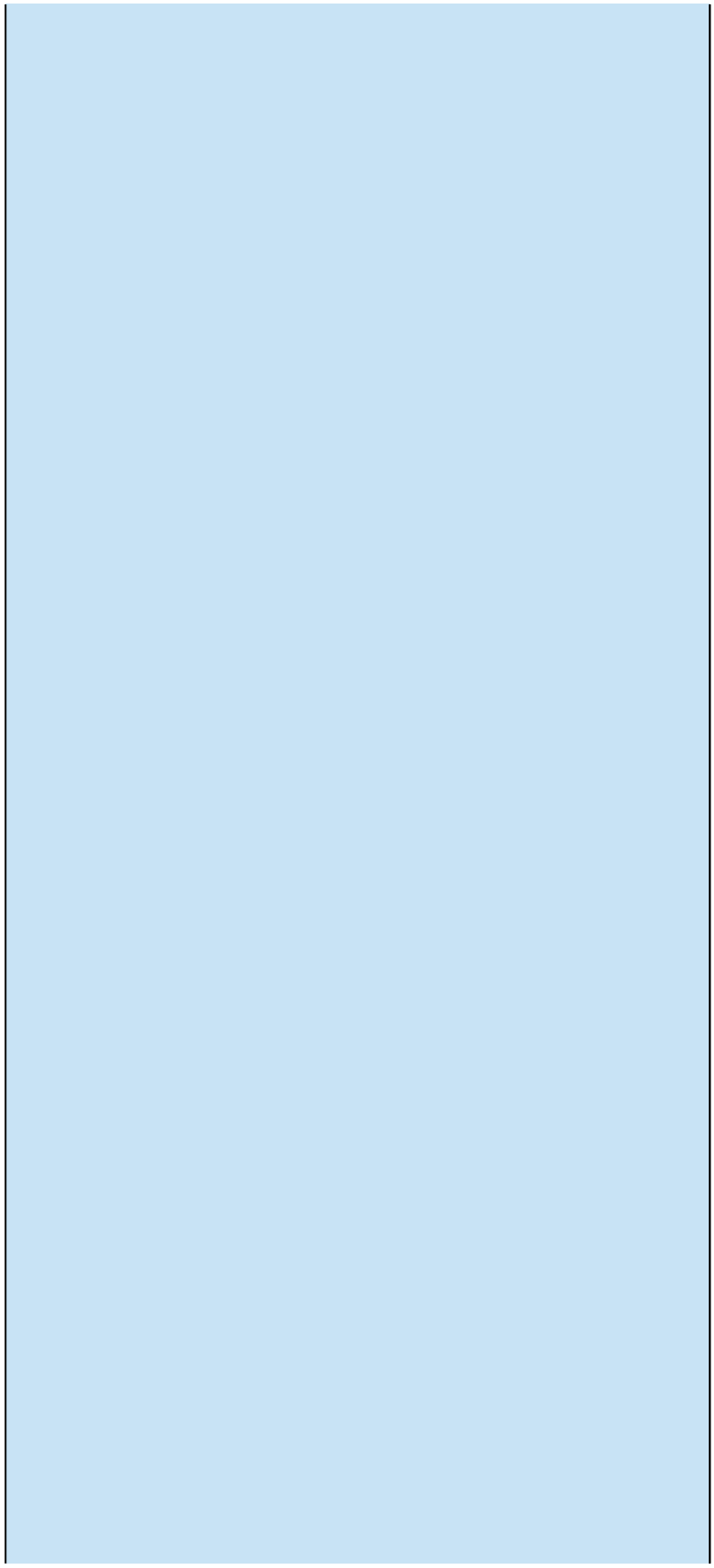


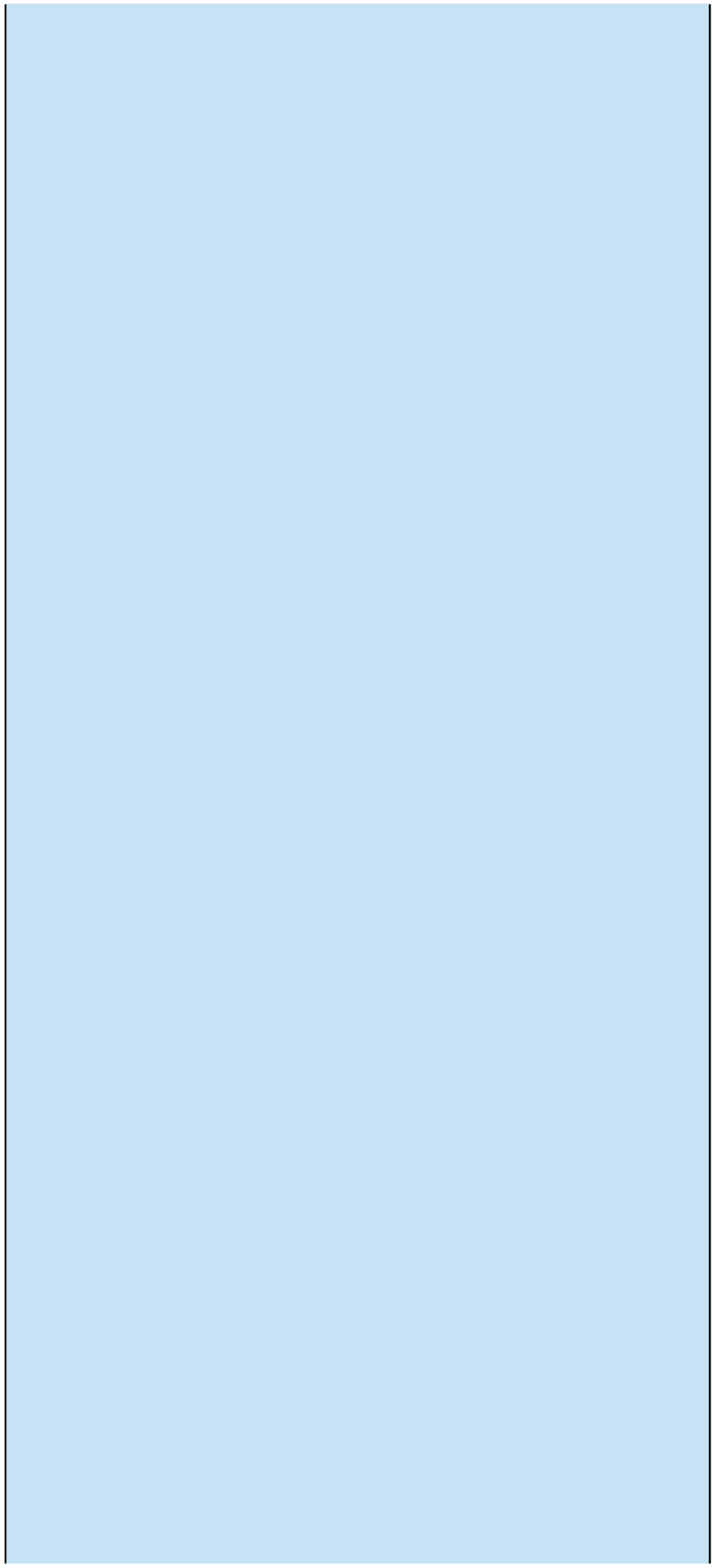


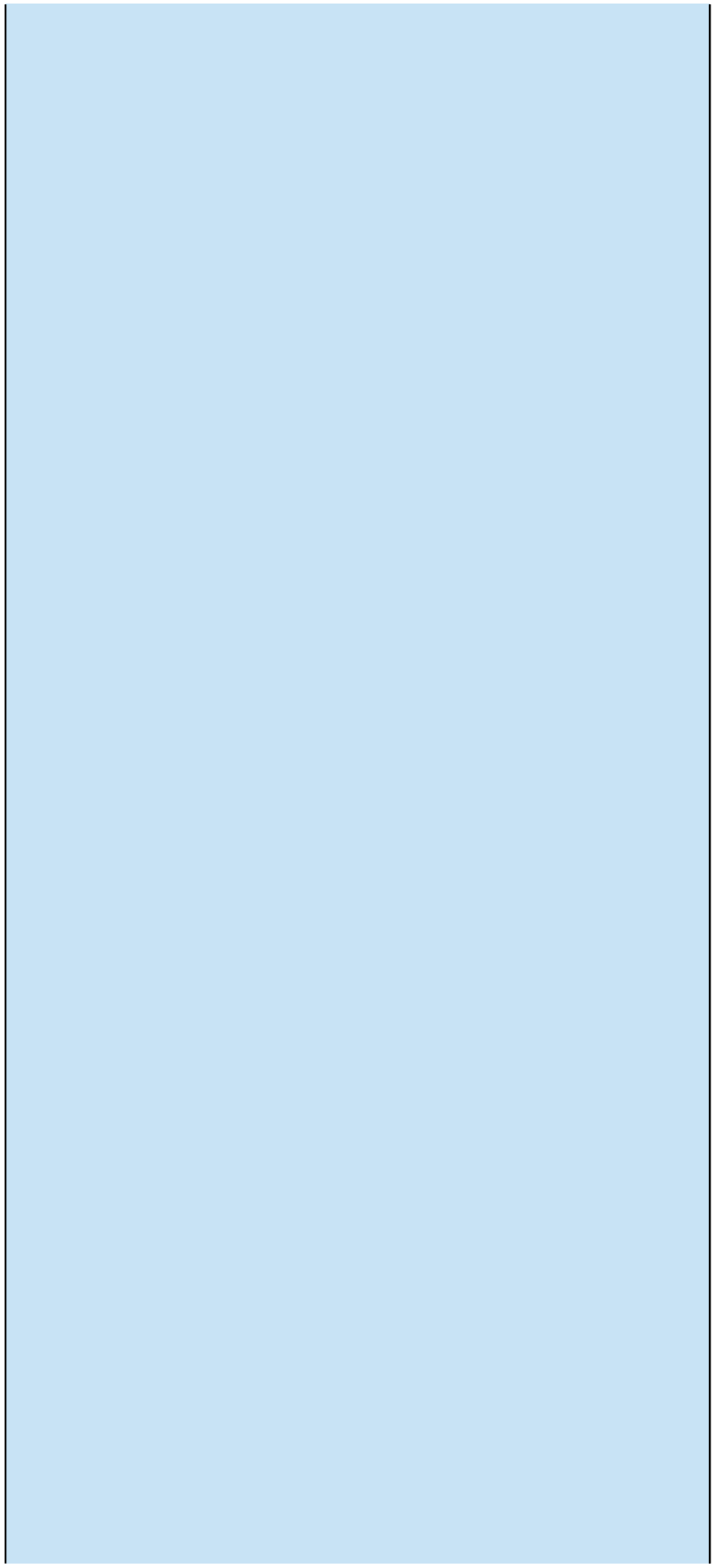


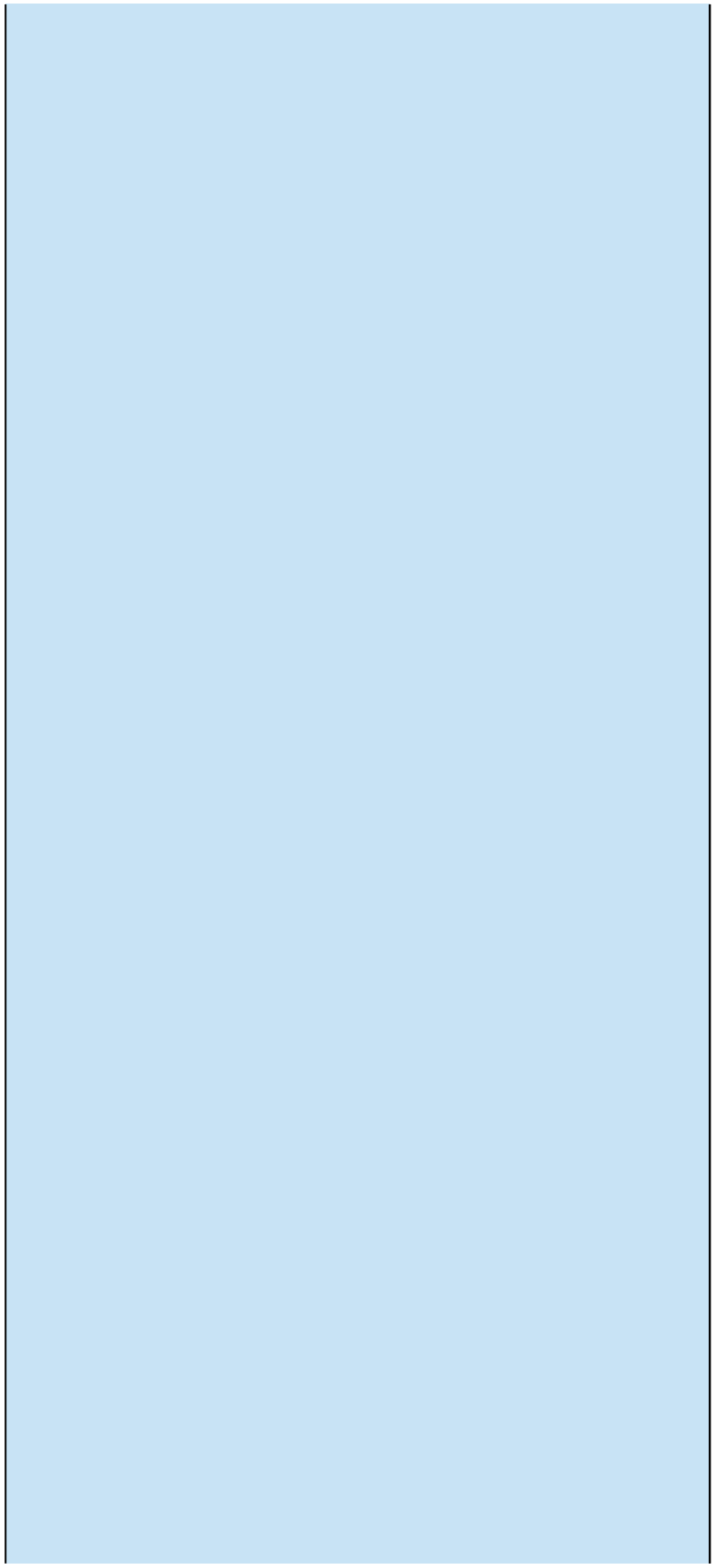


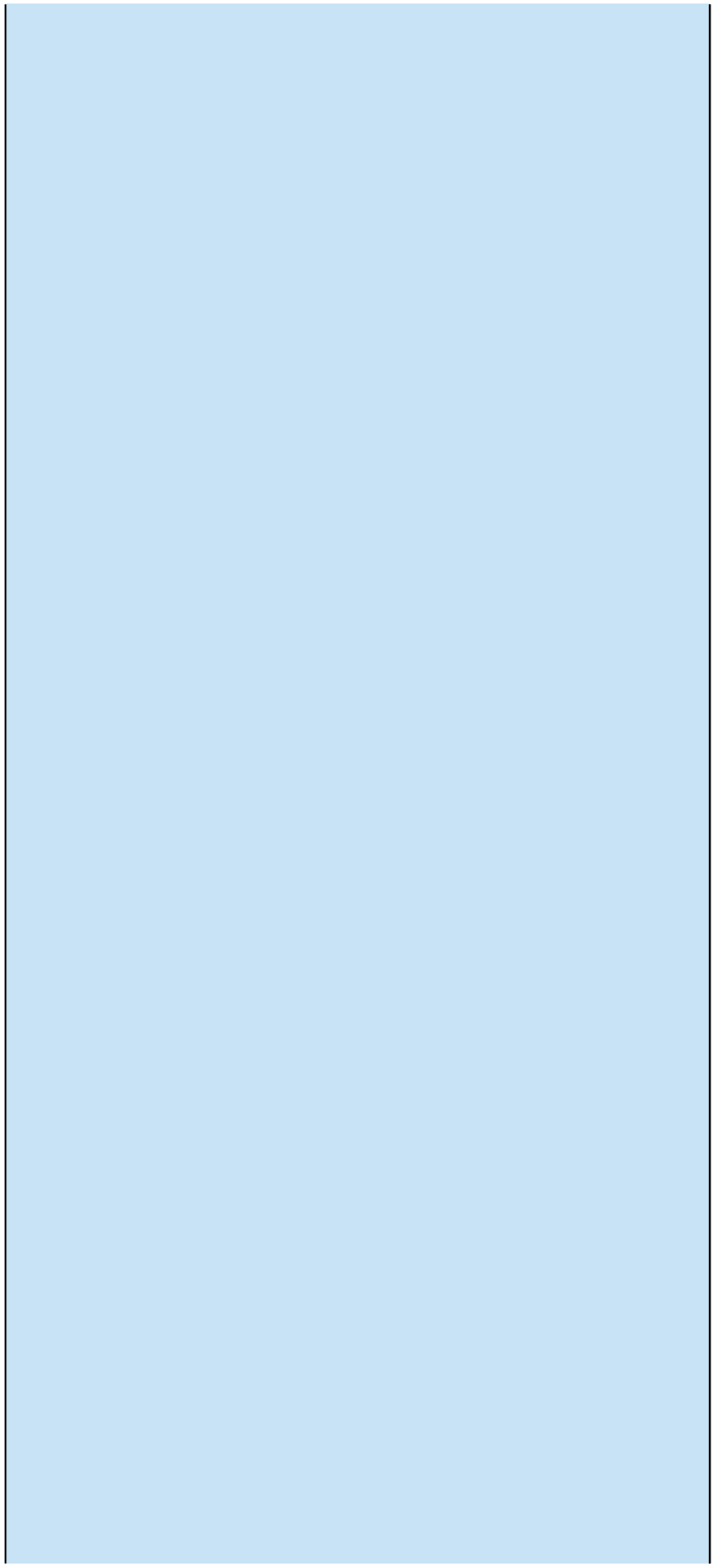


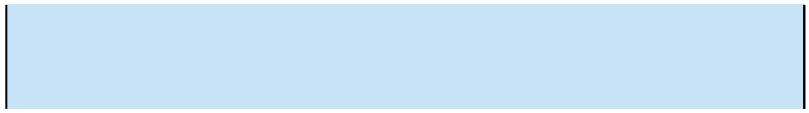




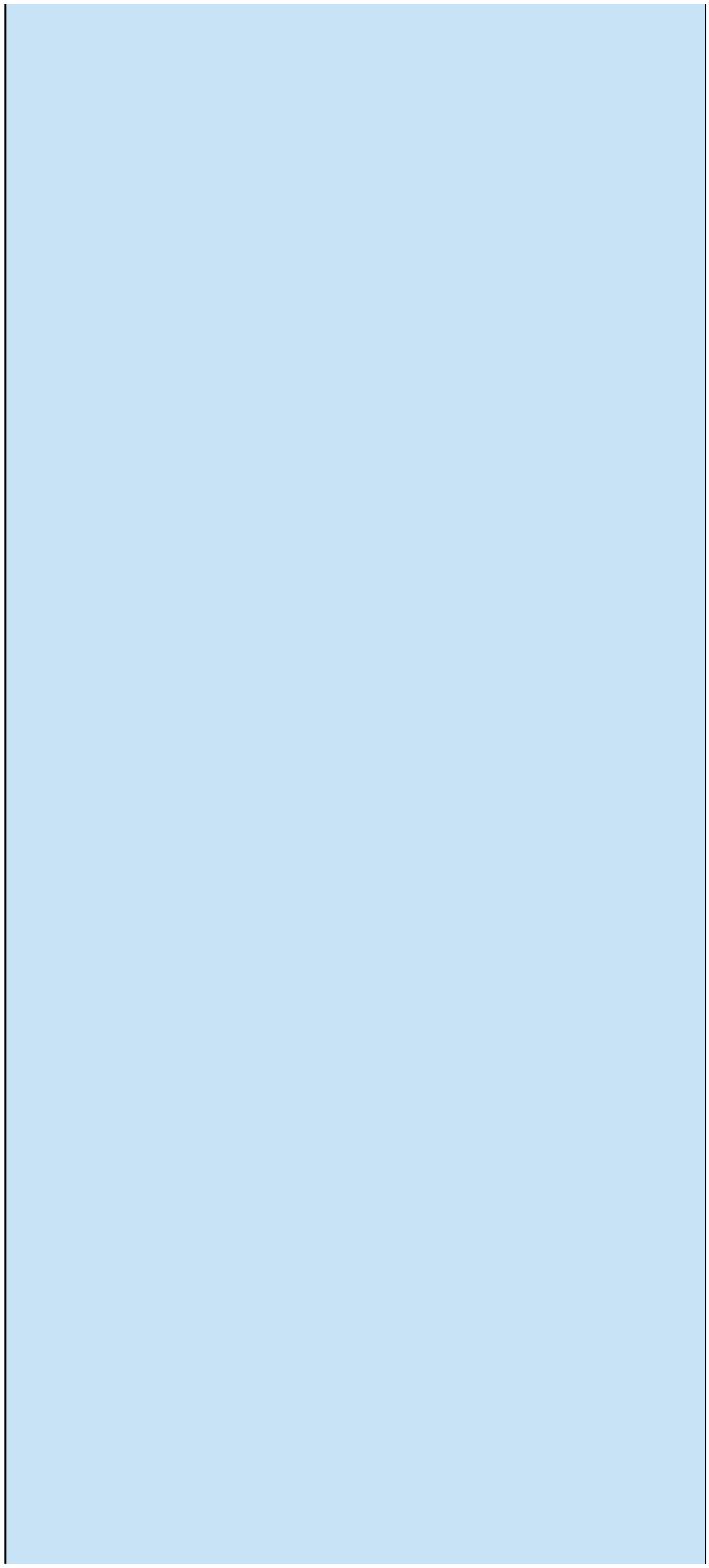


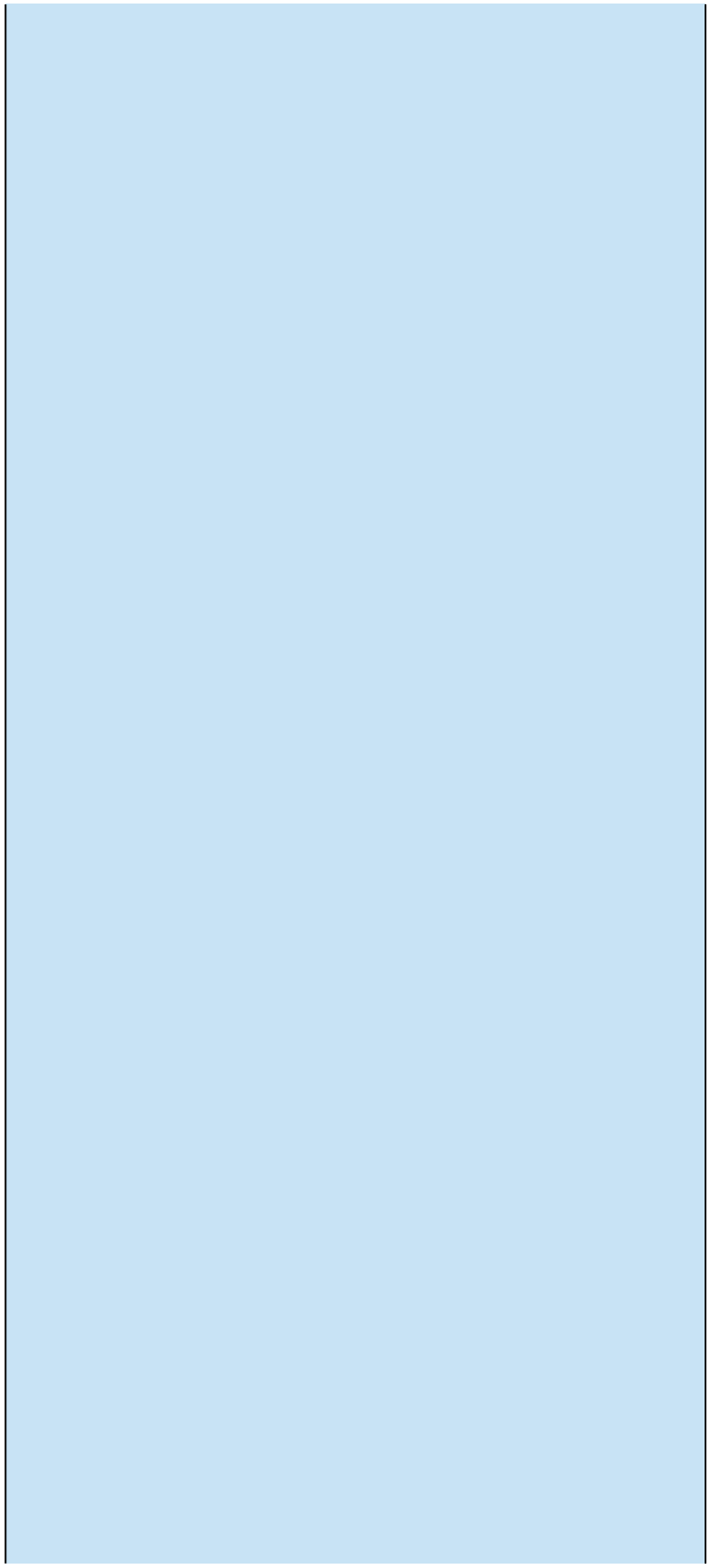


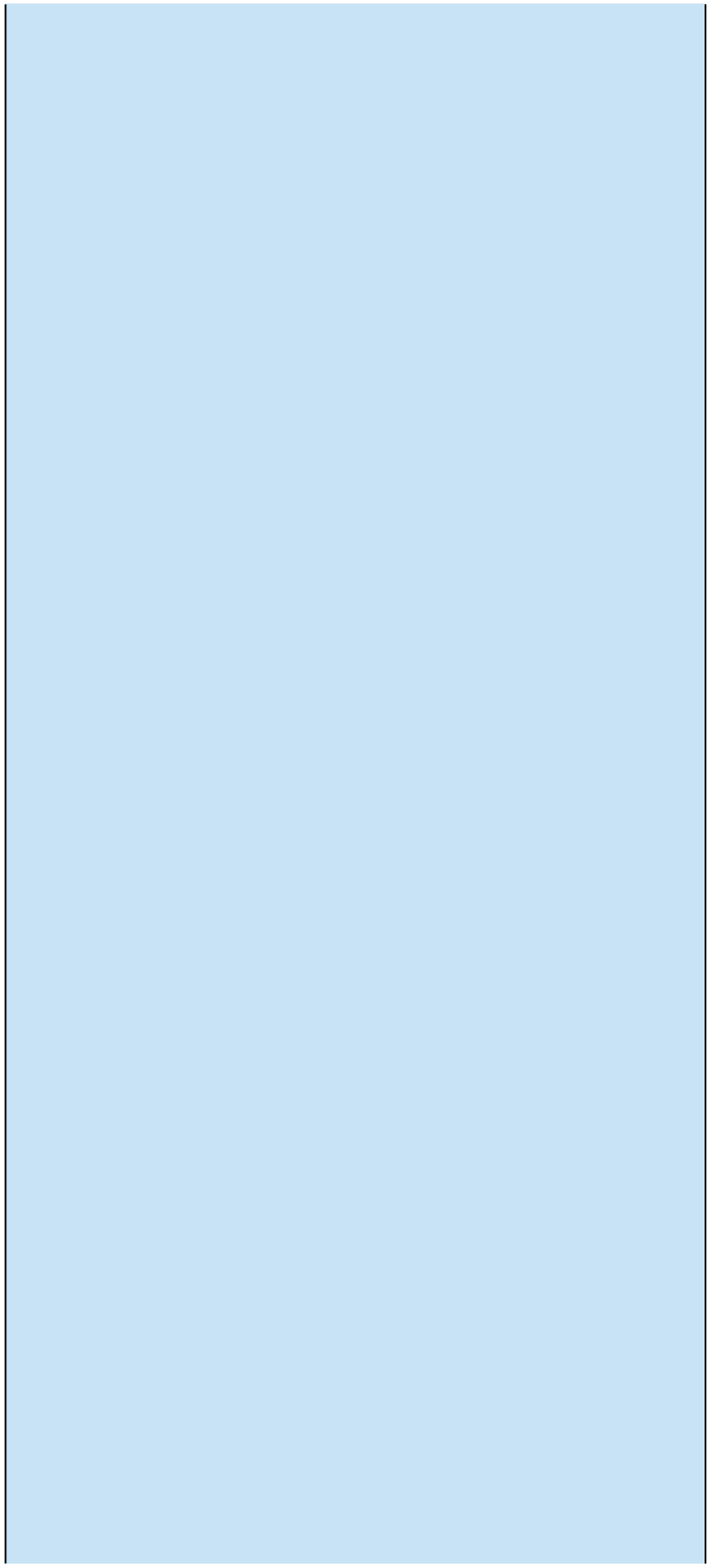


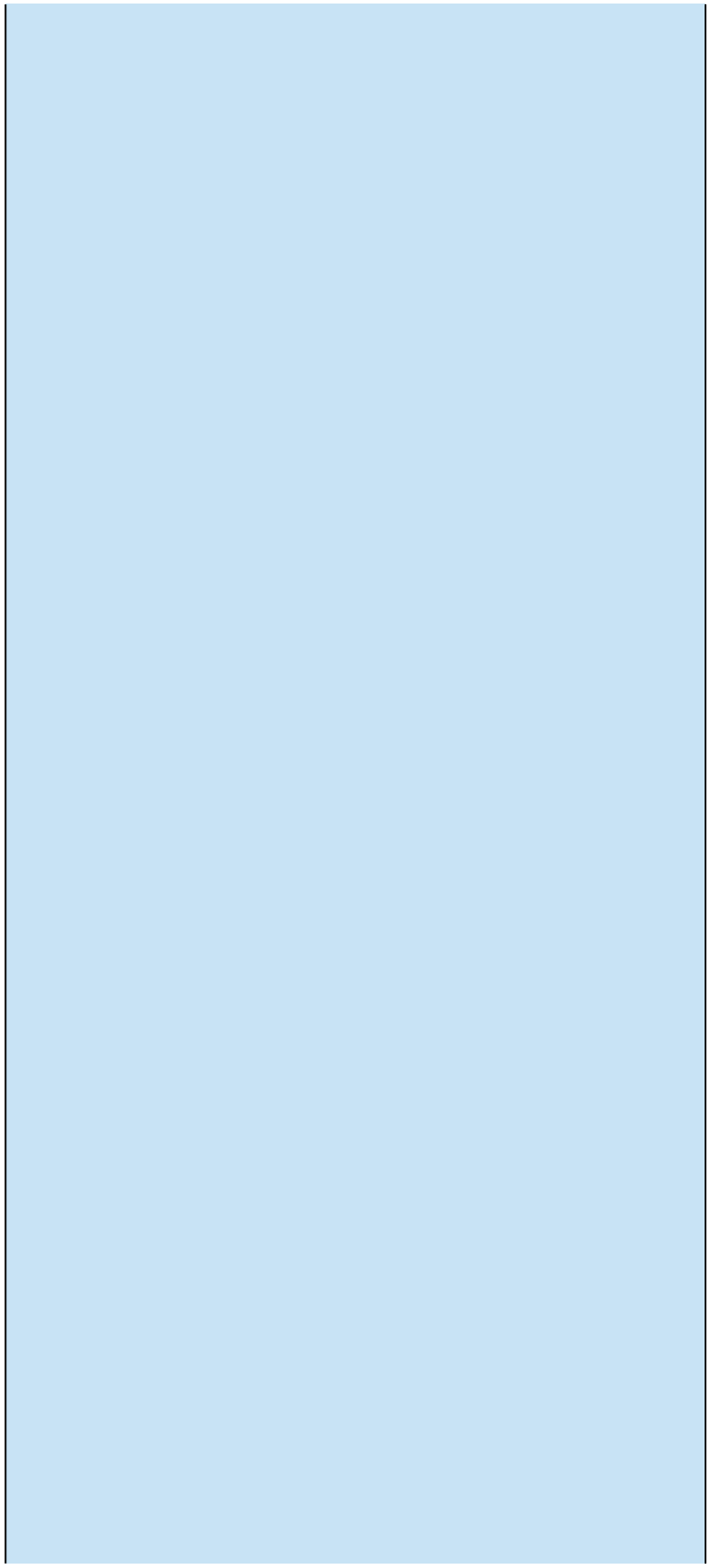


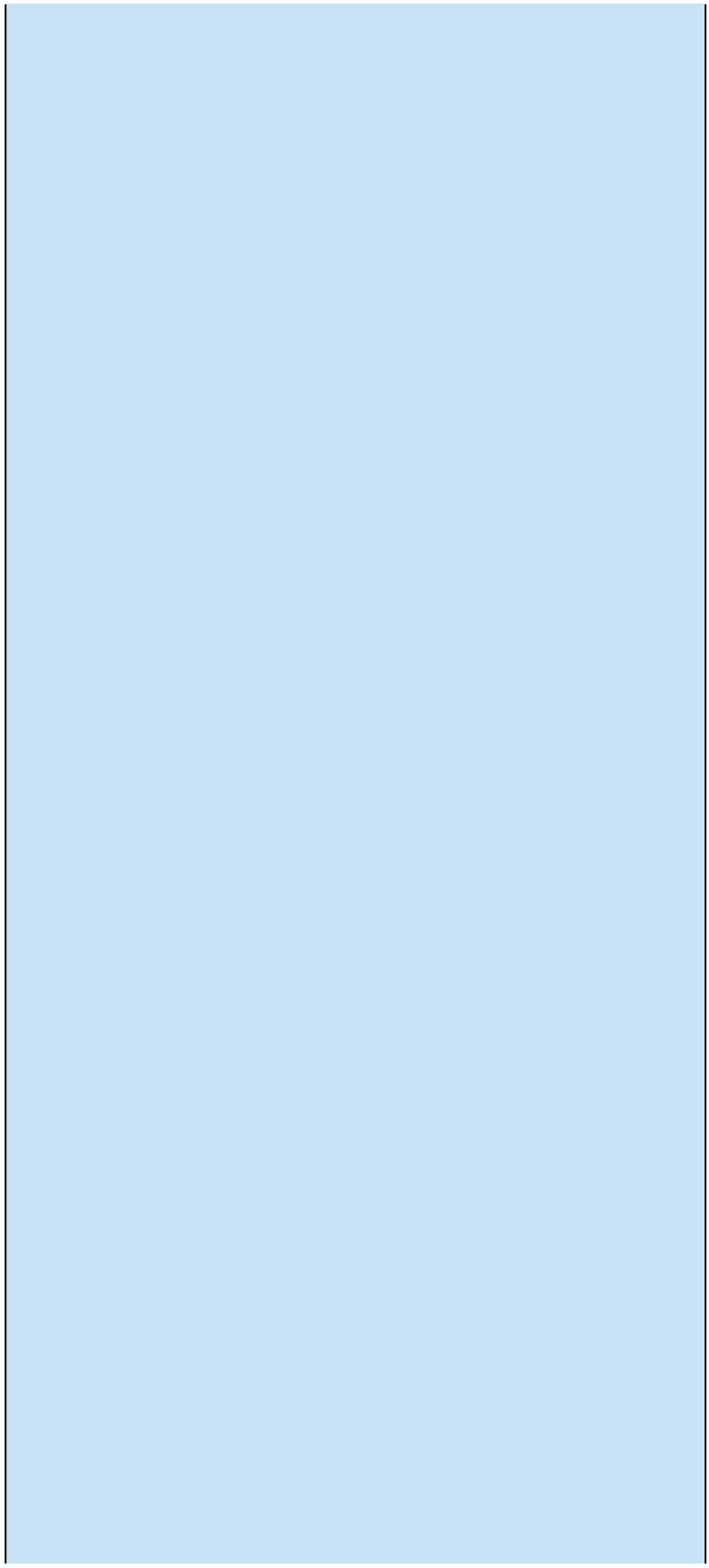
How many GJC Participants were ENROLLED this quarter?
.
gory.
# of Participants

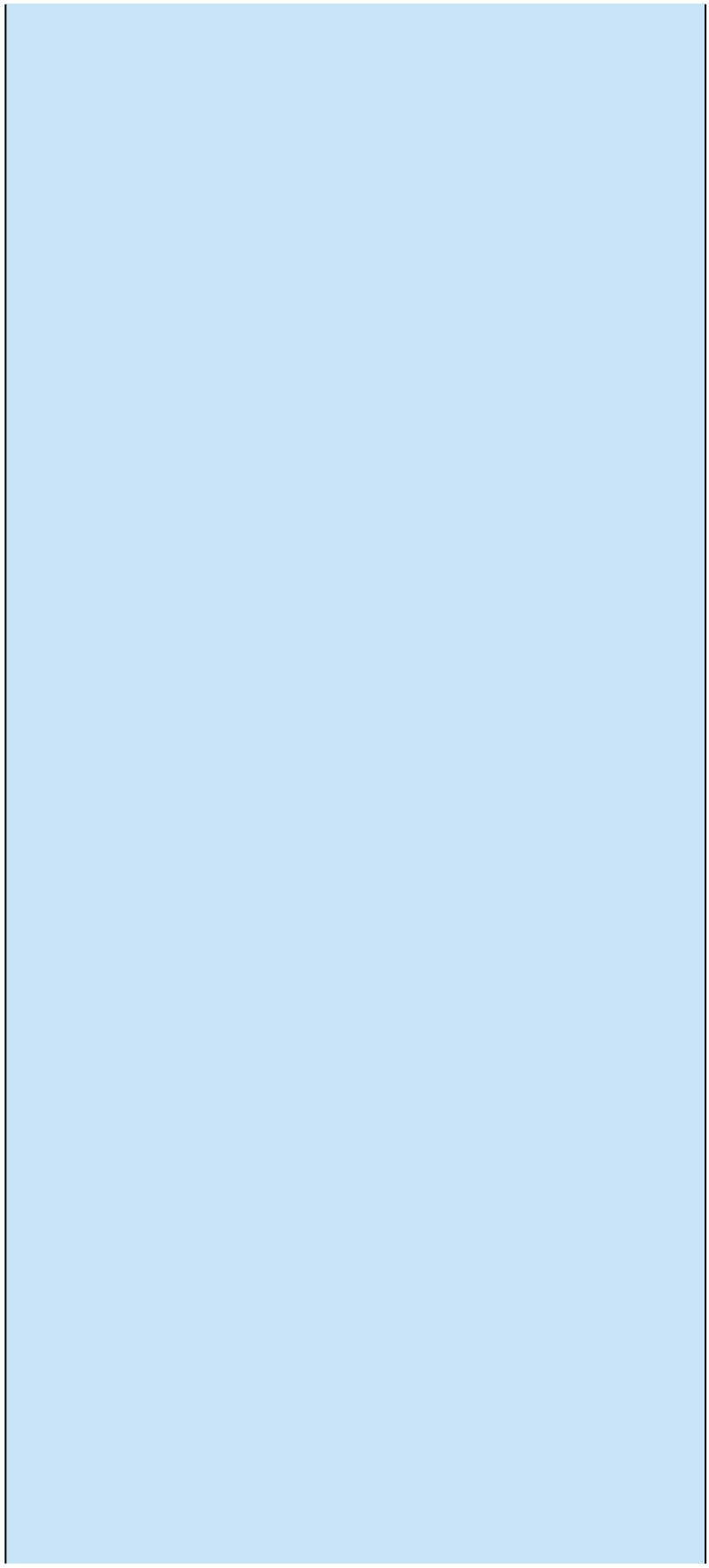


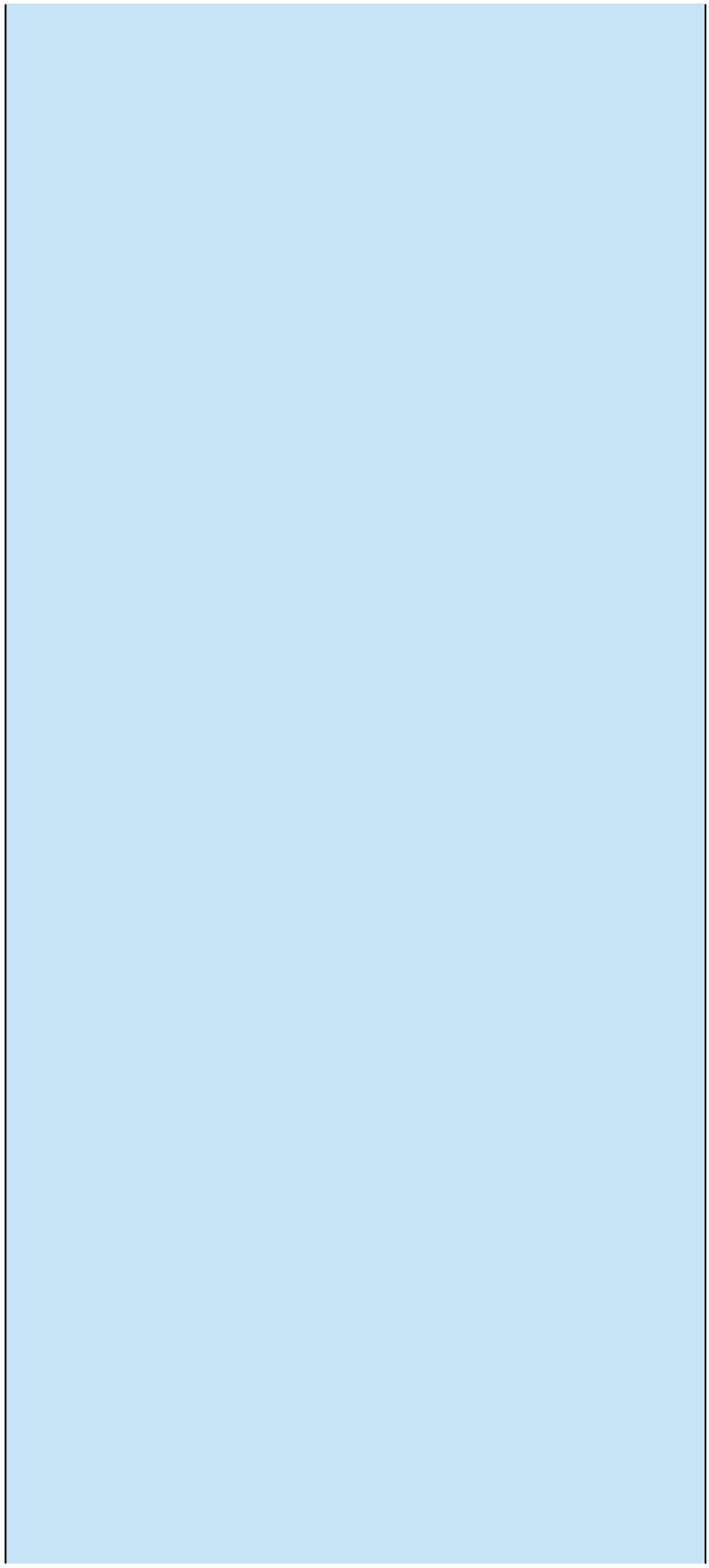


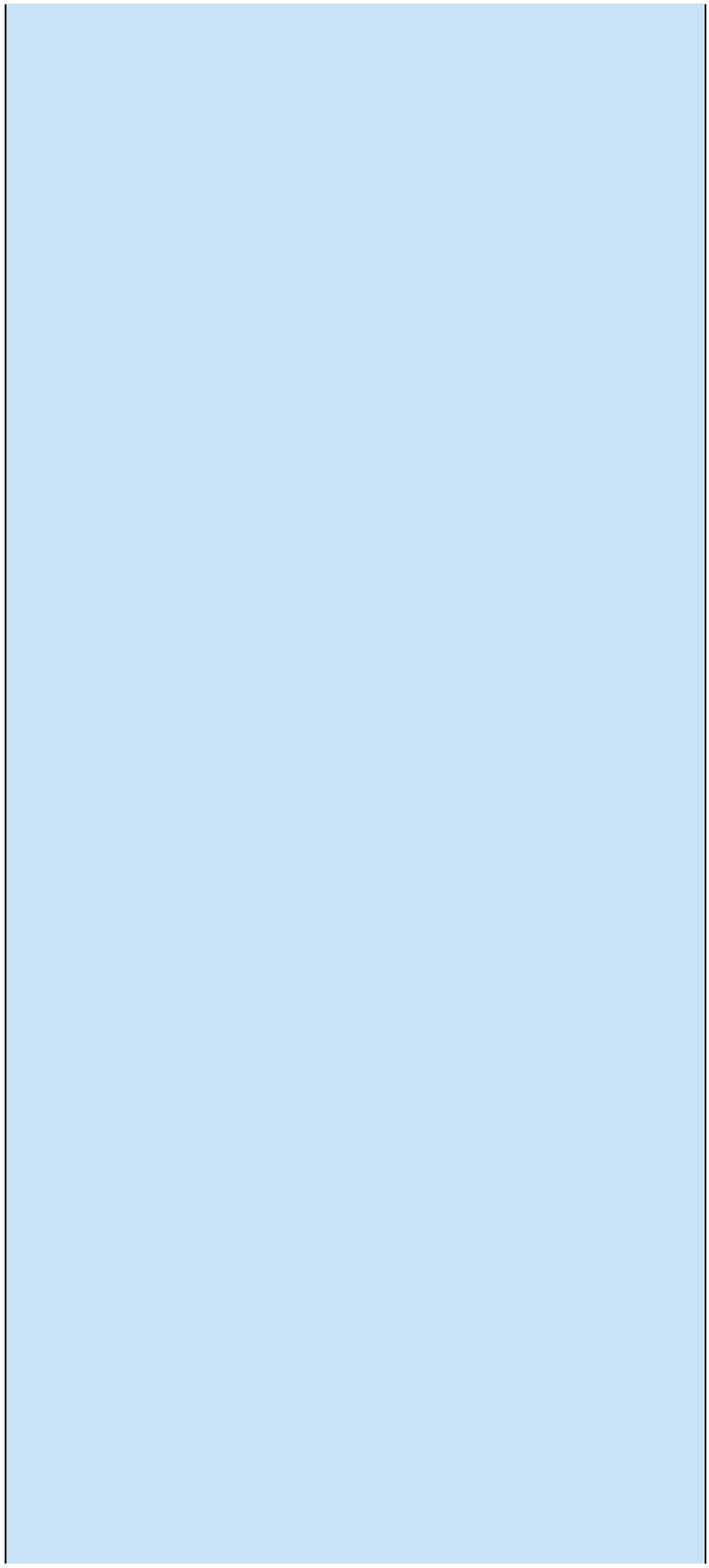


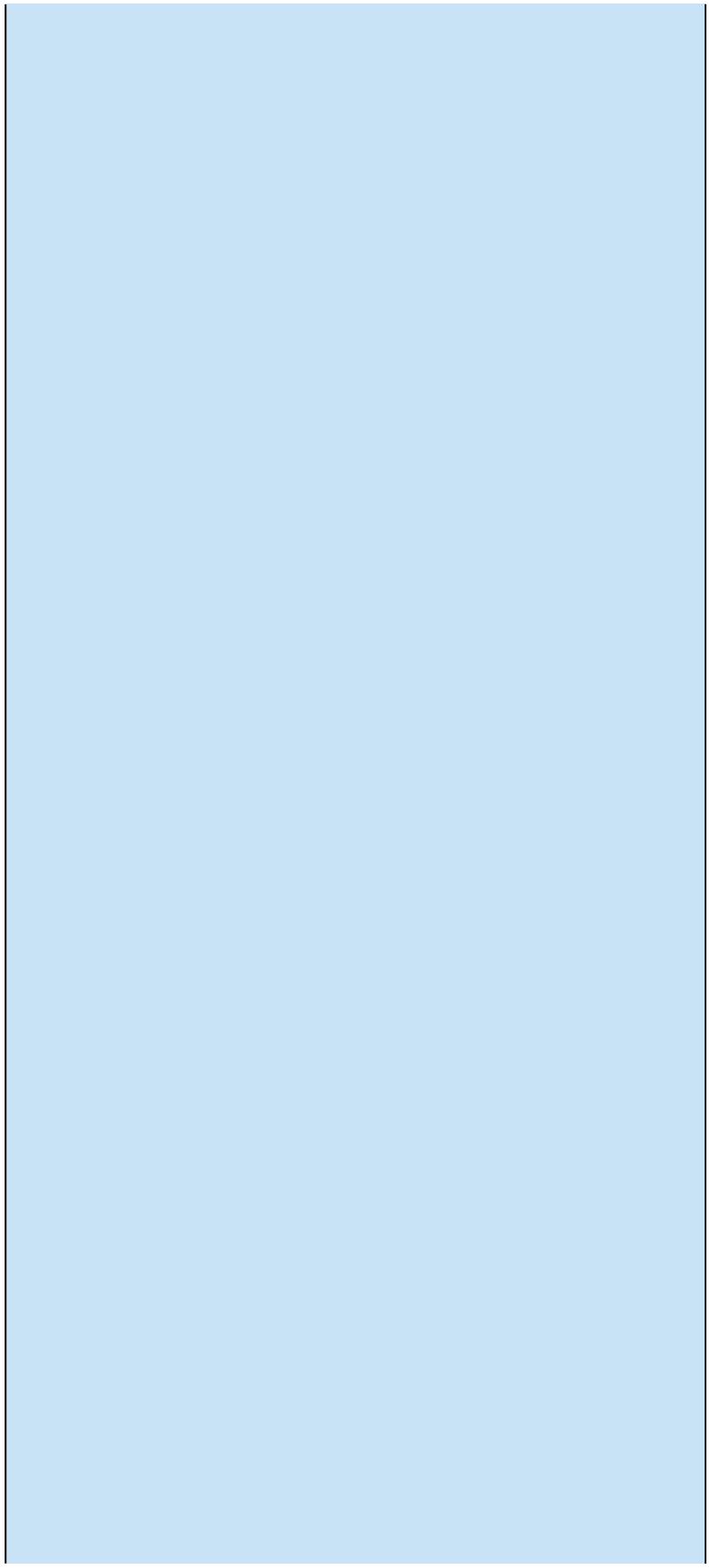


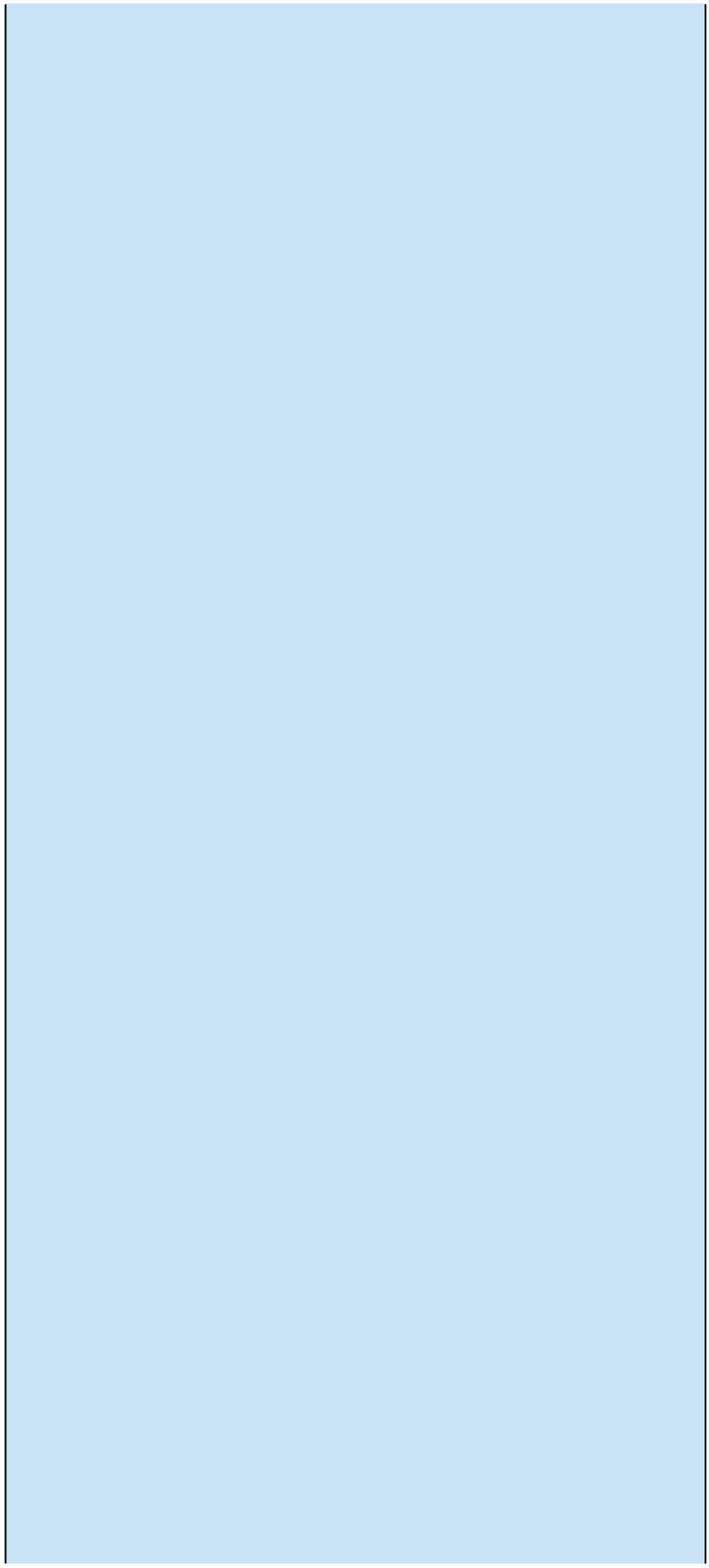


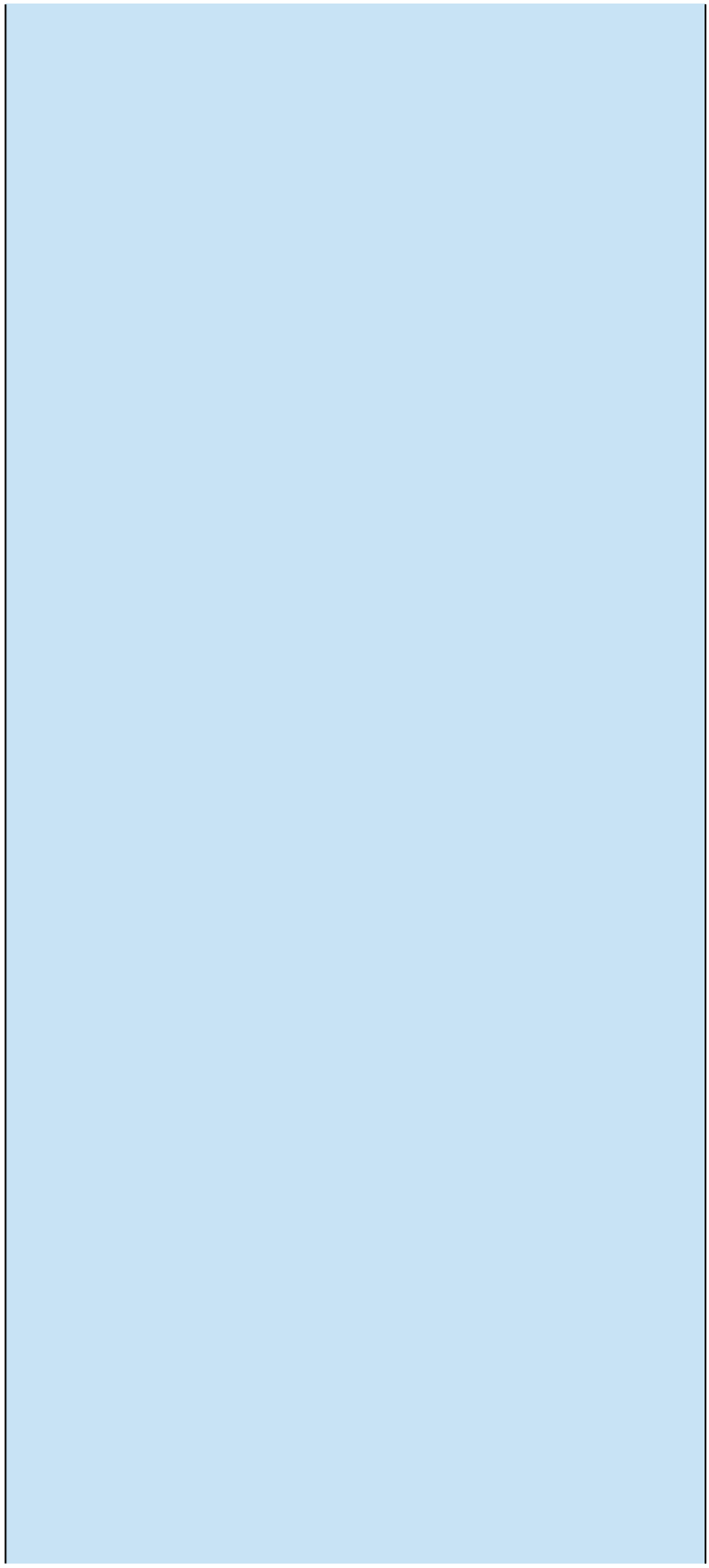


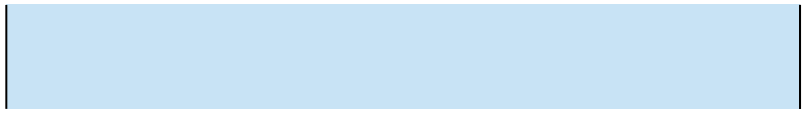












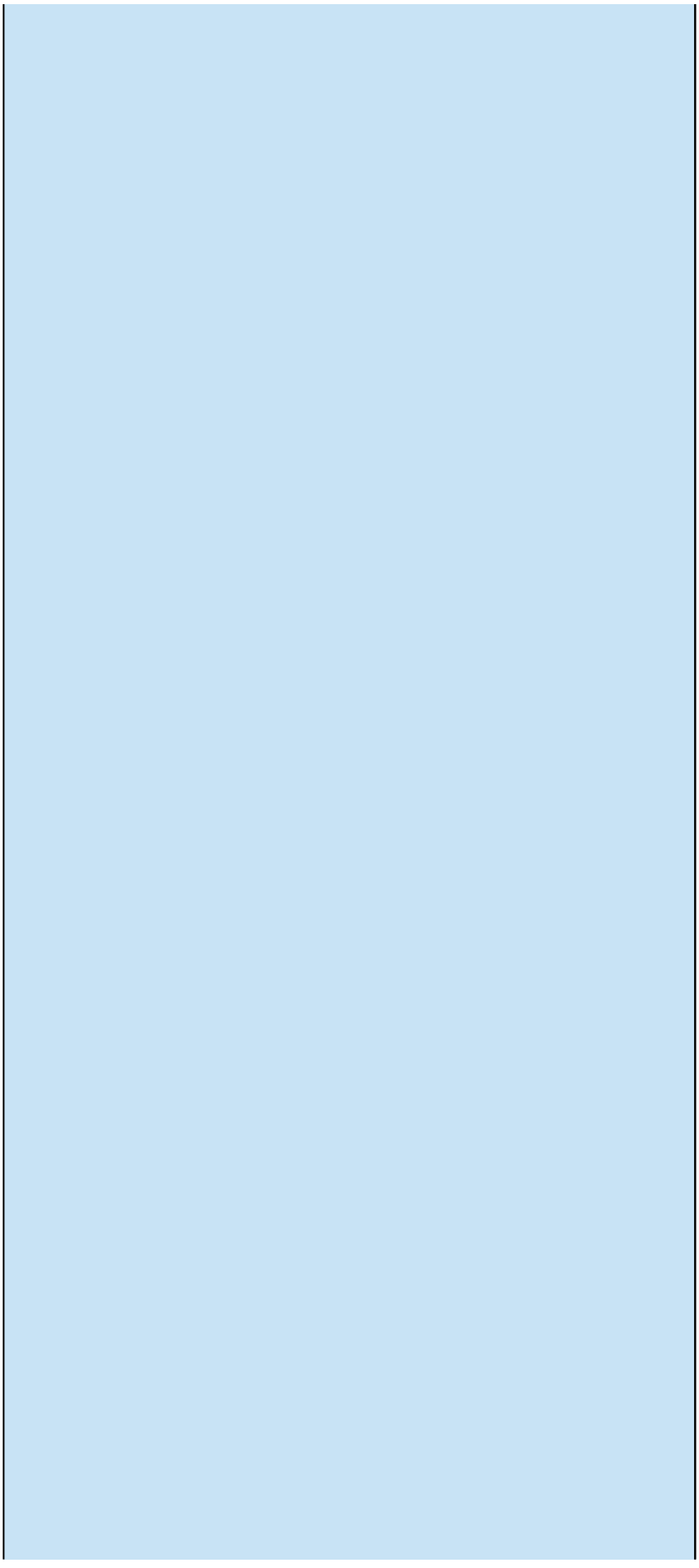
Name of Training Provider

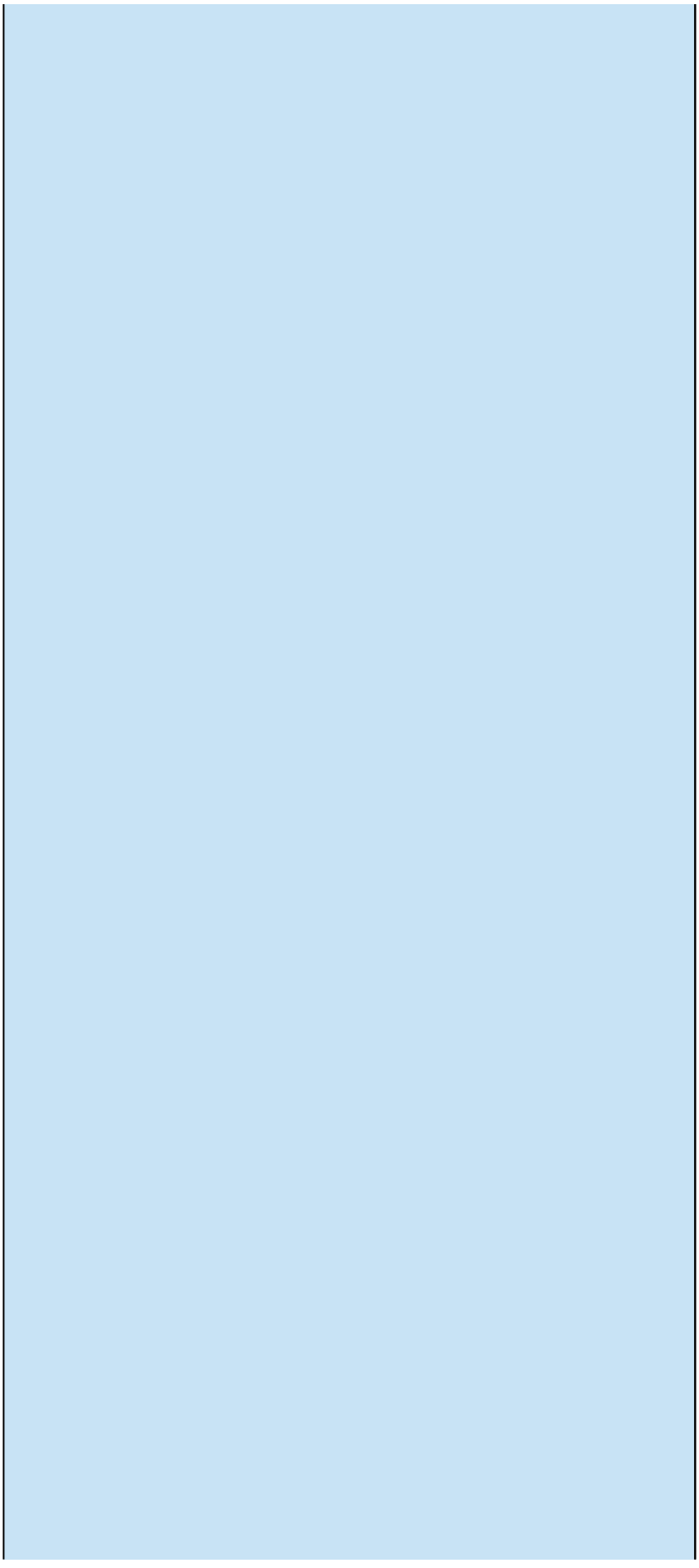
Please make sure the columns below are
incorrect, return to the training provider

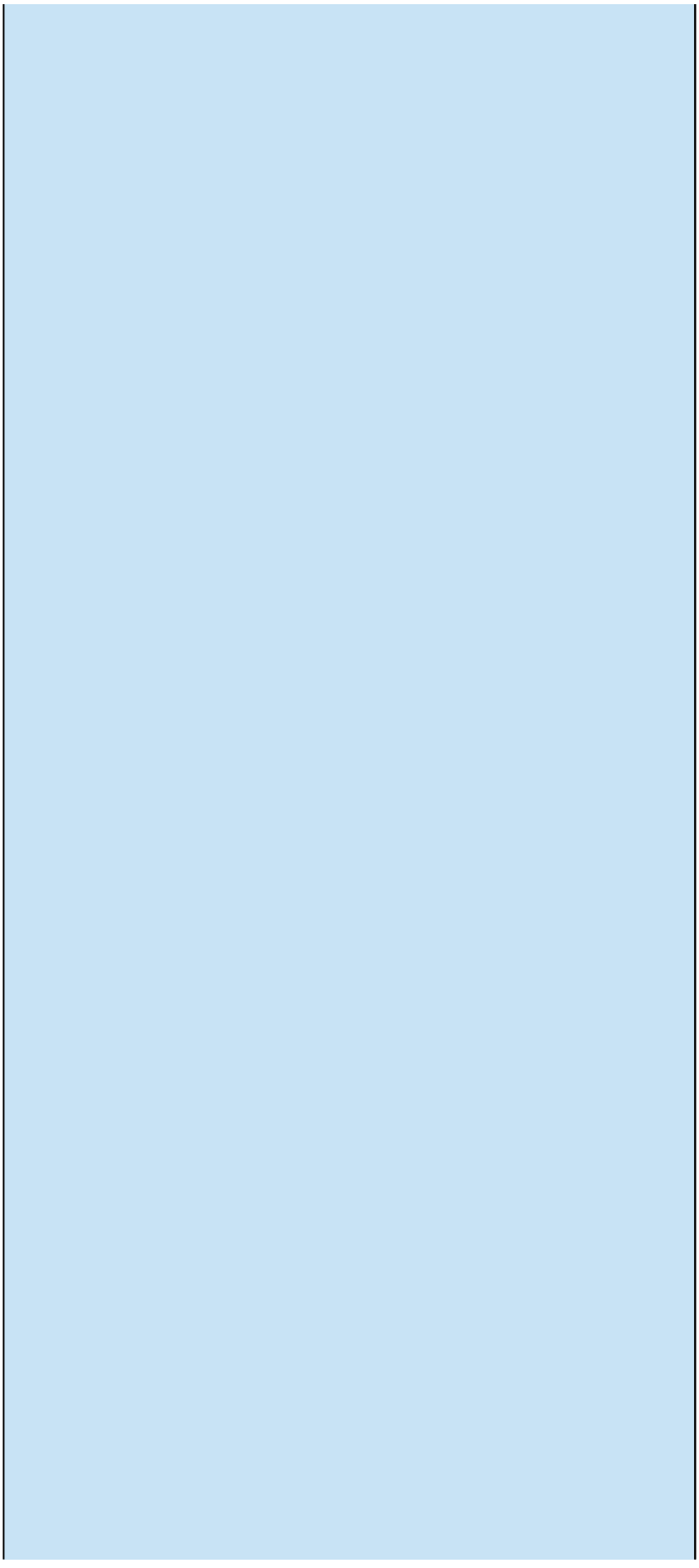
Name of Training Program

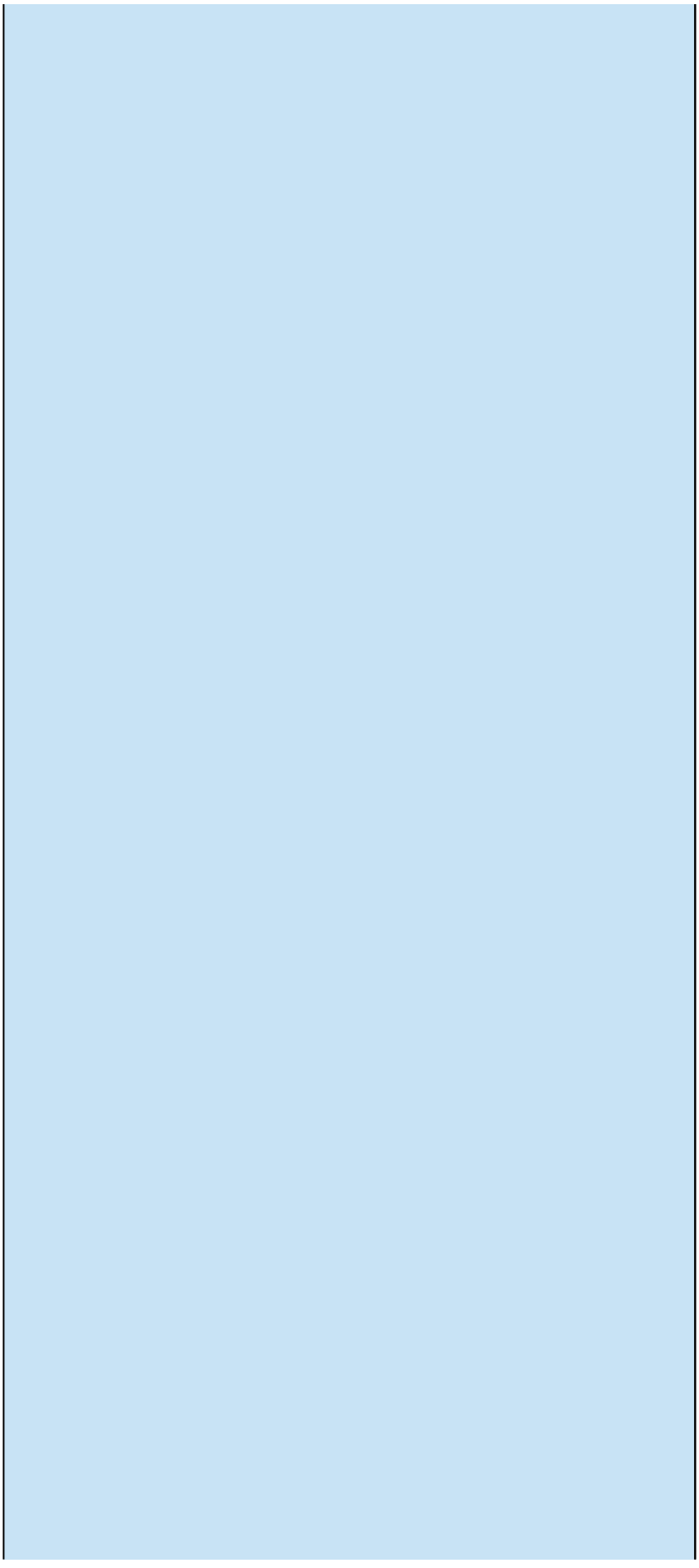
e completed correctly. If blank or
tab and hit save.

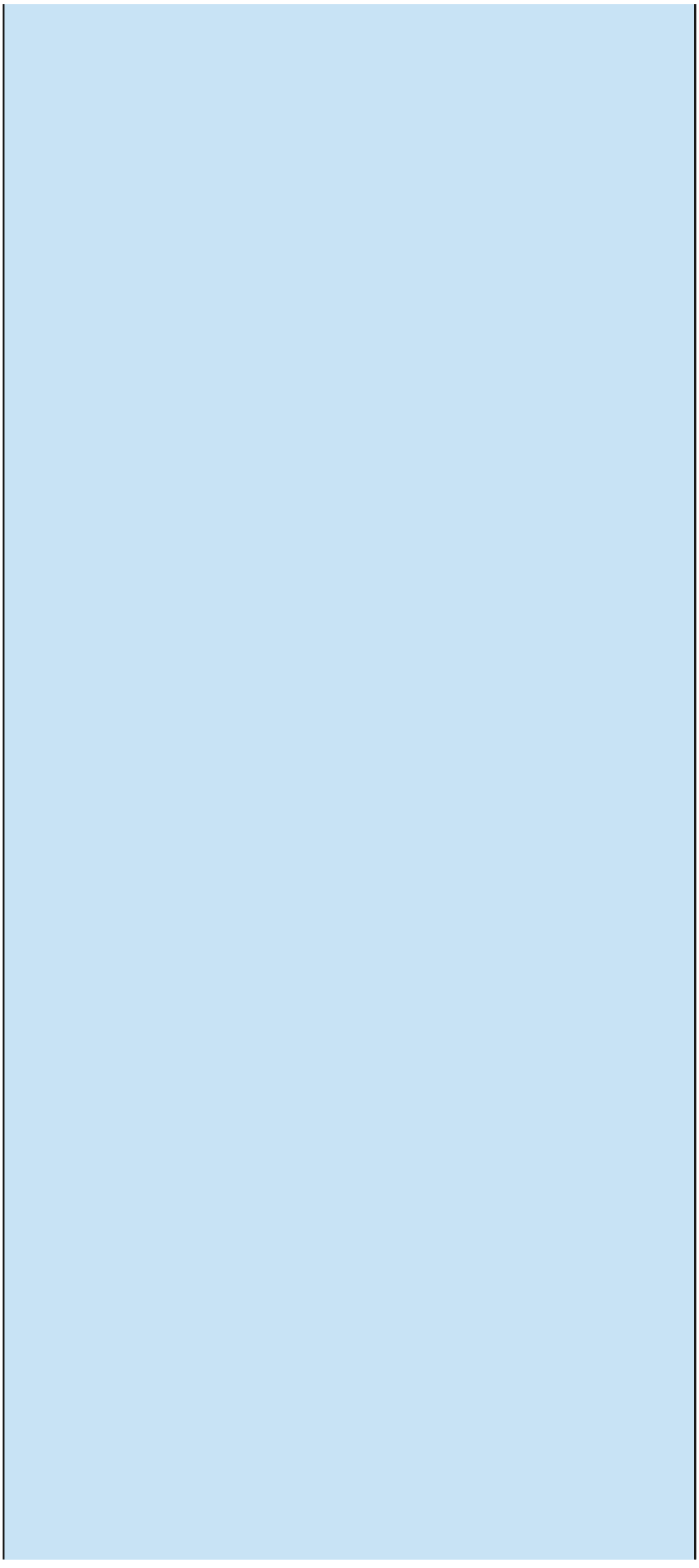
How many participants funded through the GJC completed training in the program?
☐ Check box and skip section if no participants comp
If no participants completed training this **past quarter**
# of Participants

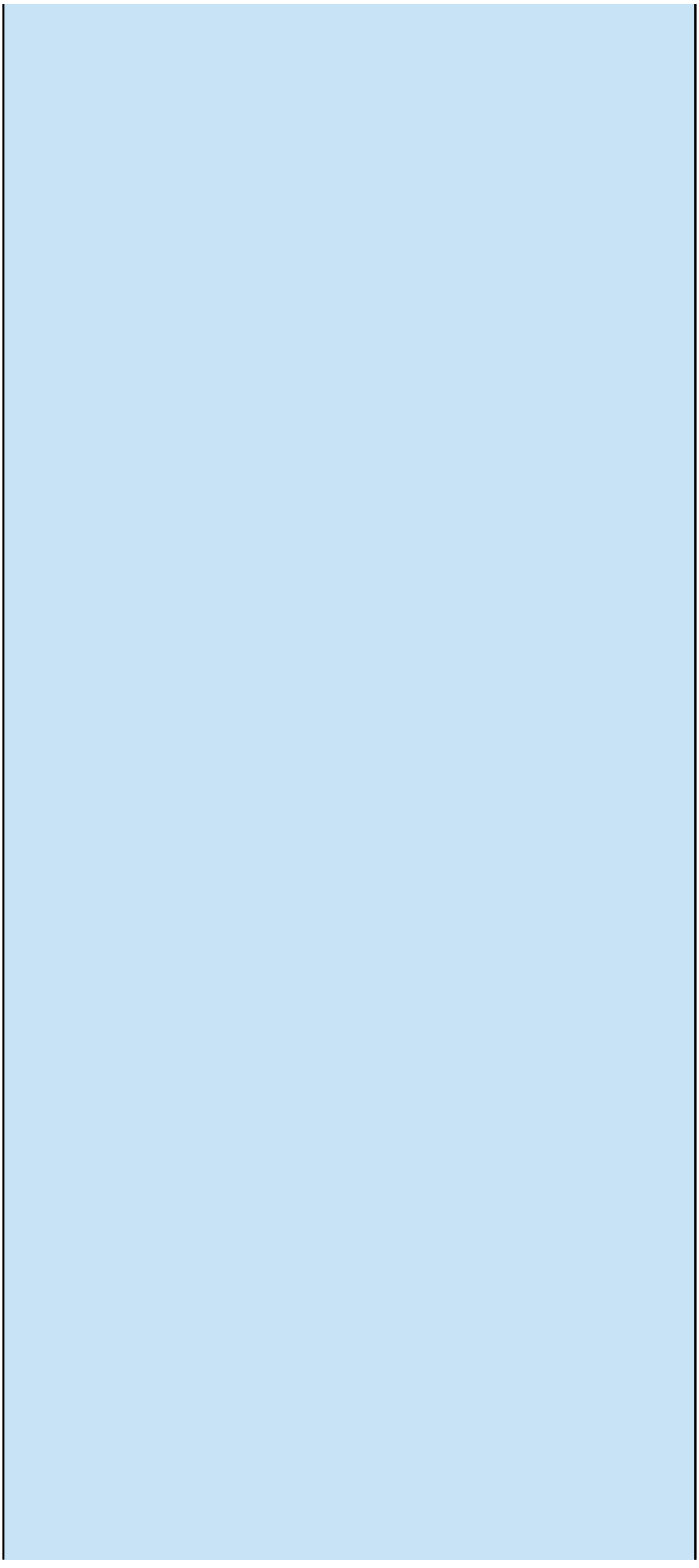


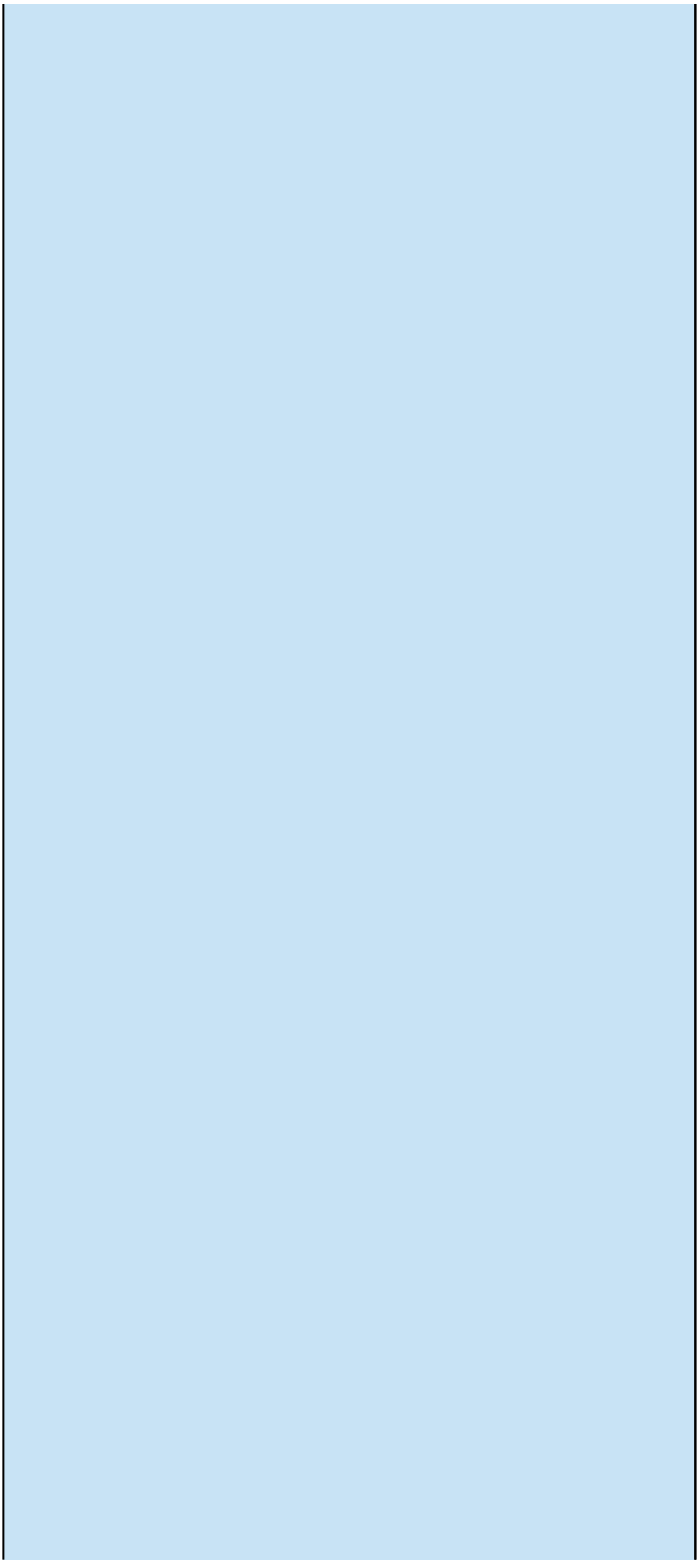


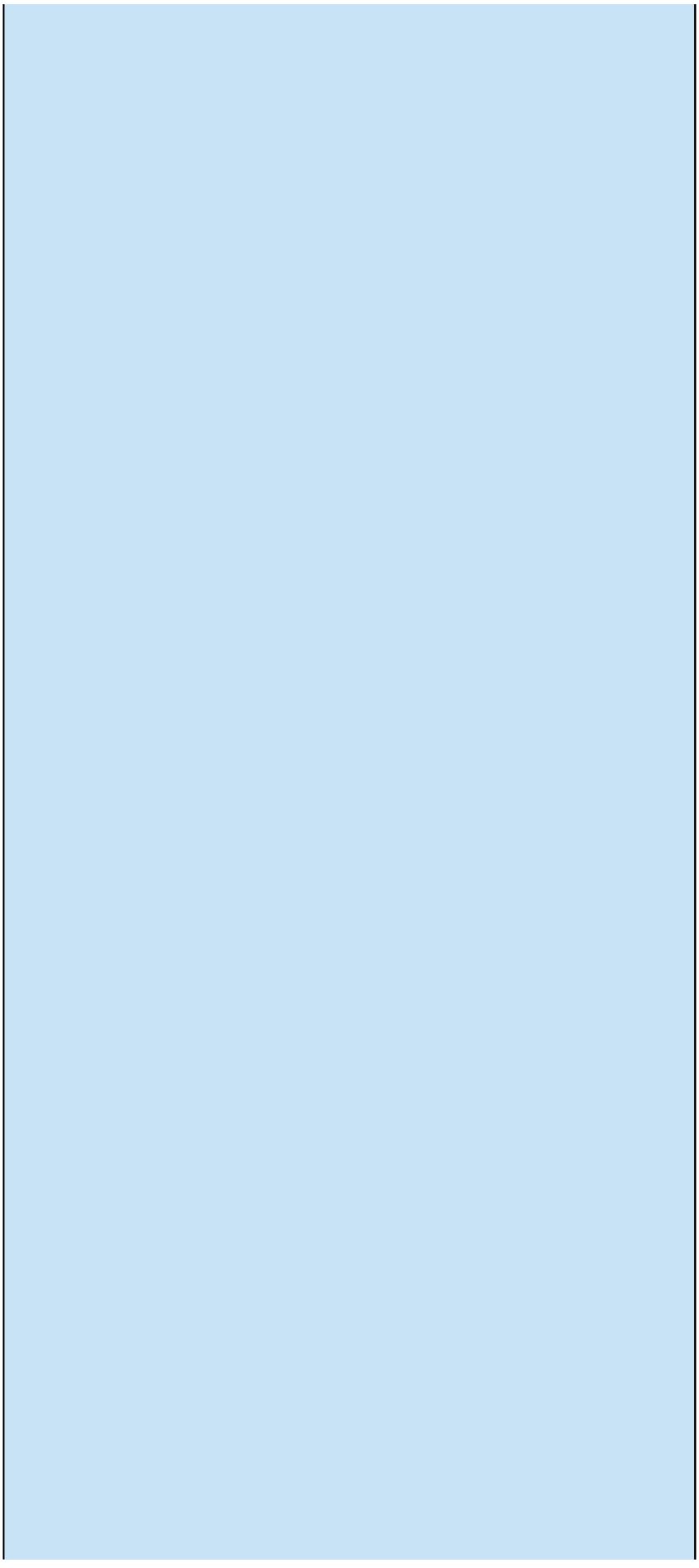


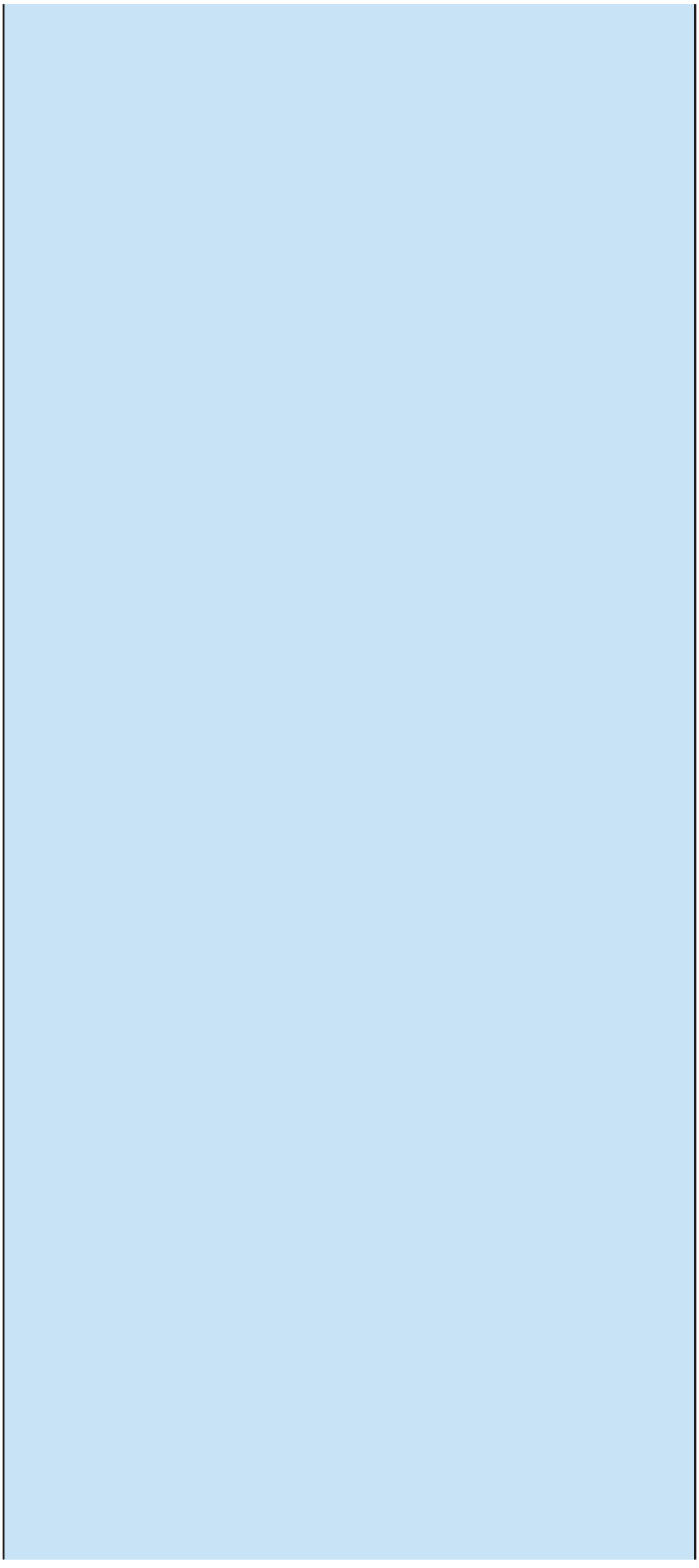


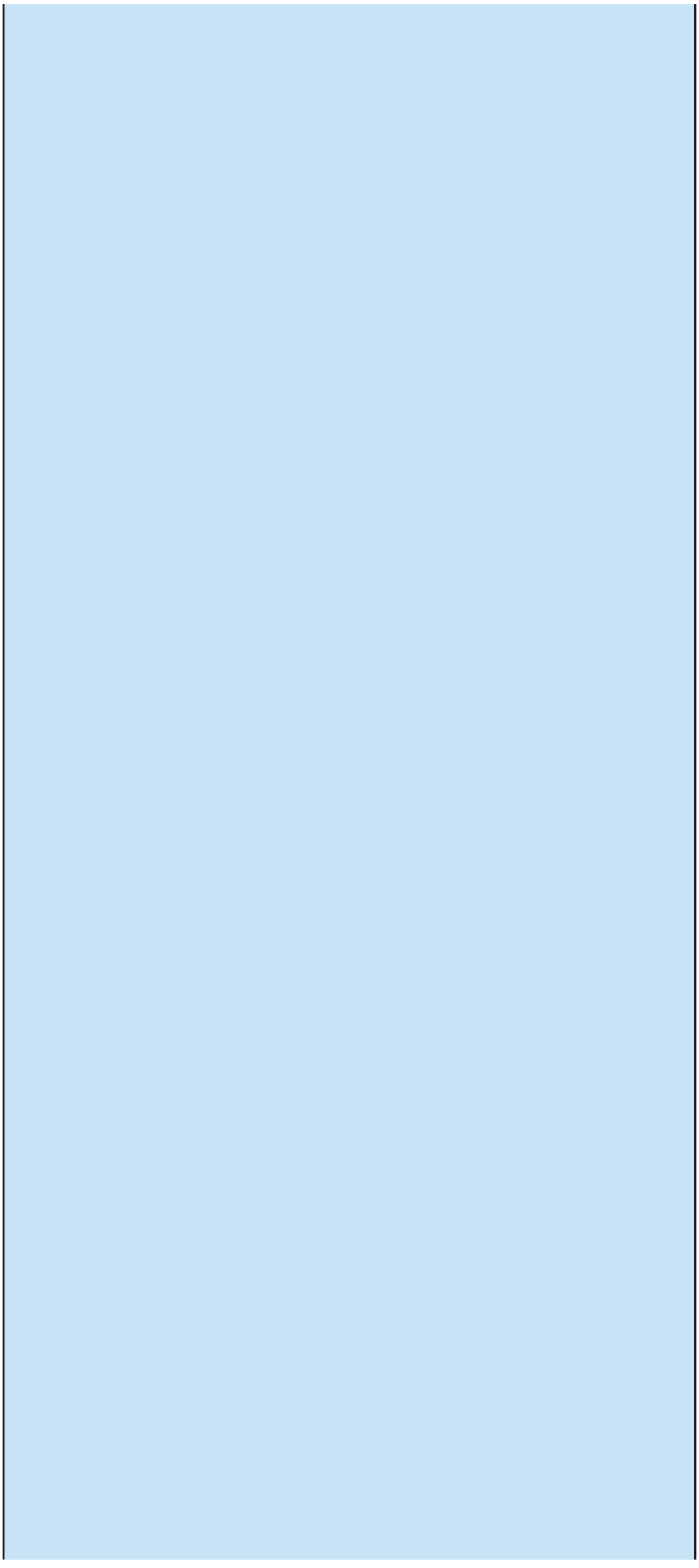












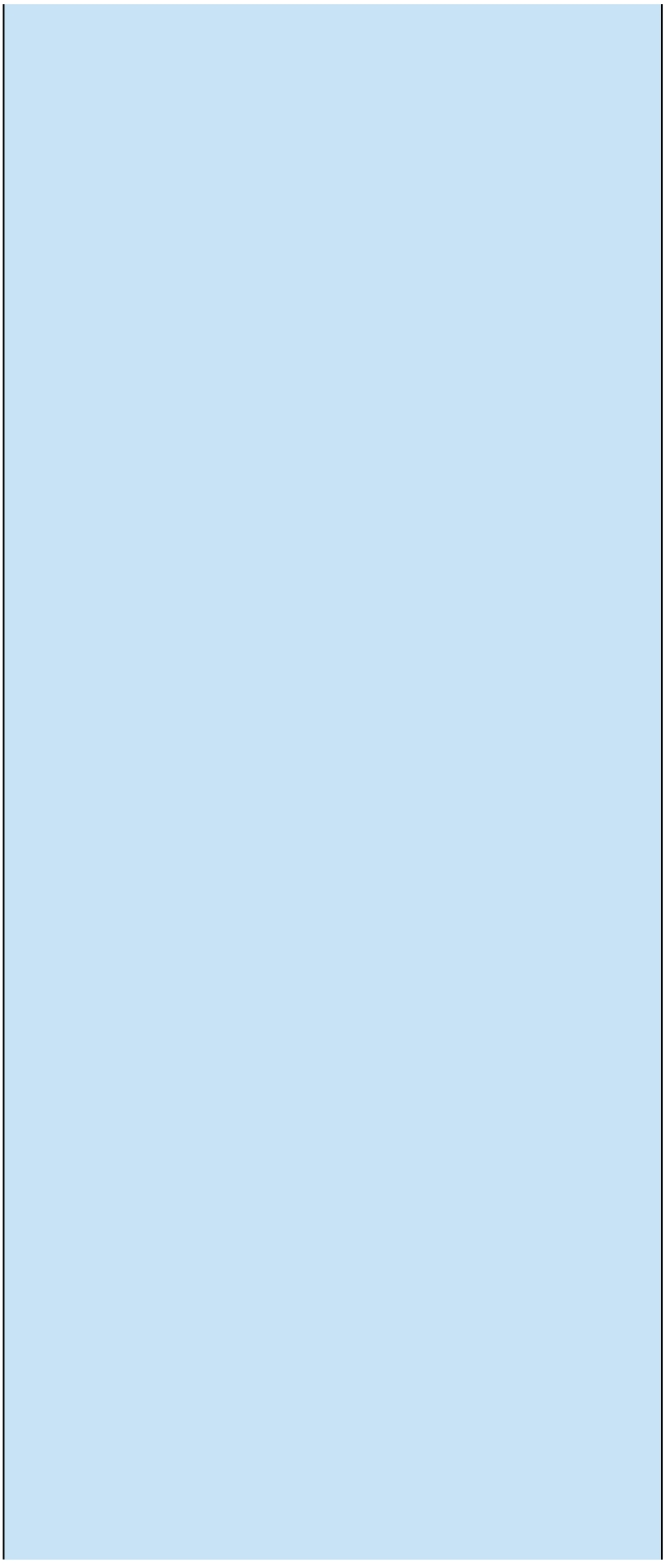
How many GJC participants completed training on-time?

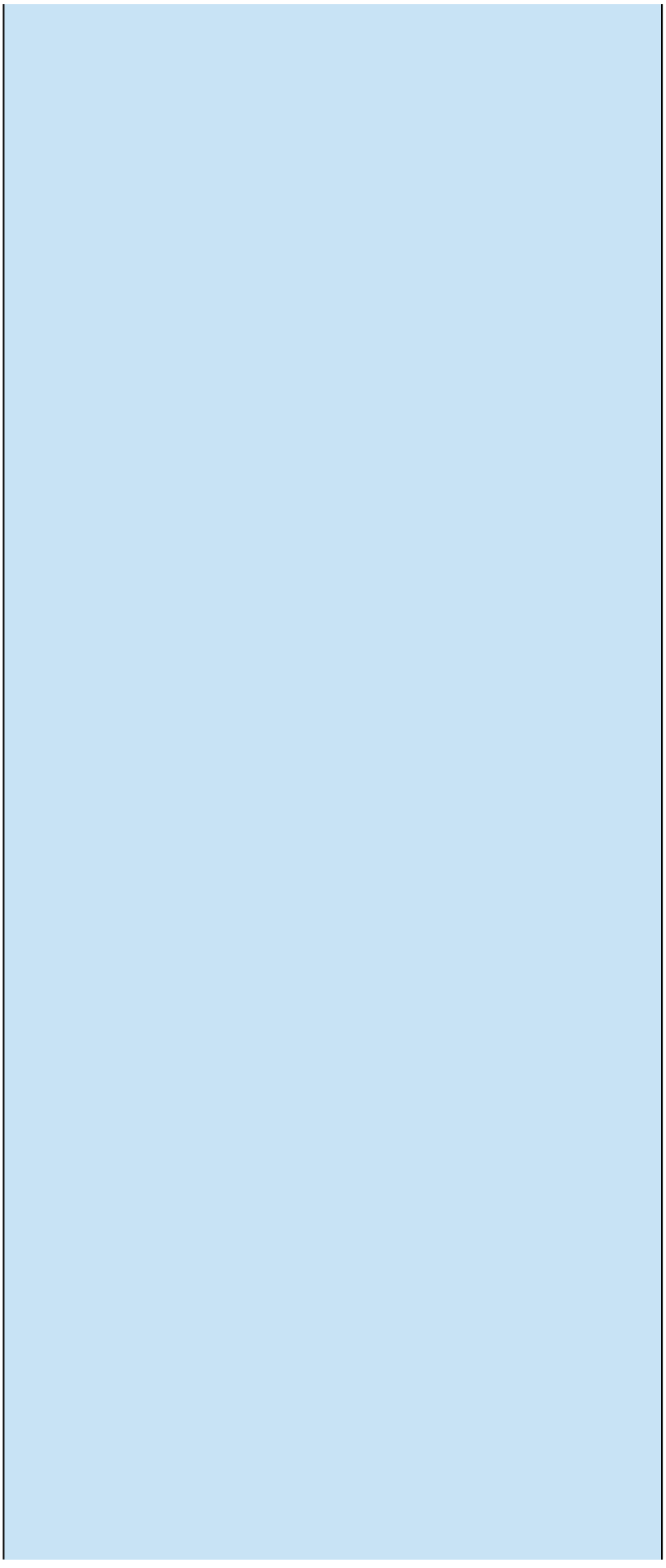
leted training in the **past quarter**.

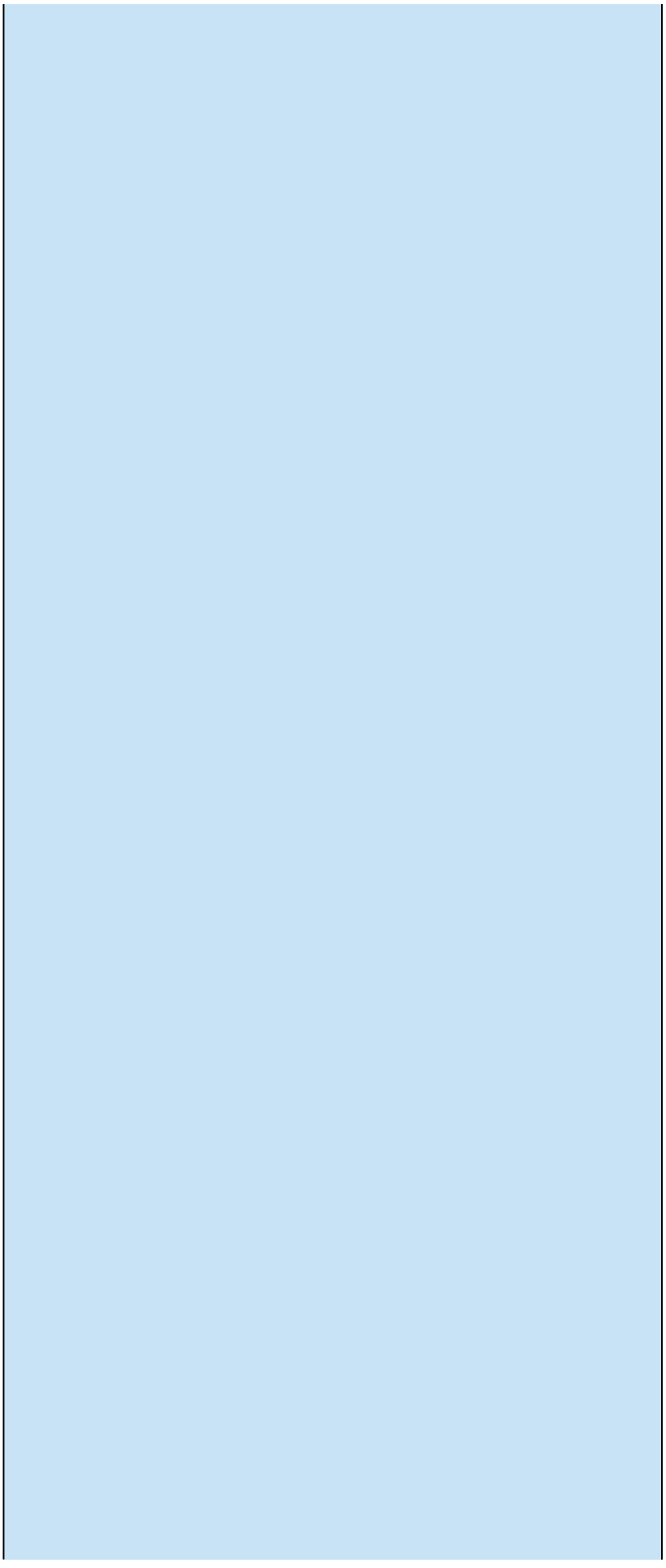
, please enter 0 for that category.

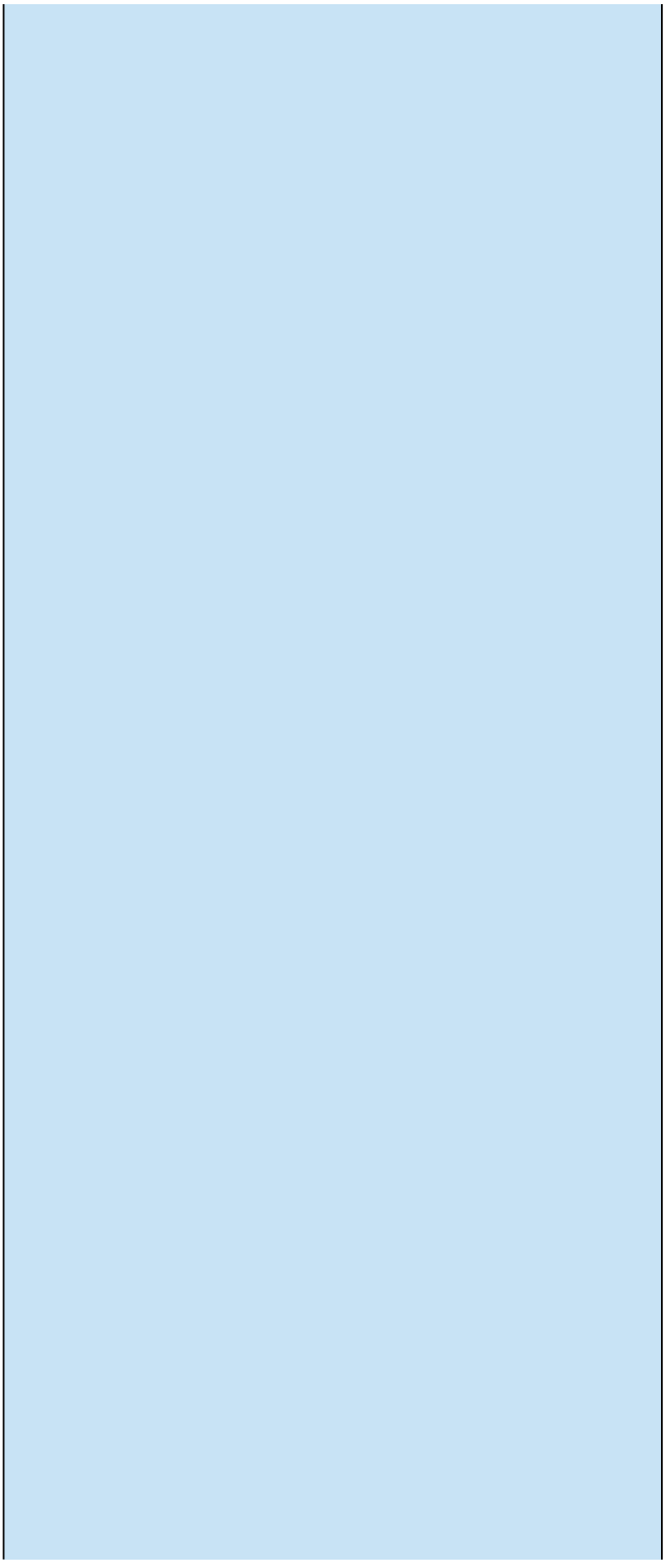
# of Participants

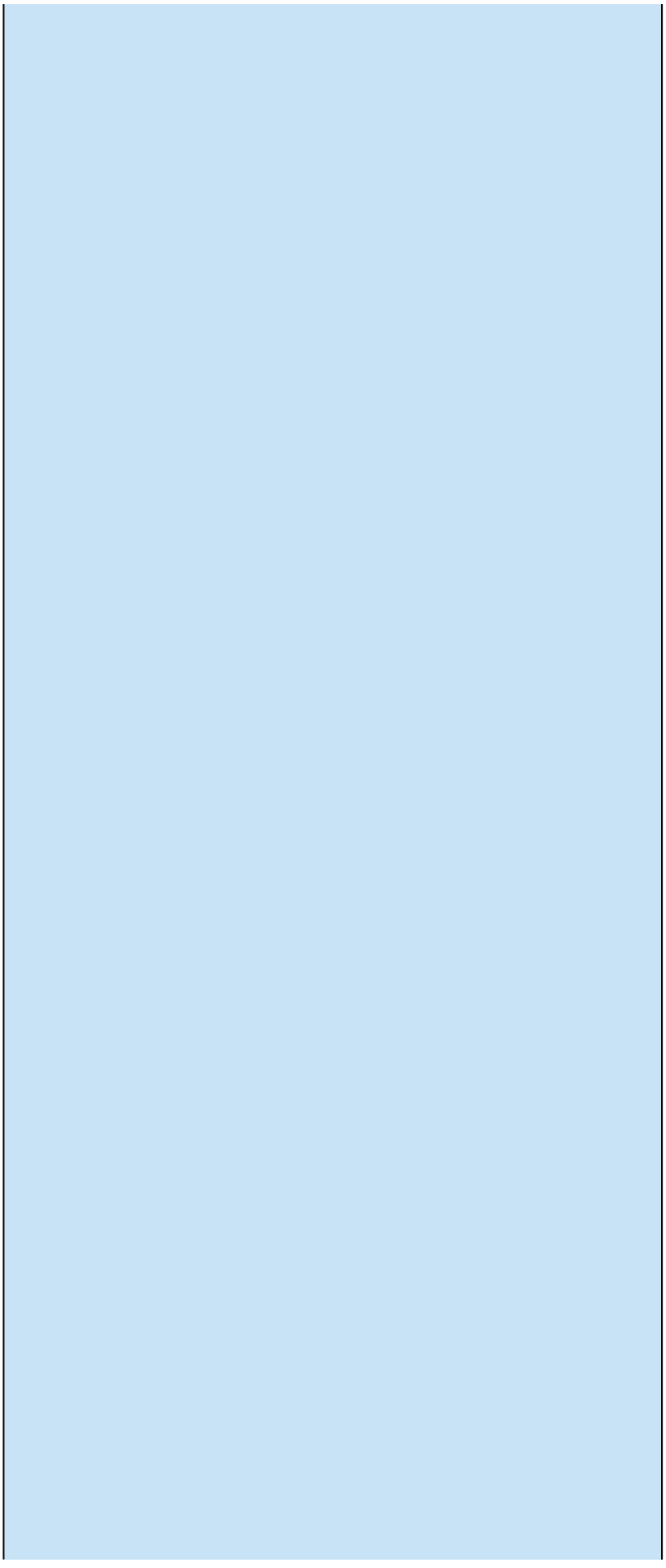
How many GJC participants completed training, but training was not continuous?
# of Participants

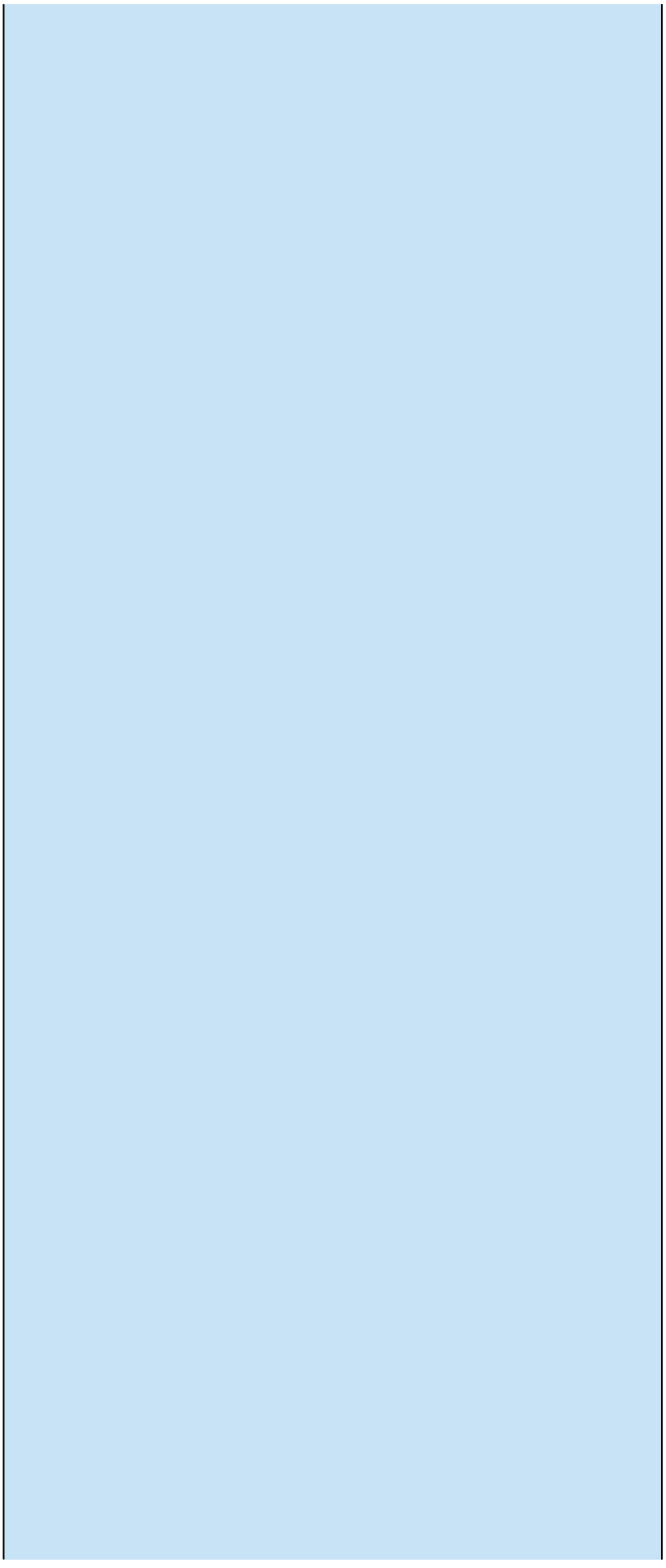


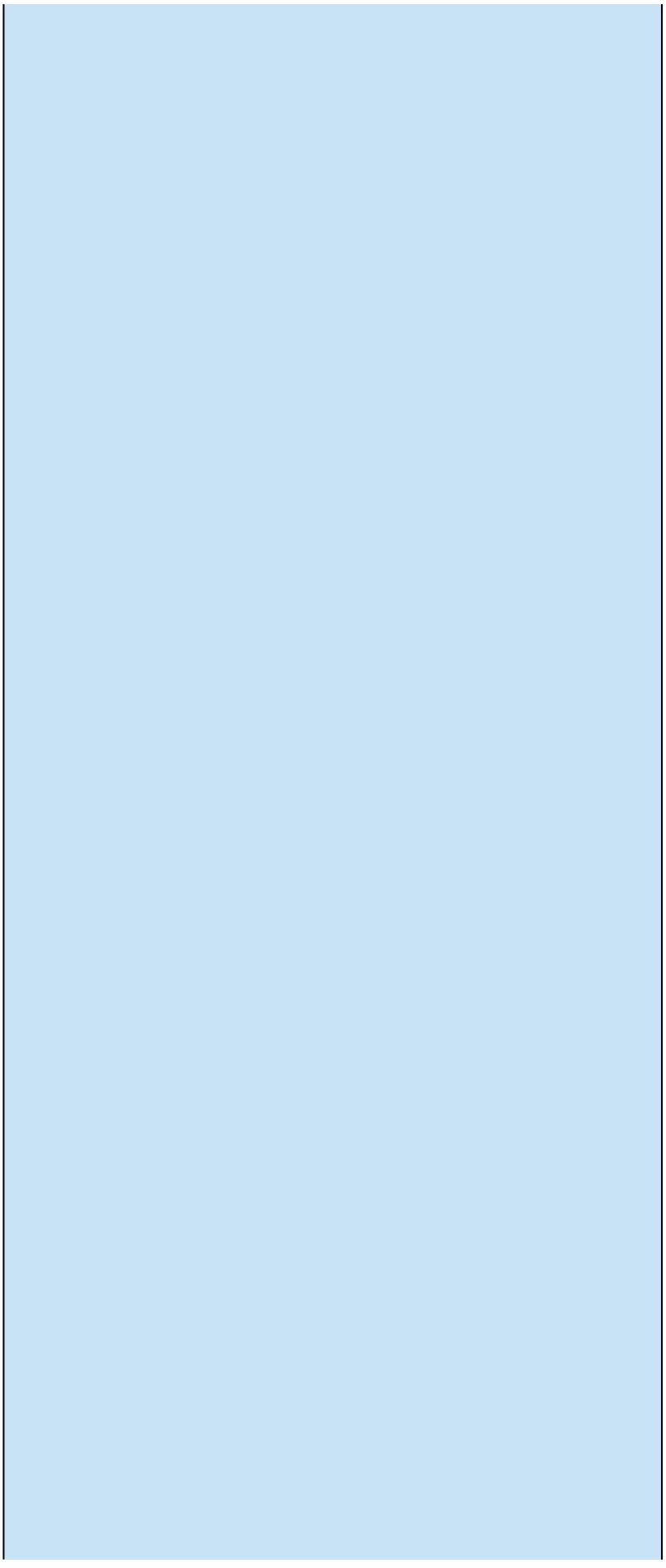


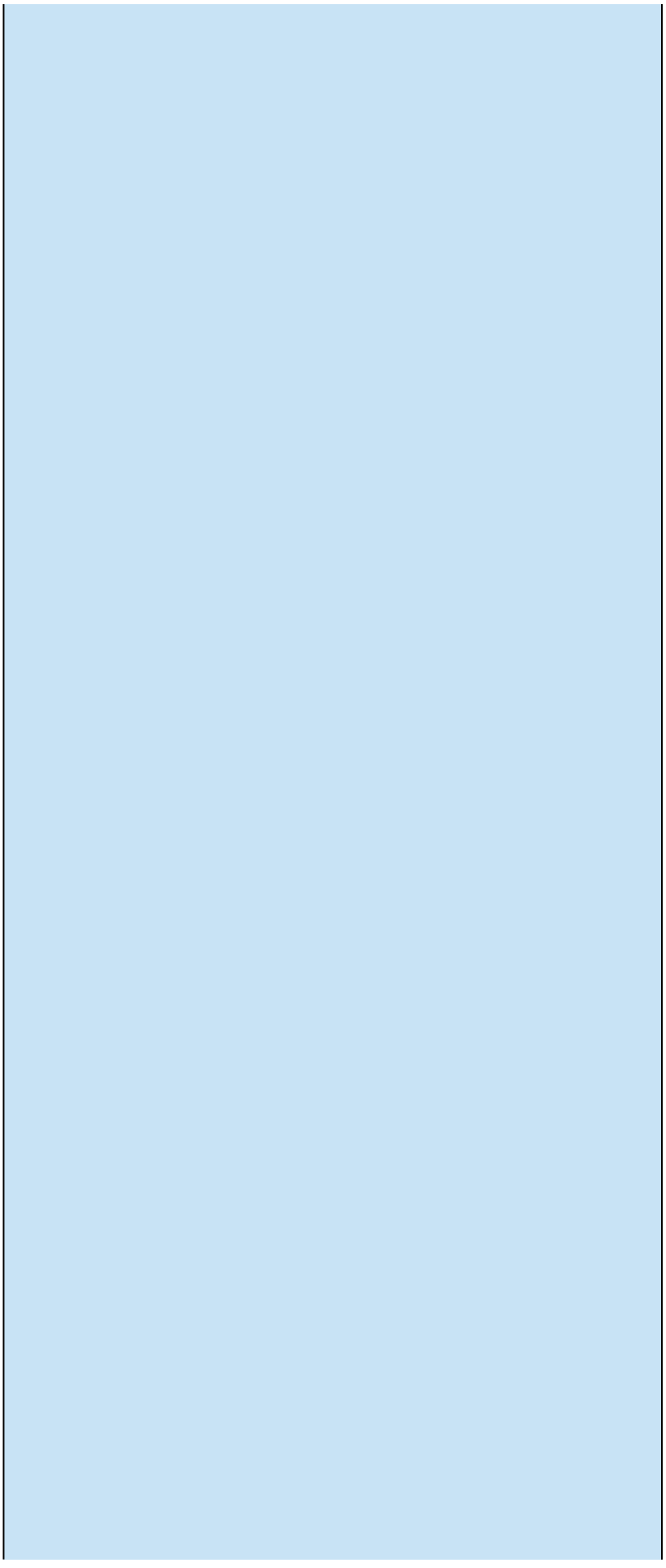


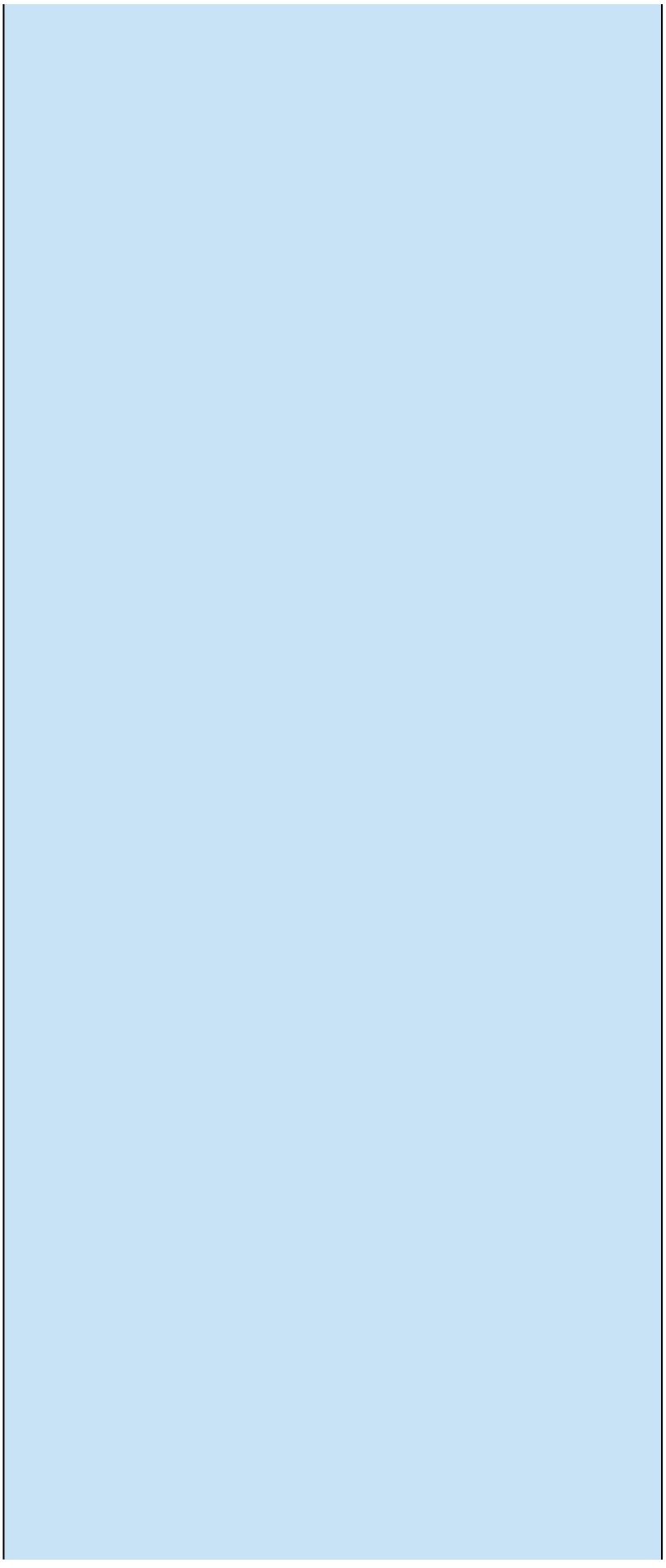


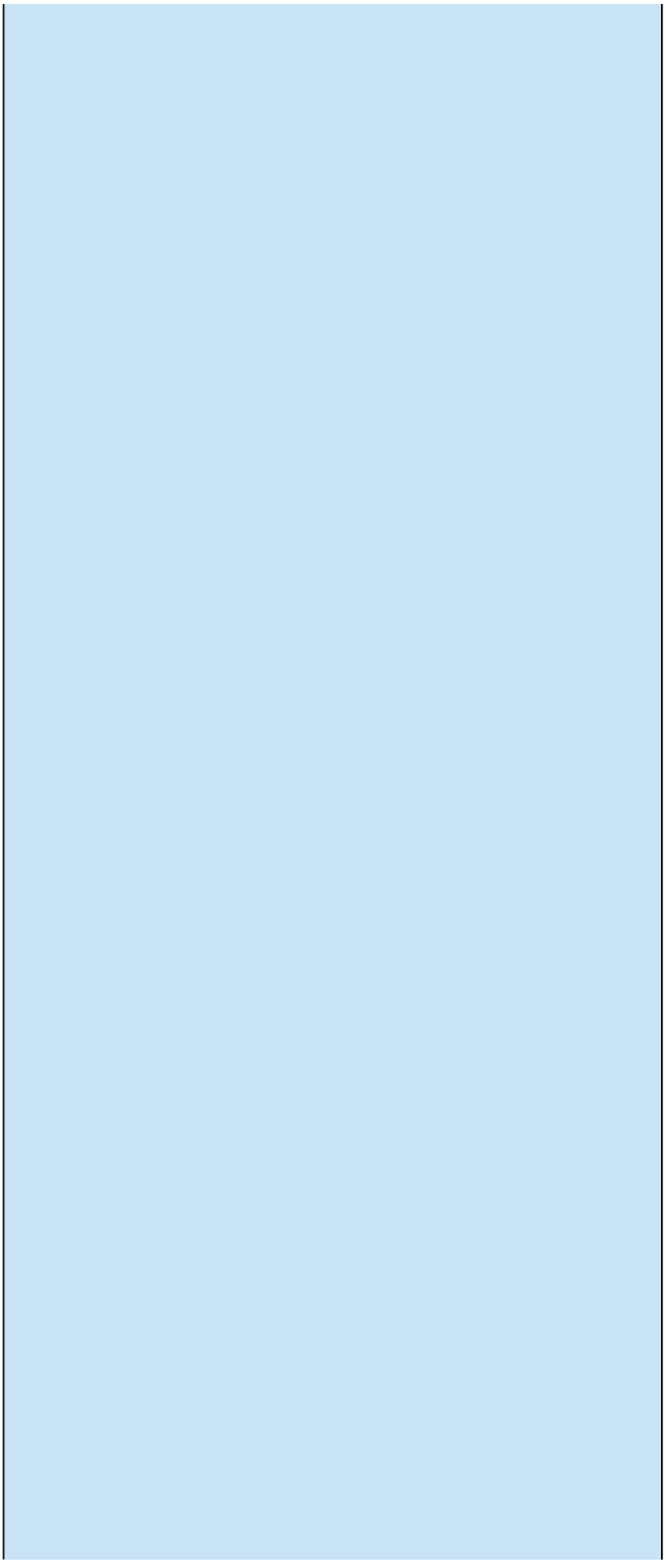




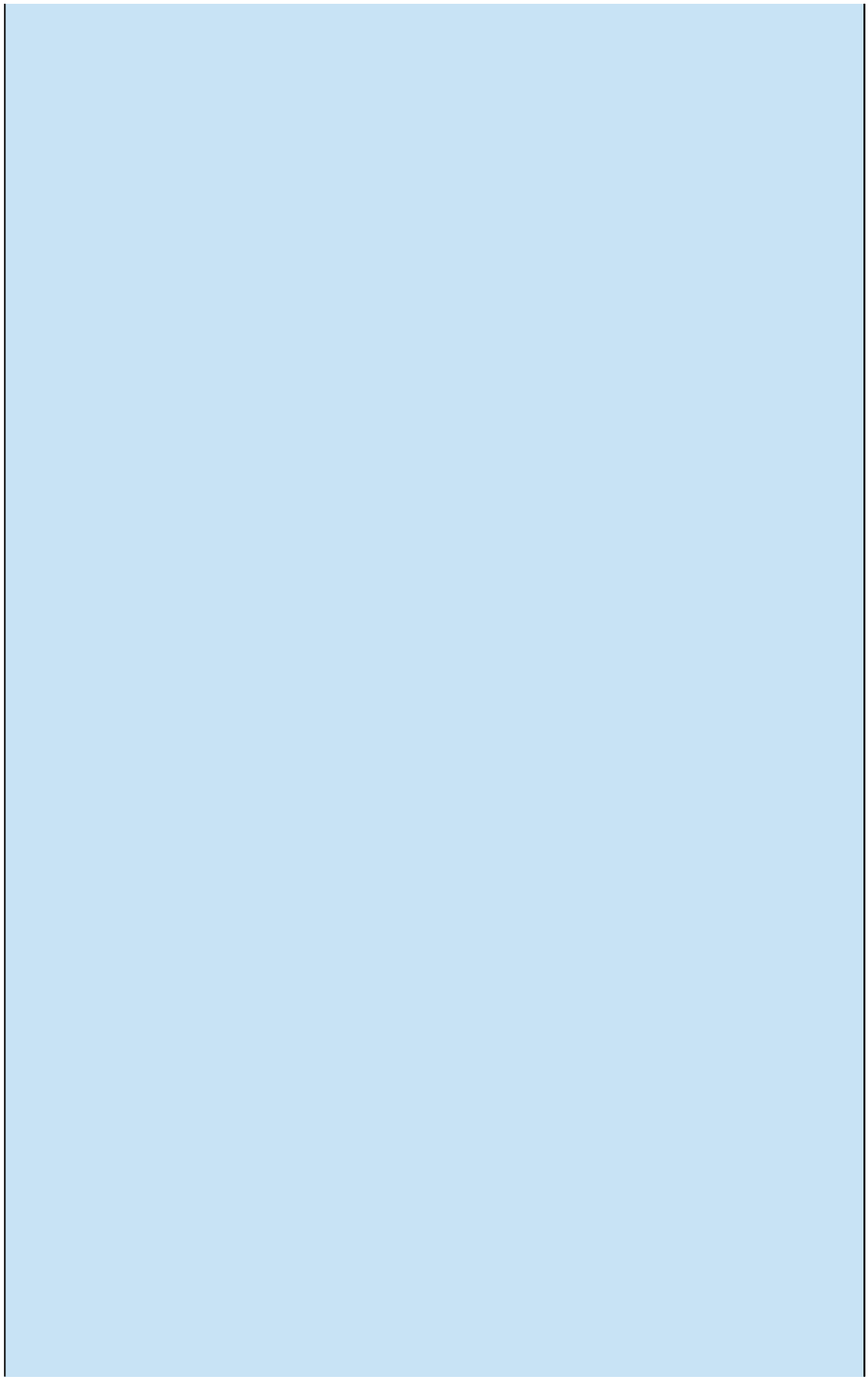


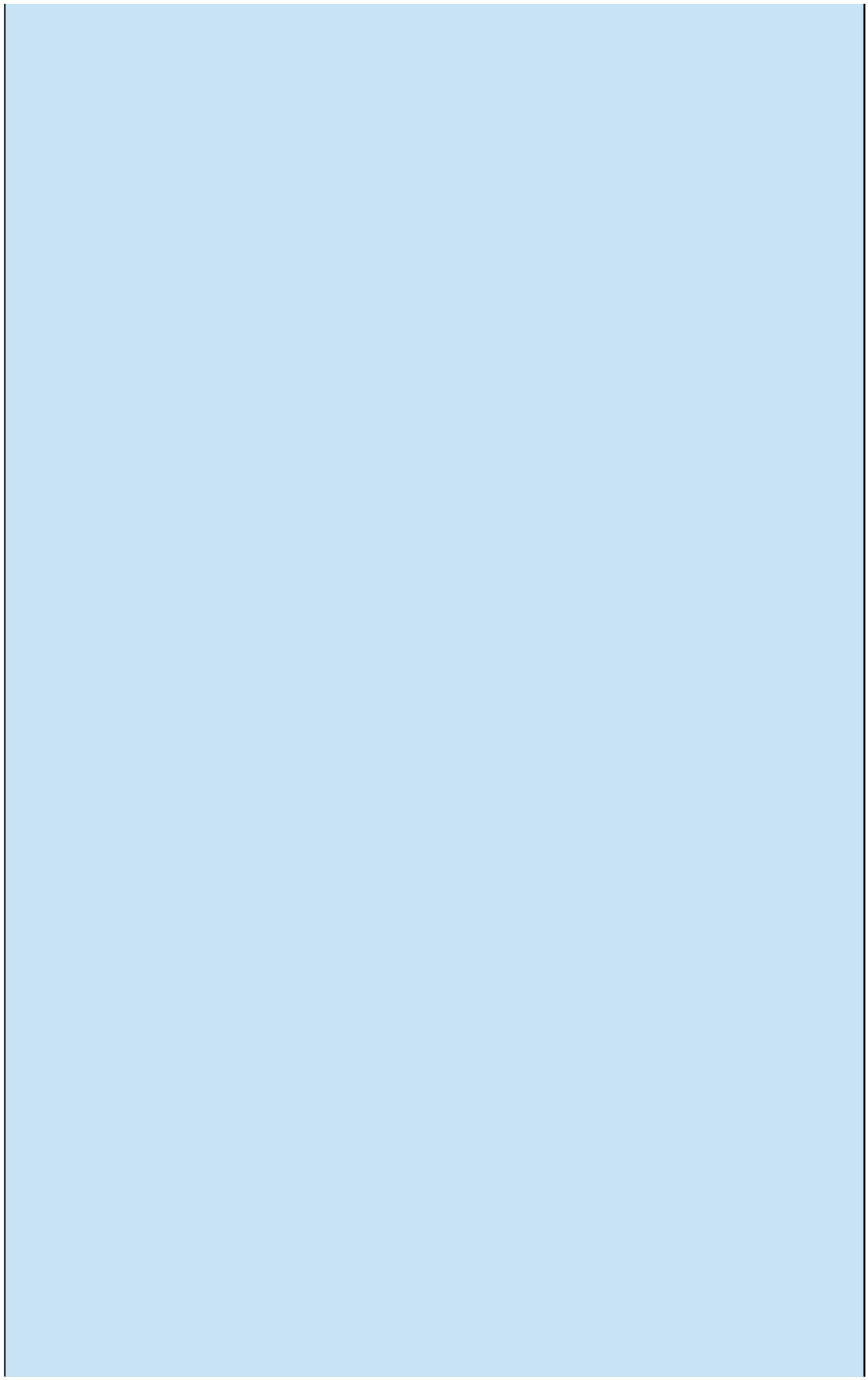


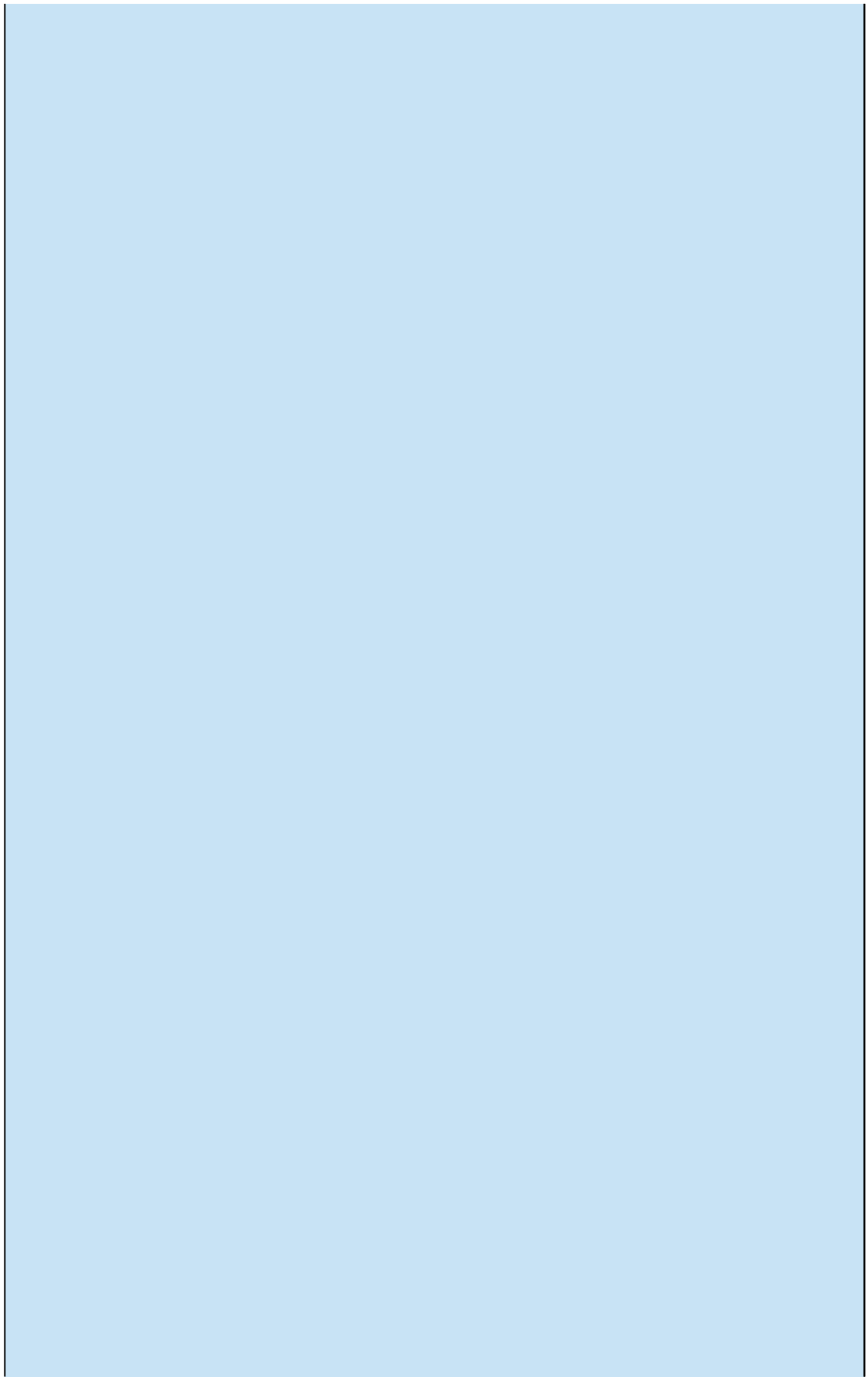


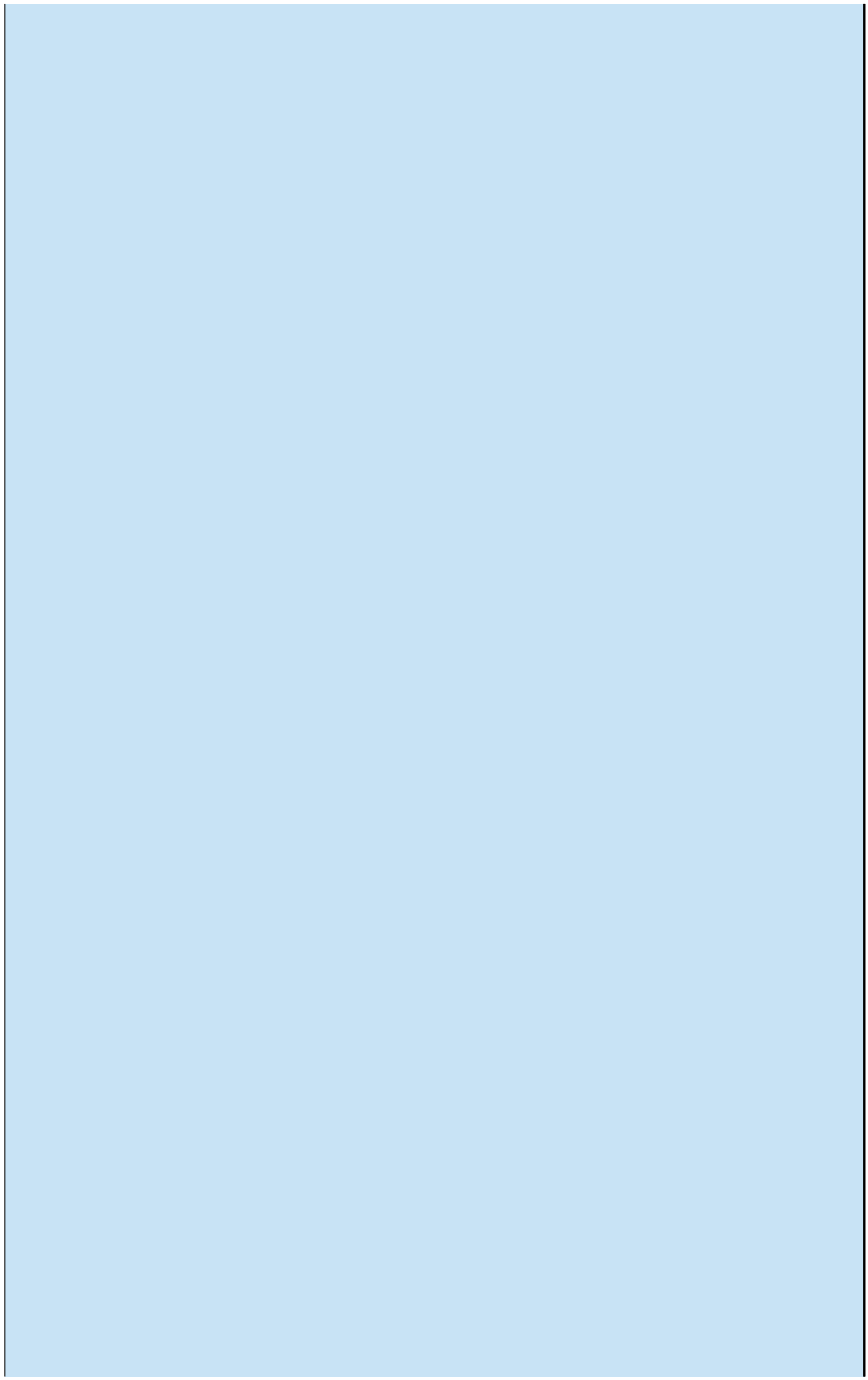


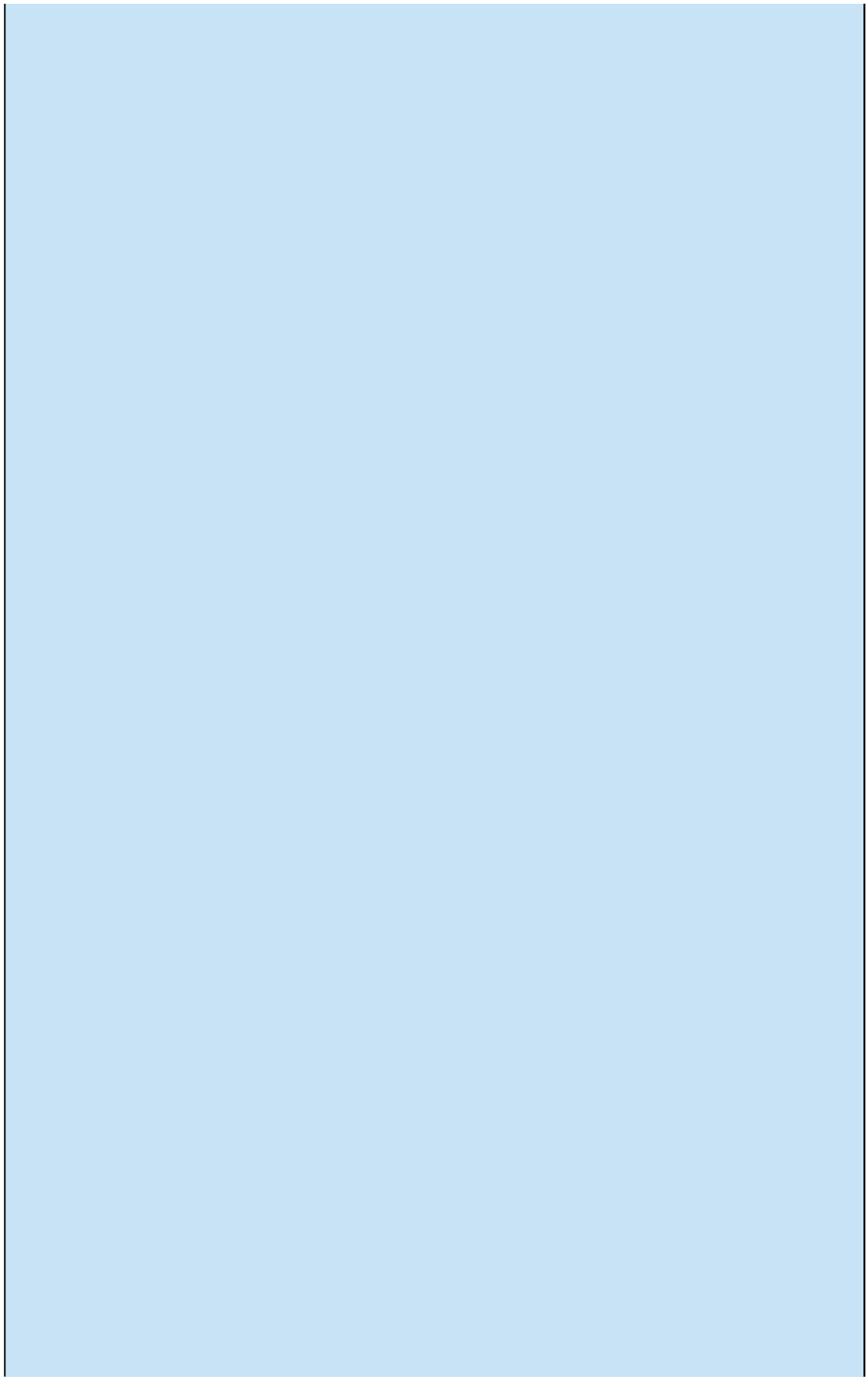
Name of Training Provider	Name of Training Program
Please make sure the columns below are completed correctly. If blank or incorrect, return to the training provider tab and hit save.	

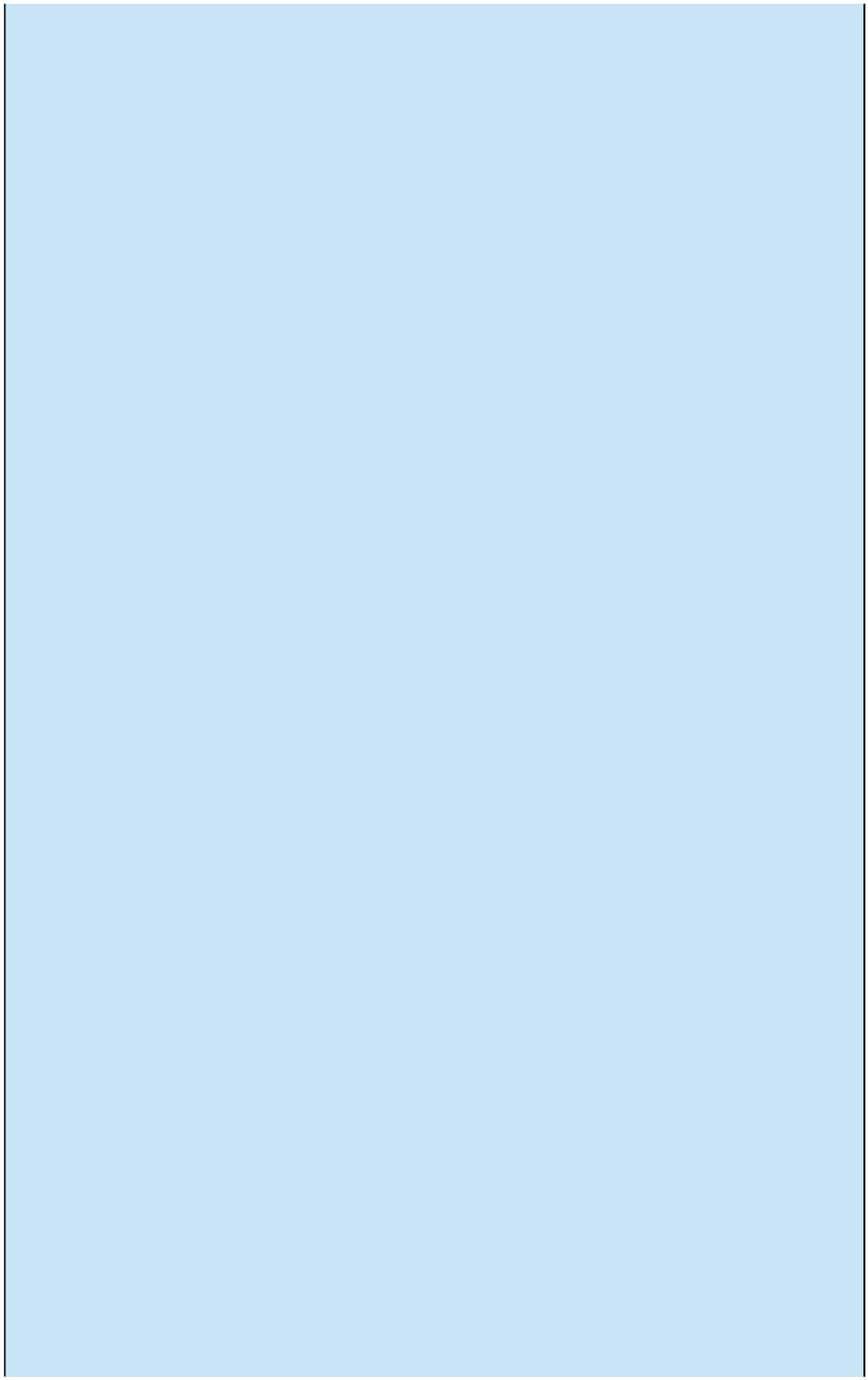


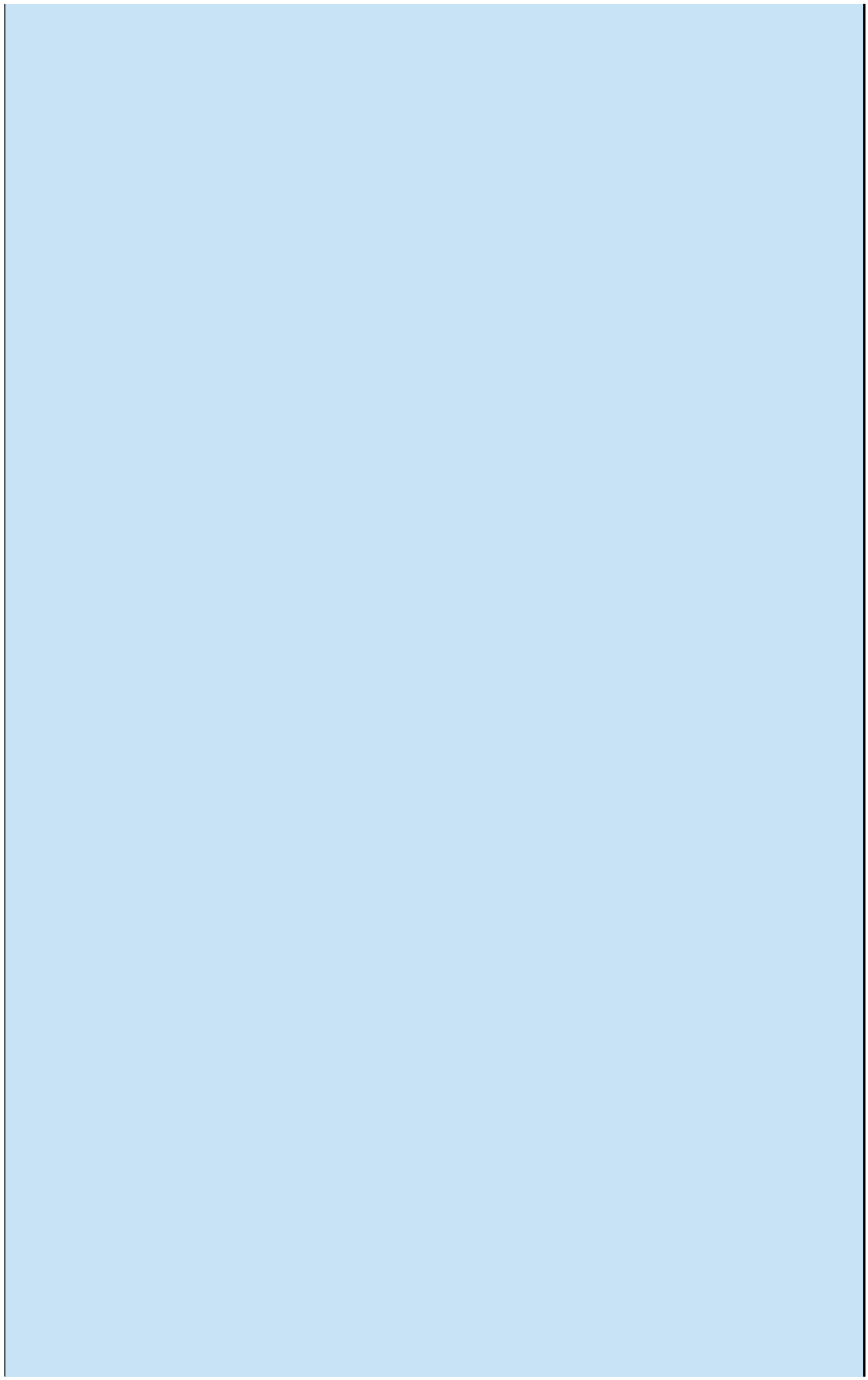


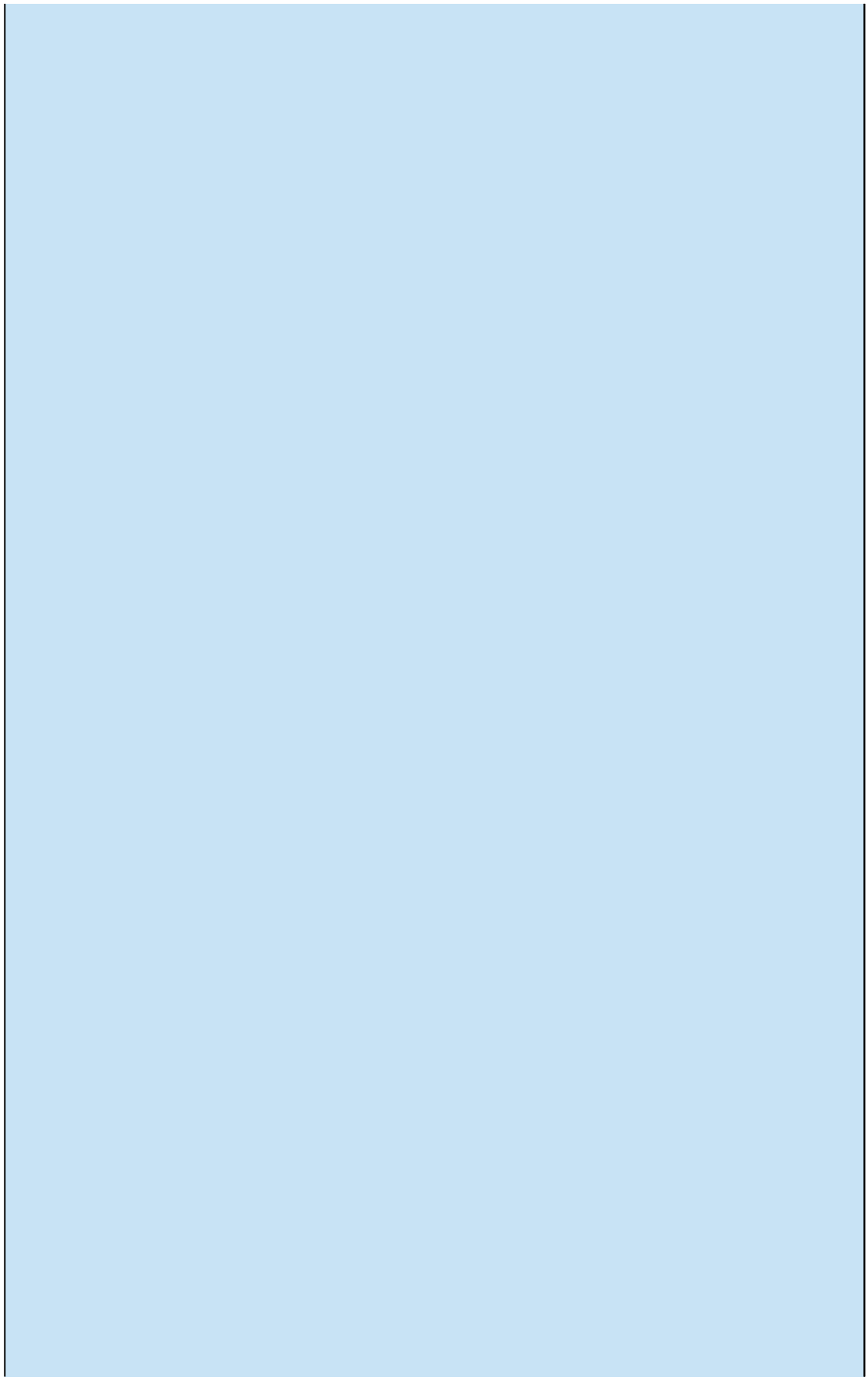


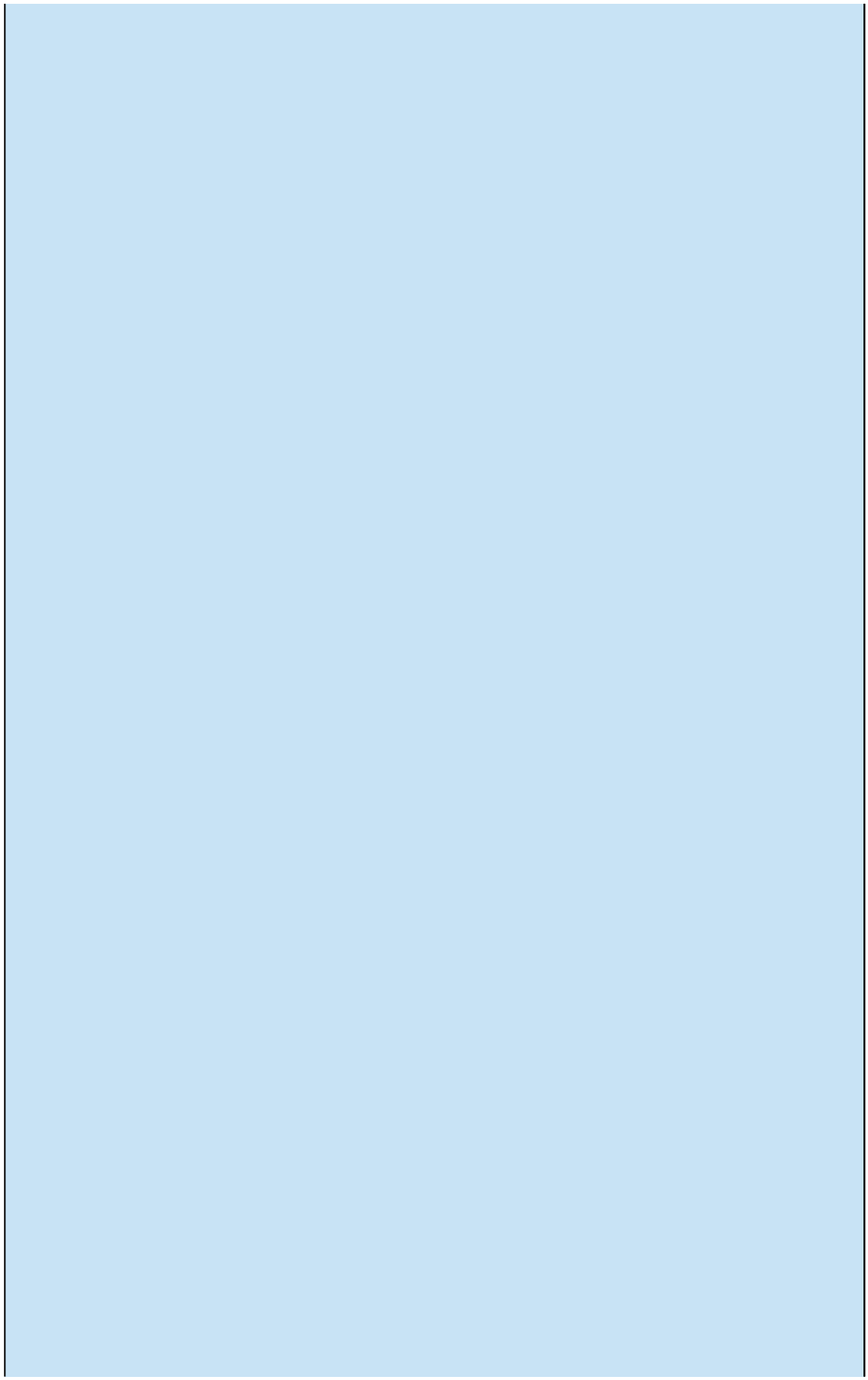


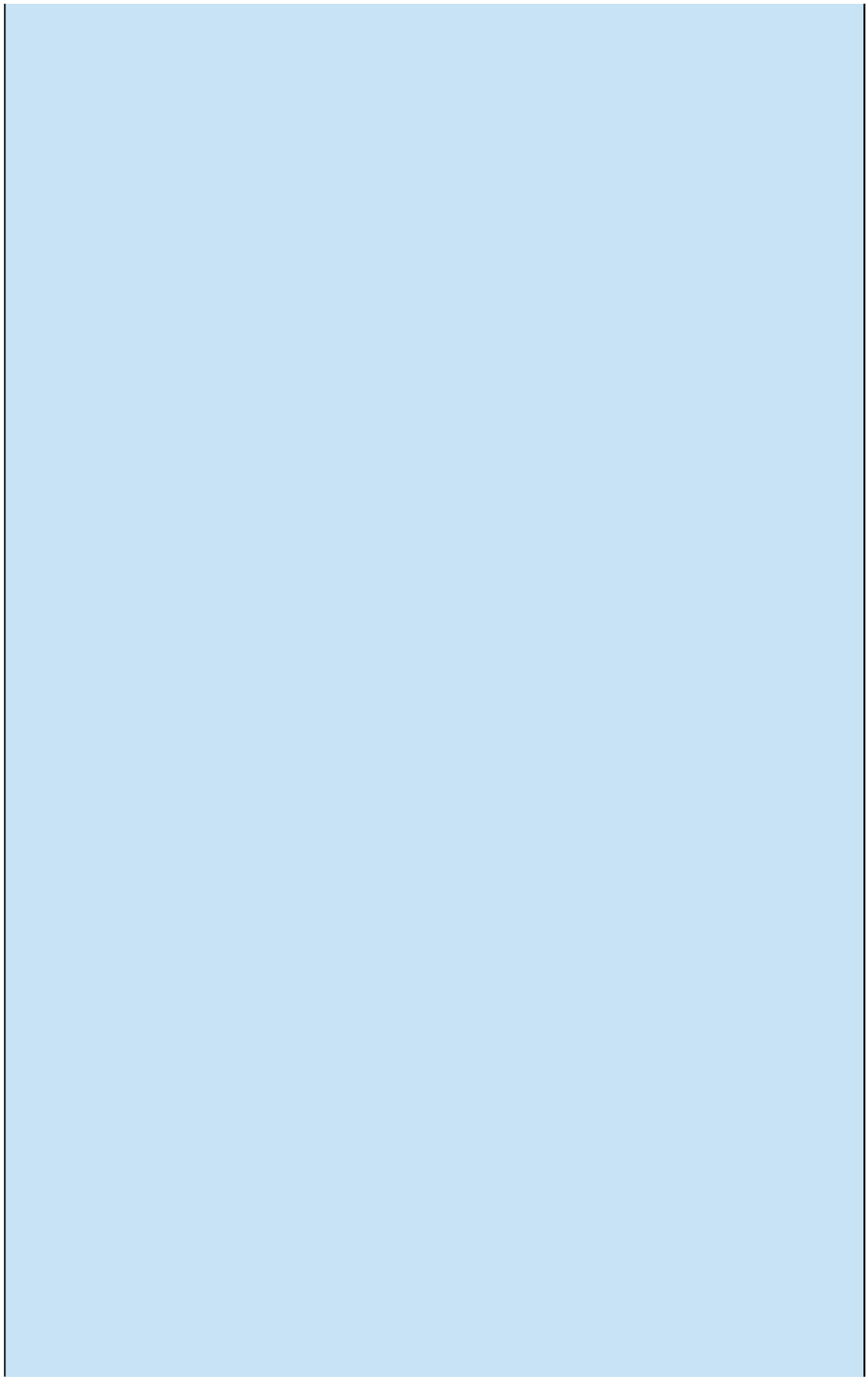


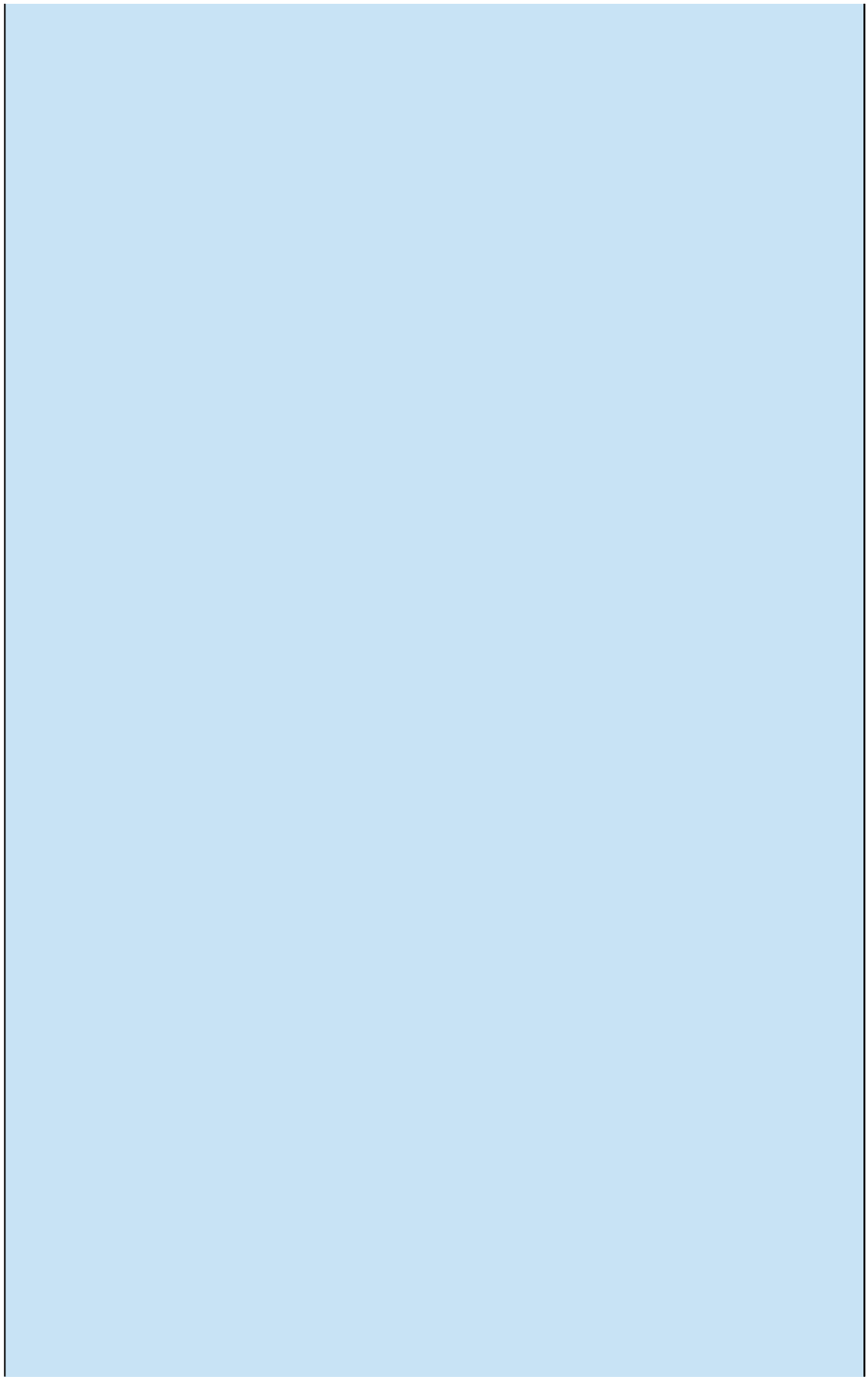




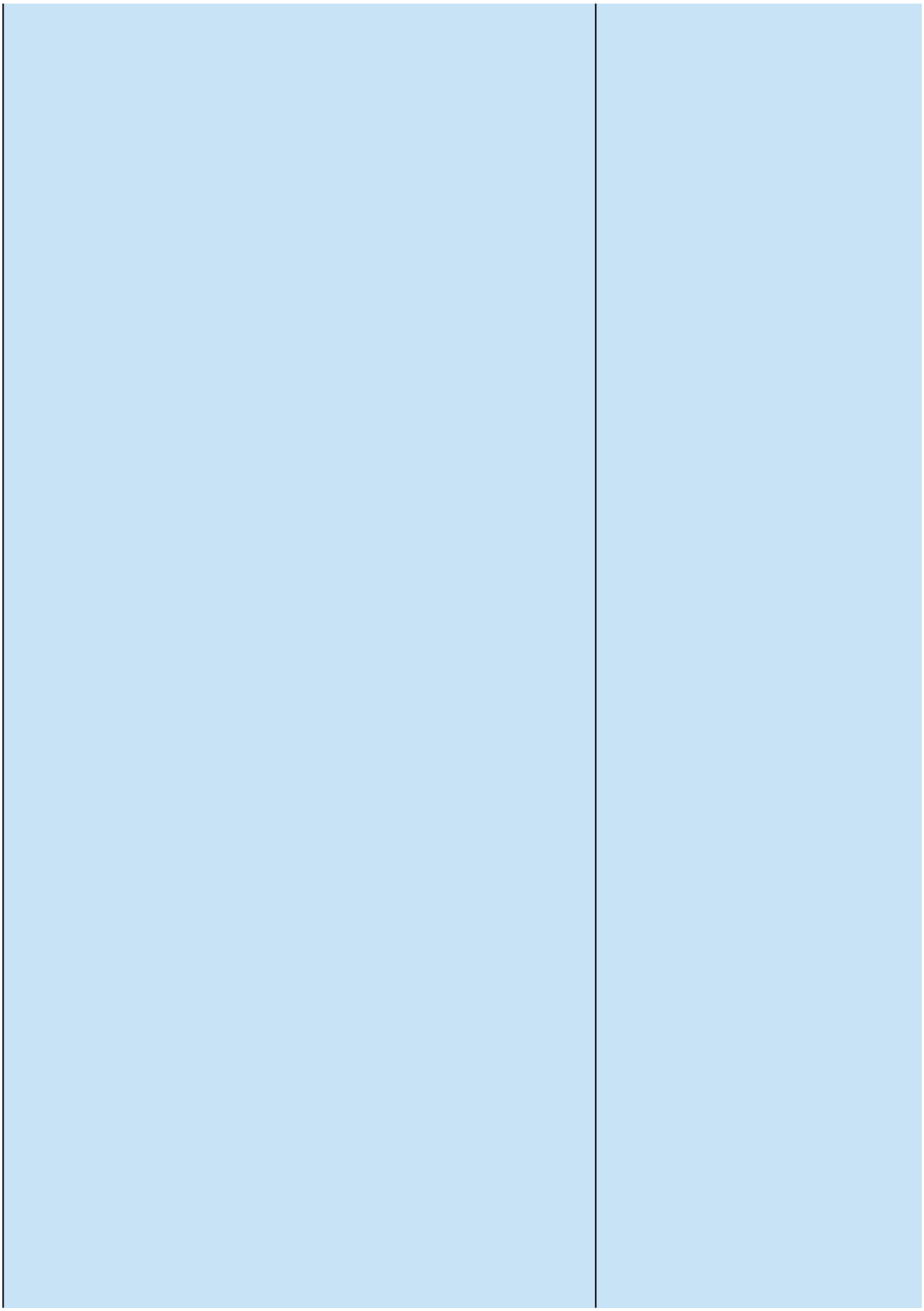


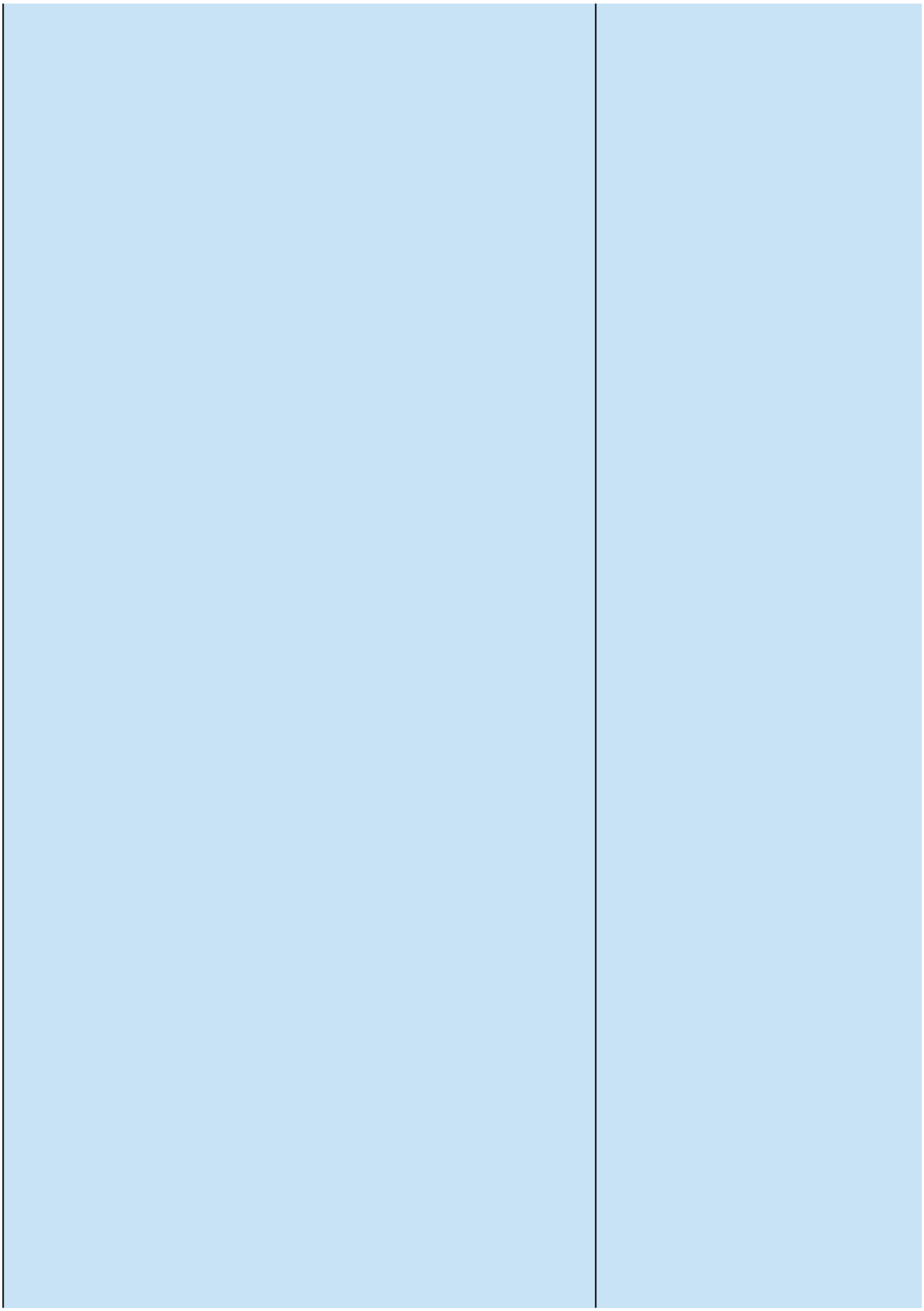


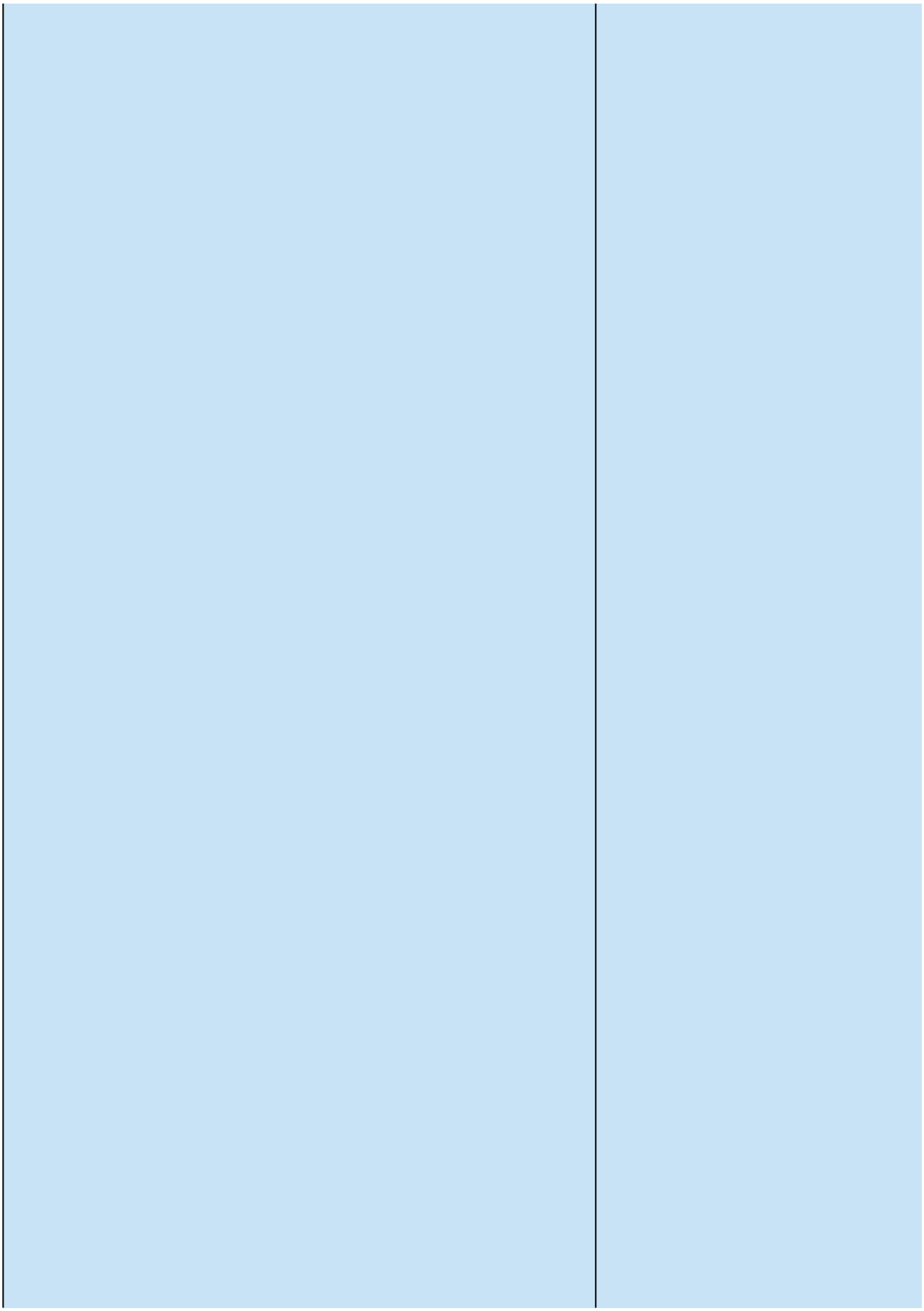


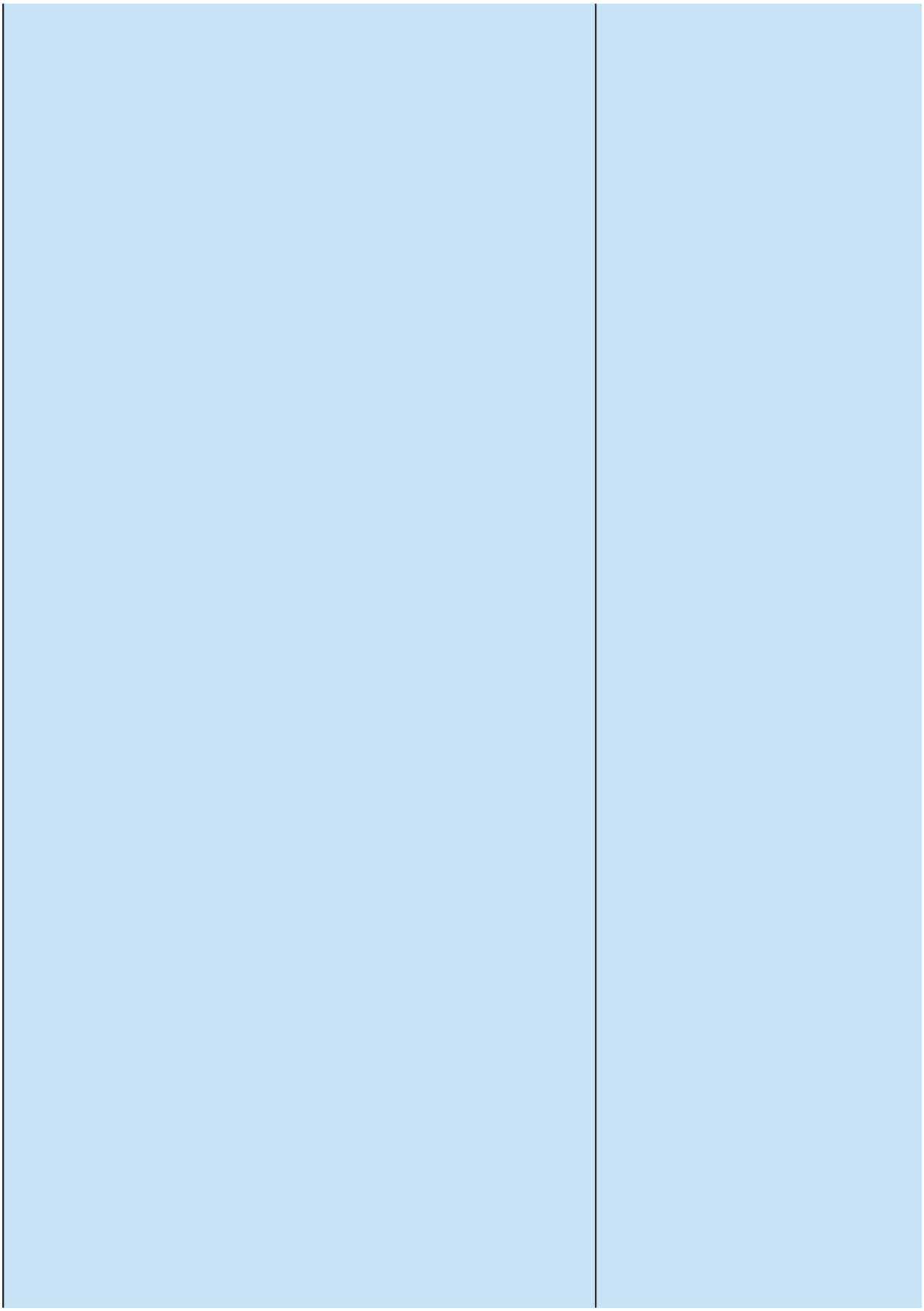


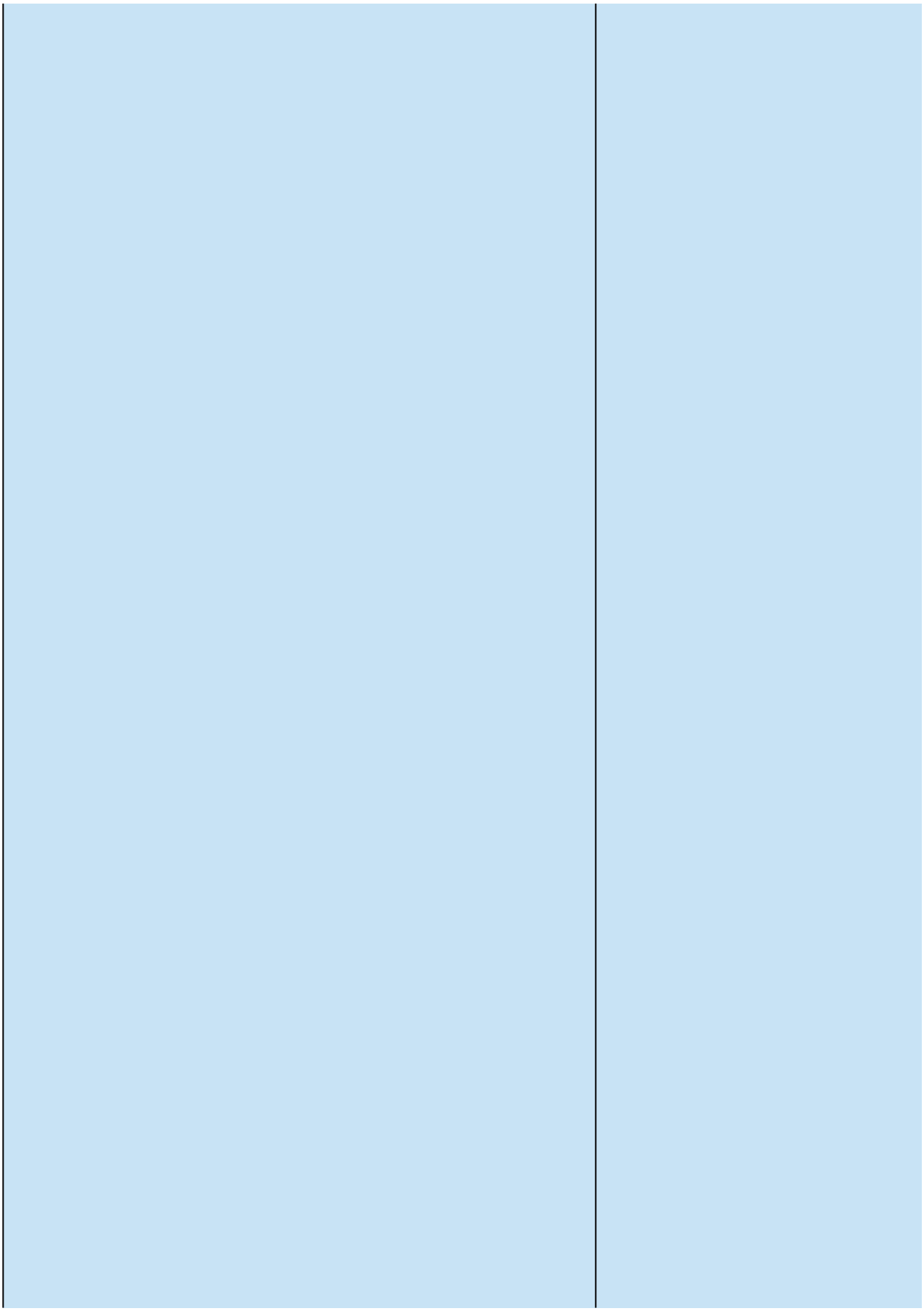
How many GJC participants did not complete training in the program?	What was the reas
	☐ eck box and skip sectio
Provide the numerical total per training program.	Participant(s) could not meet the technical requirements for graduation.
	Provide the numerical total pe
# of Participants	*# of Participants*

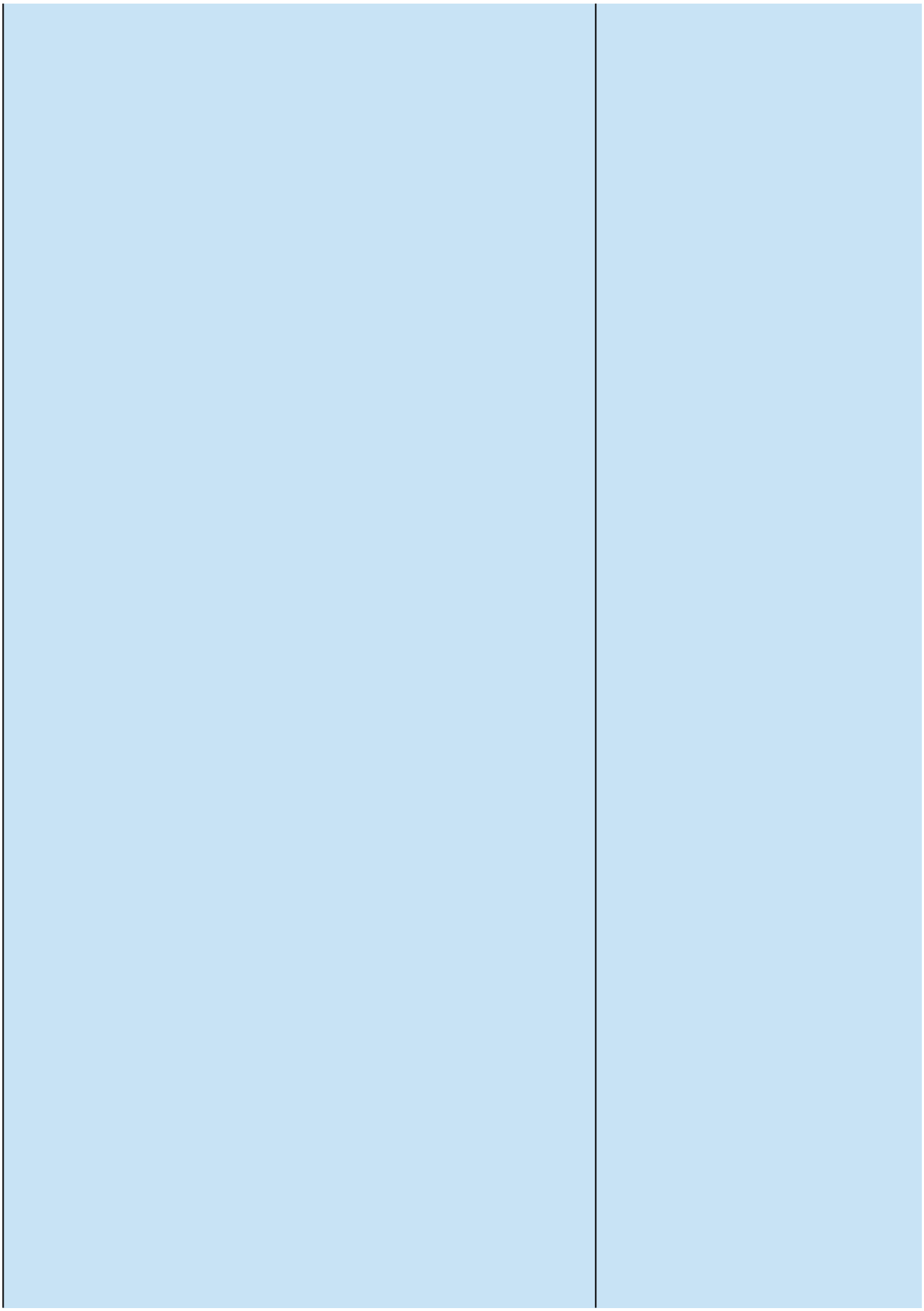


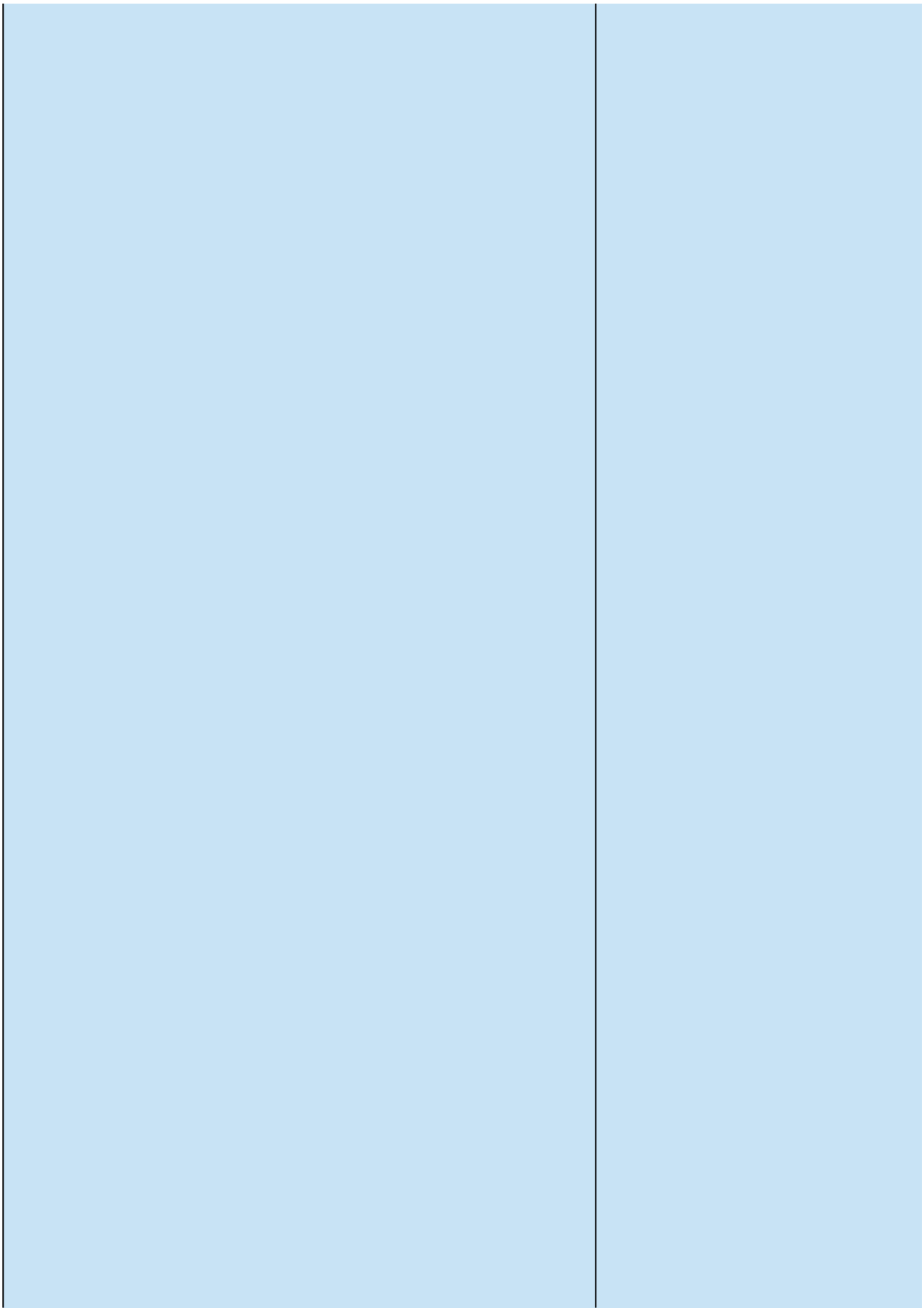


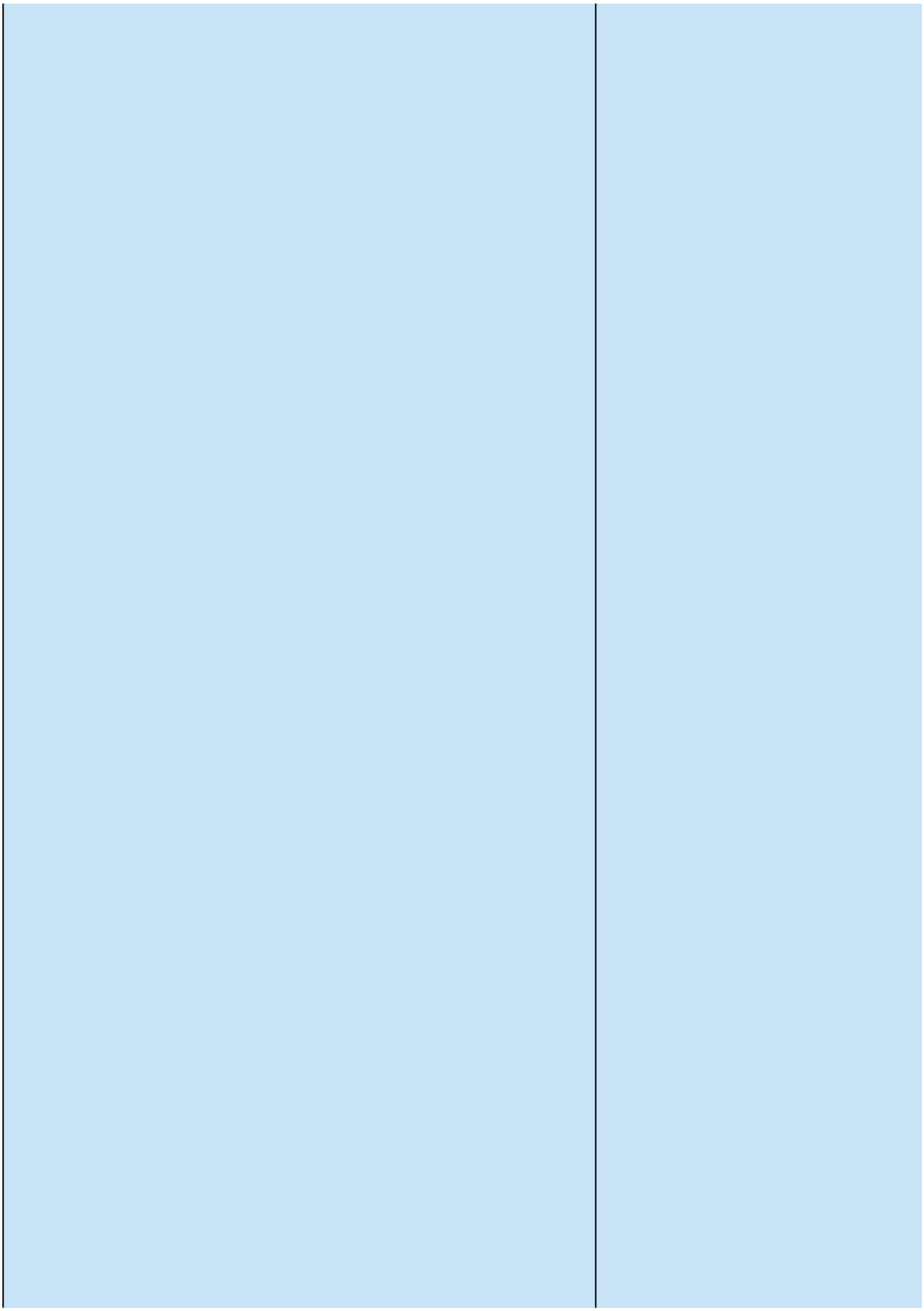


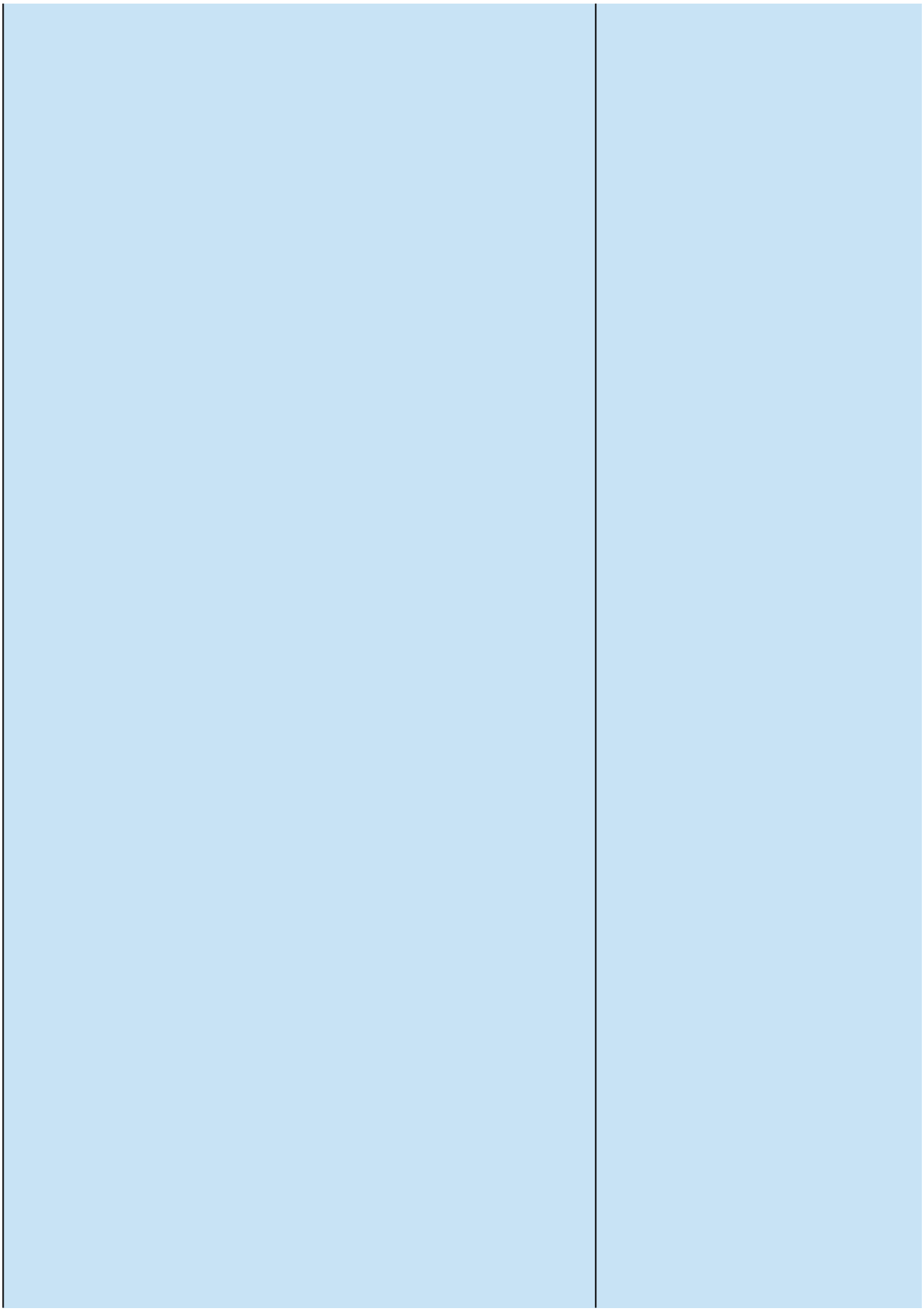


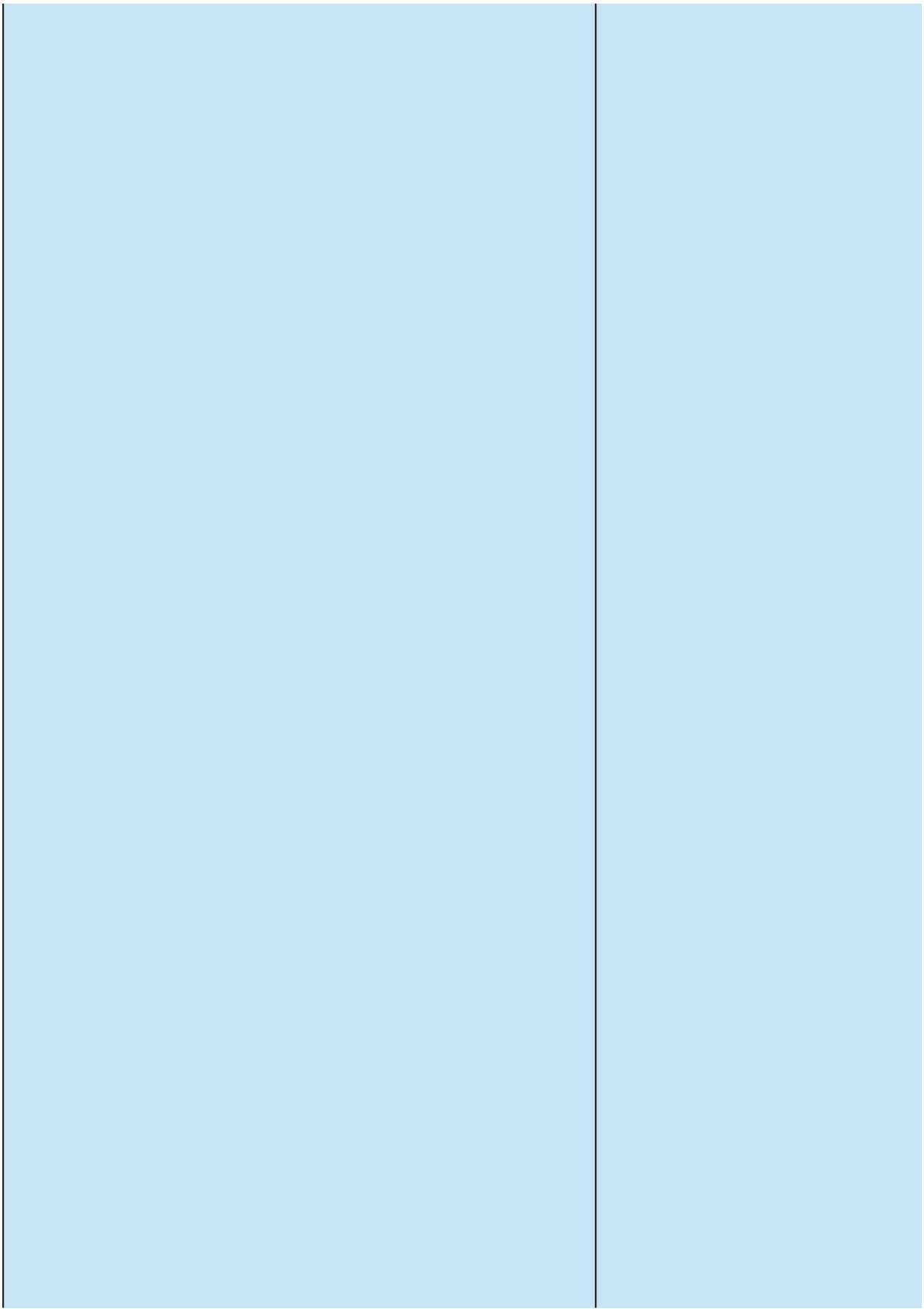


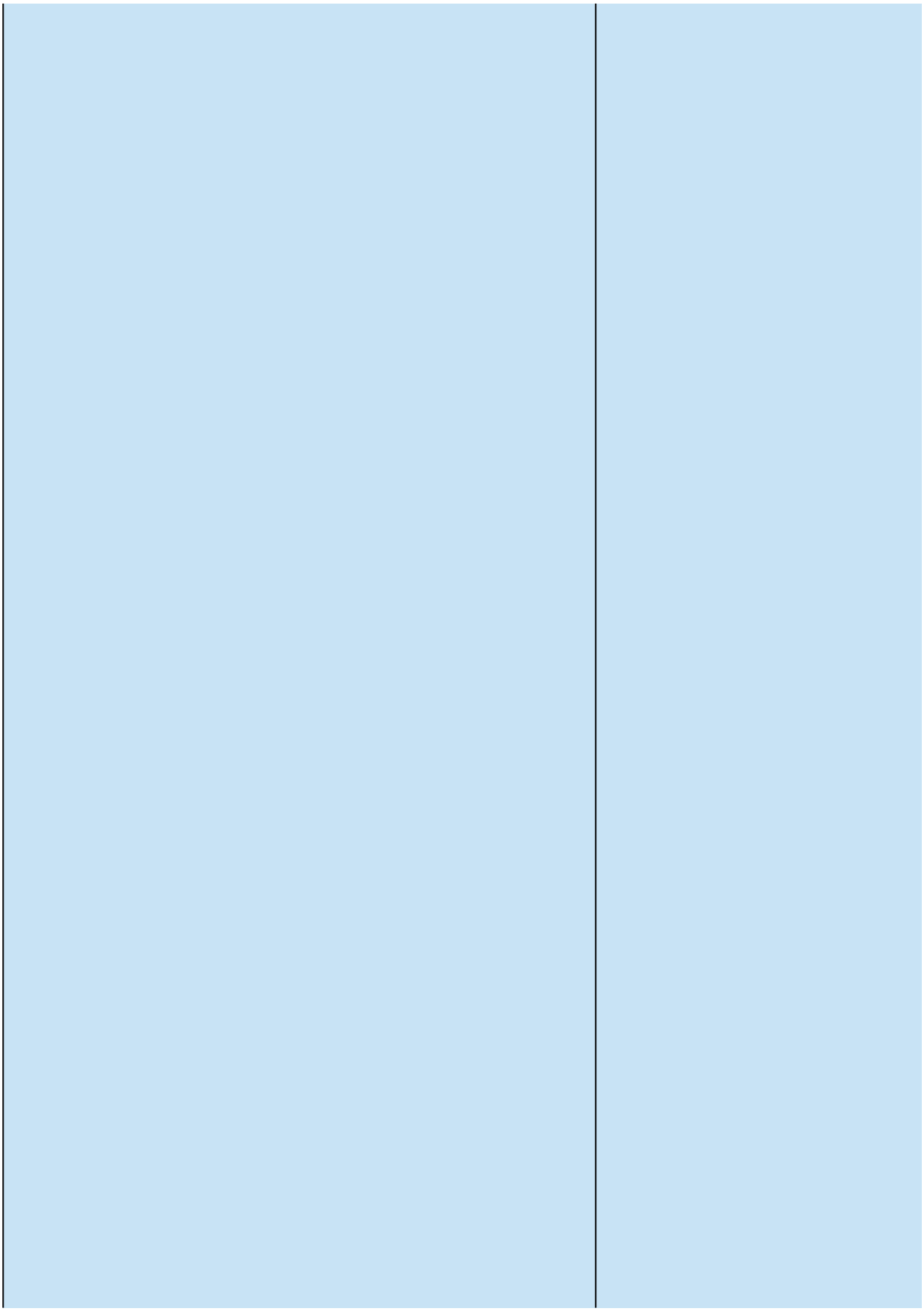












son for non-completion?

n if there are no participants to report this **past quarter**.

Participant(s) withdrew due to family obligations	Participant(s) withdrew due to physical health reasons	Participant(s) withdrew due to mental health reasons
r non-completion reason. If a specific reason does not apply to any participants in th		
# of Participants	*# of Participants*	*# of Participants*

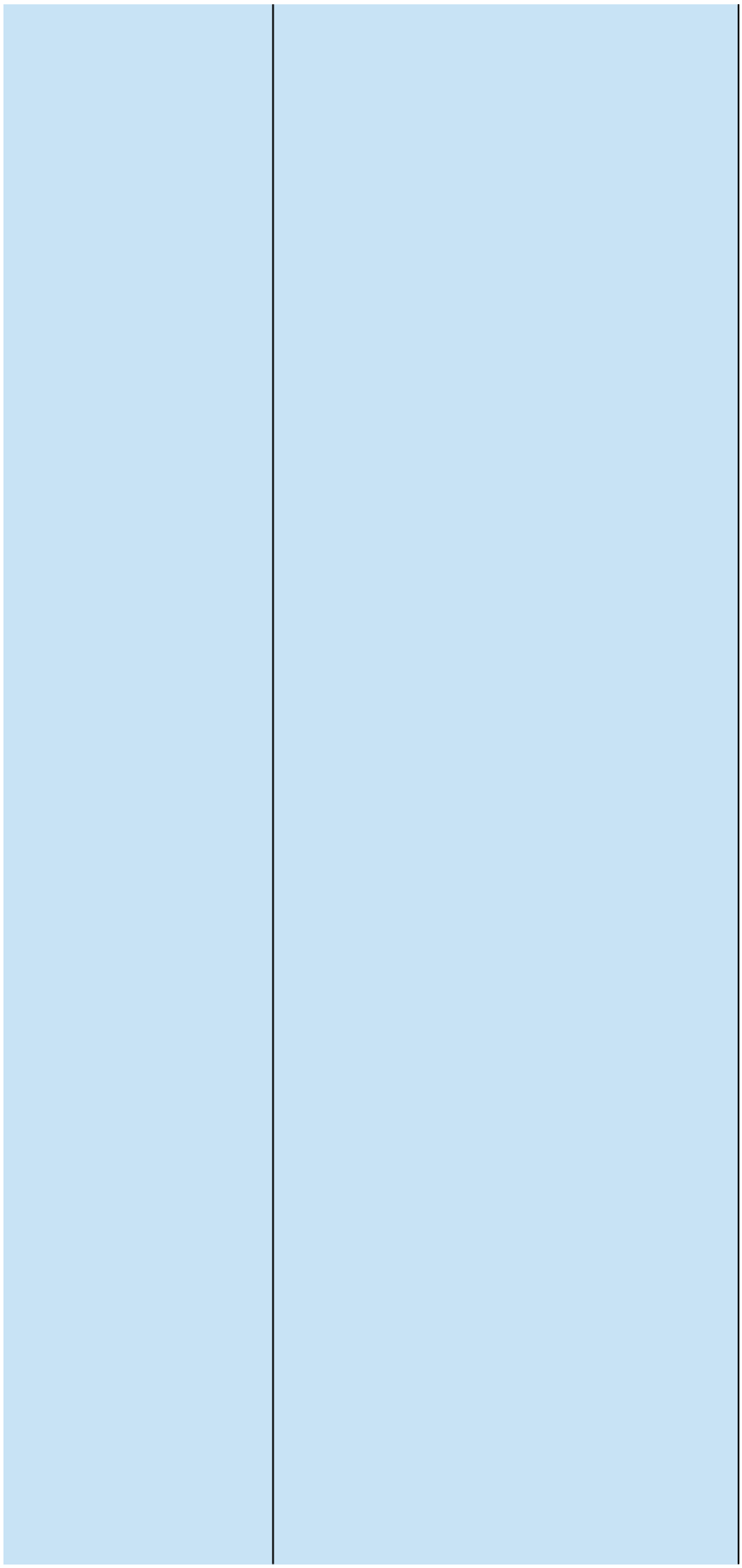
Participant(s) withdrew due to lack of adequate transportation	Participant(s) withdrew due to lack of childcare	Participant(s) withdrew due to financial obligations (e.g., had to get a full-time job)

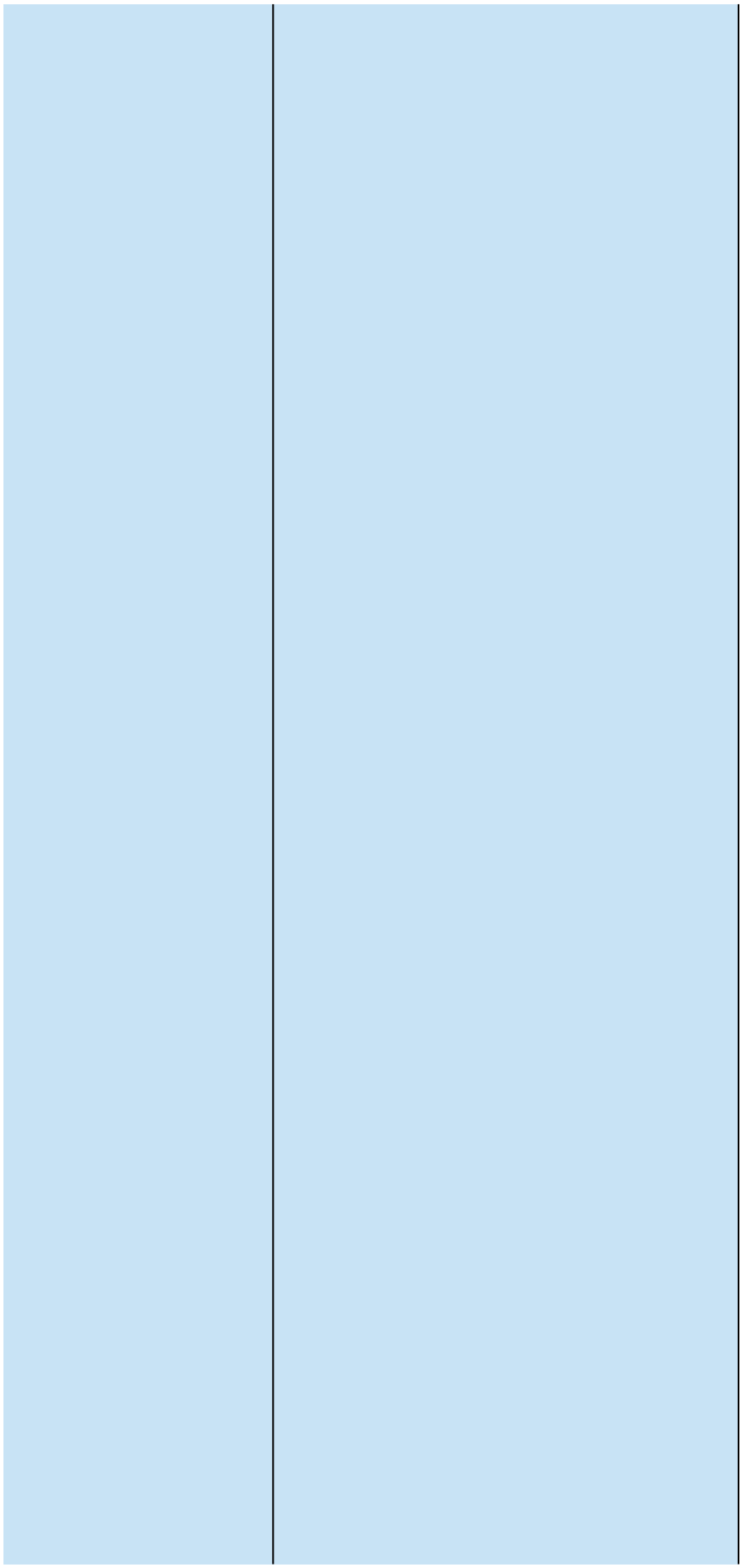
ne **past quarter**, please enter 0 for that category.

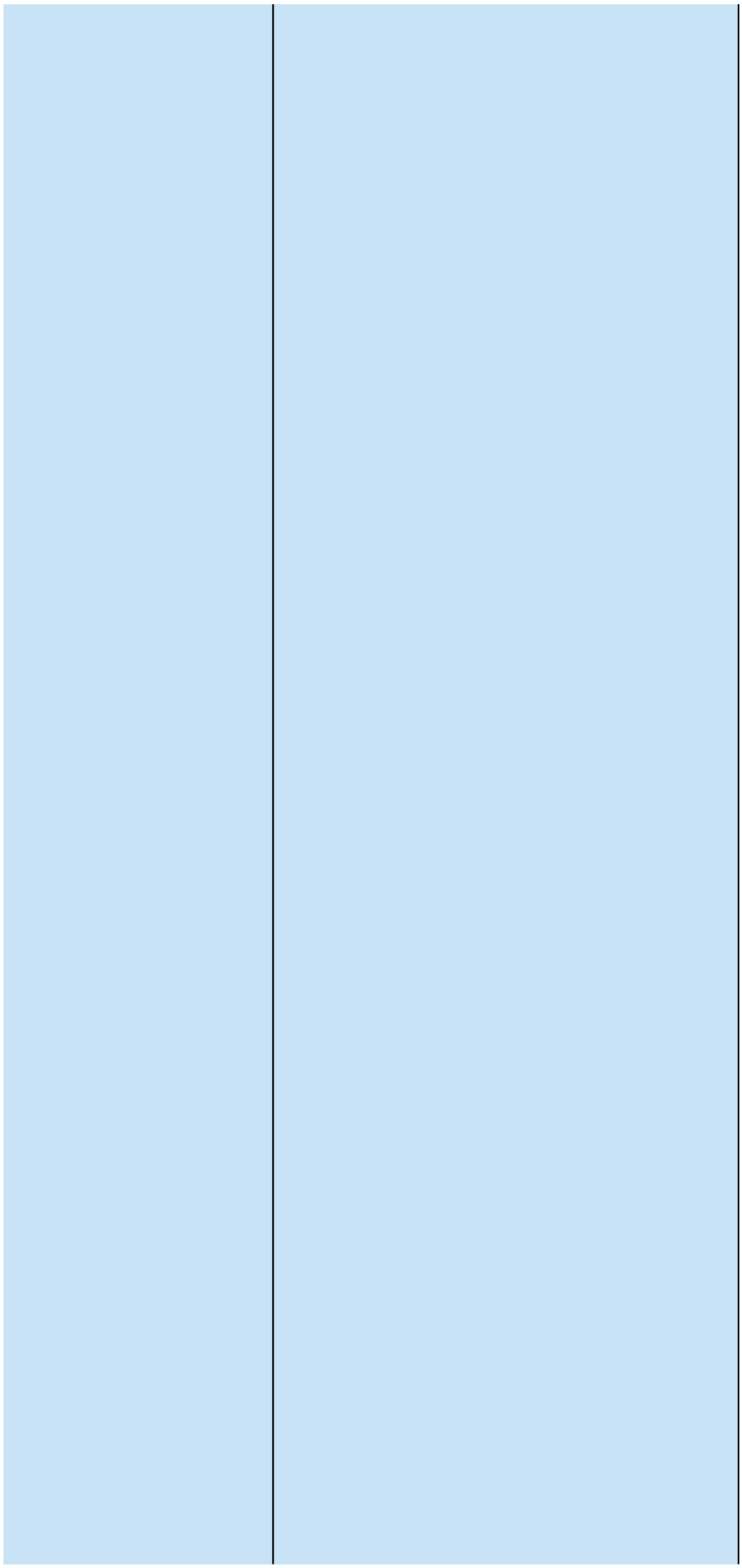
# of Participants	*# of Participants*	*# of Participants*

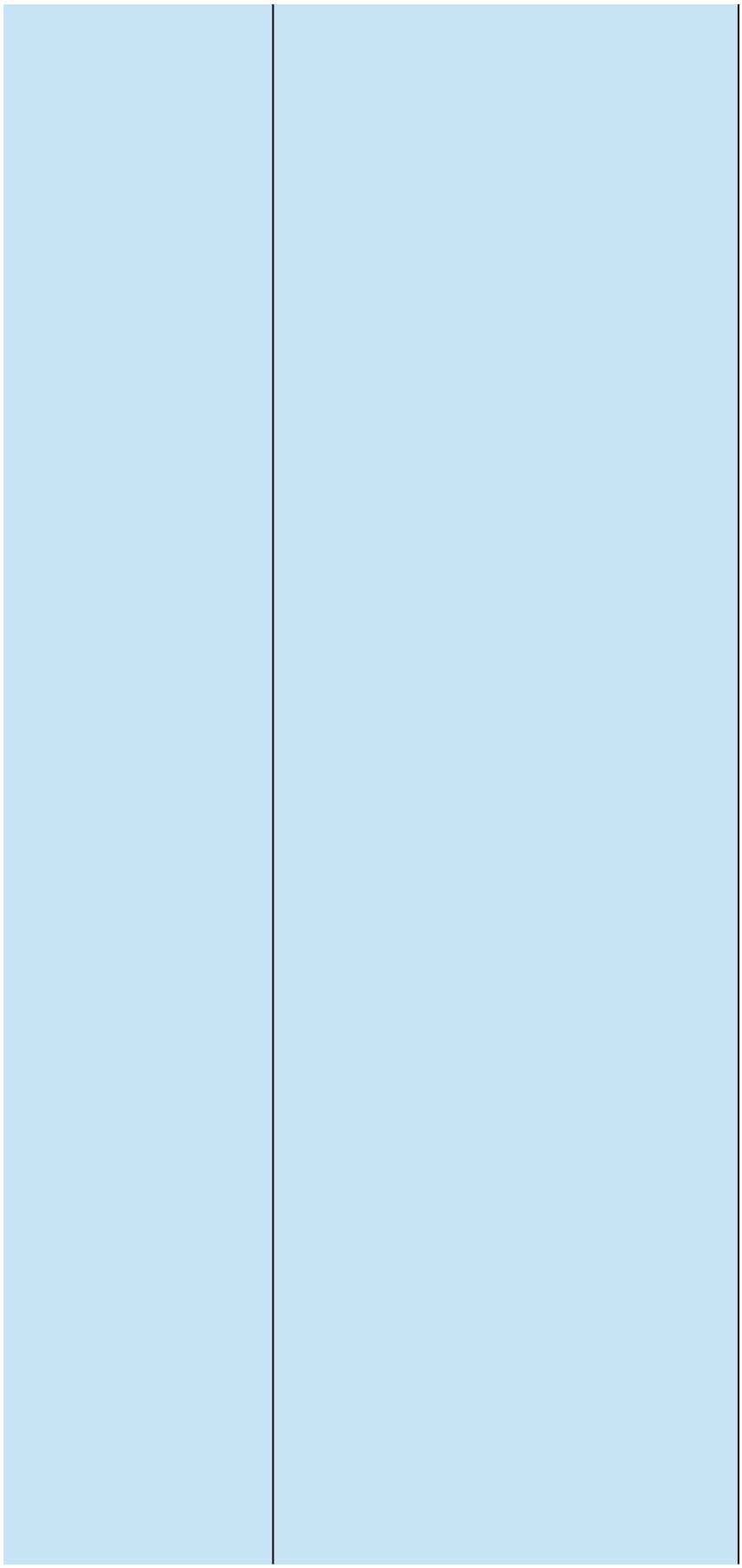
Participant(s) were dismissed due to behavior	Participant(s) did not meet attendance requirements	Participant(s) withdrew because they started a new job during training
# of Participants	*# of Participants*	*# of Participants*

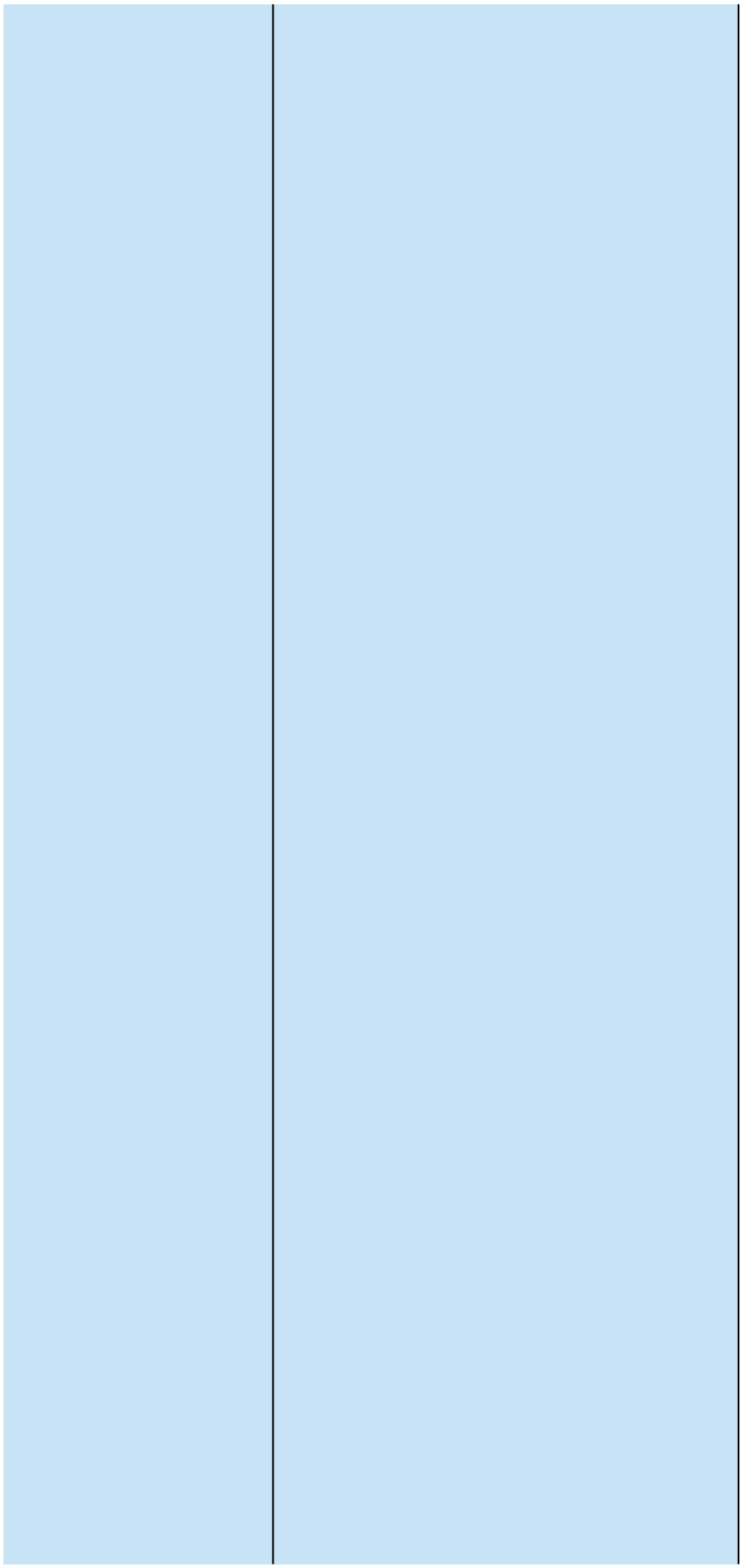
Other	Please specify
# of Participants	*Reason for non-completion if "other"*

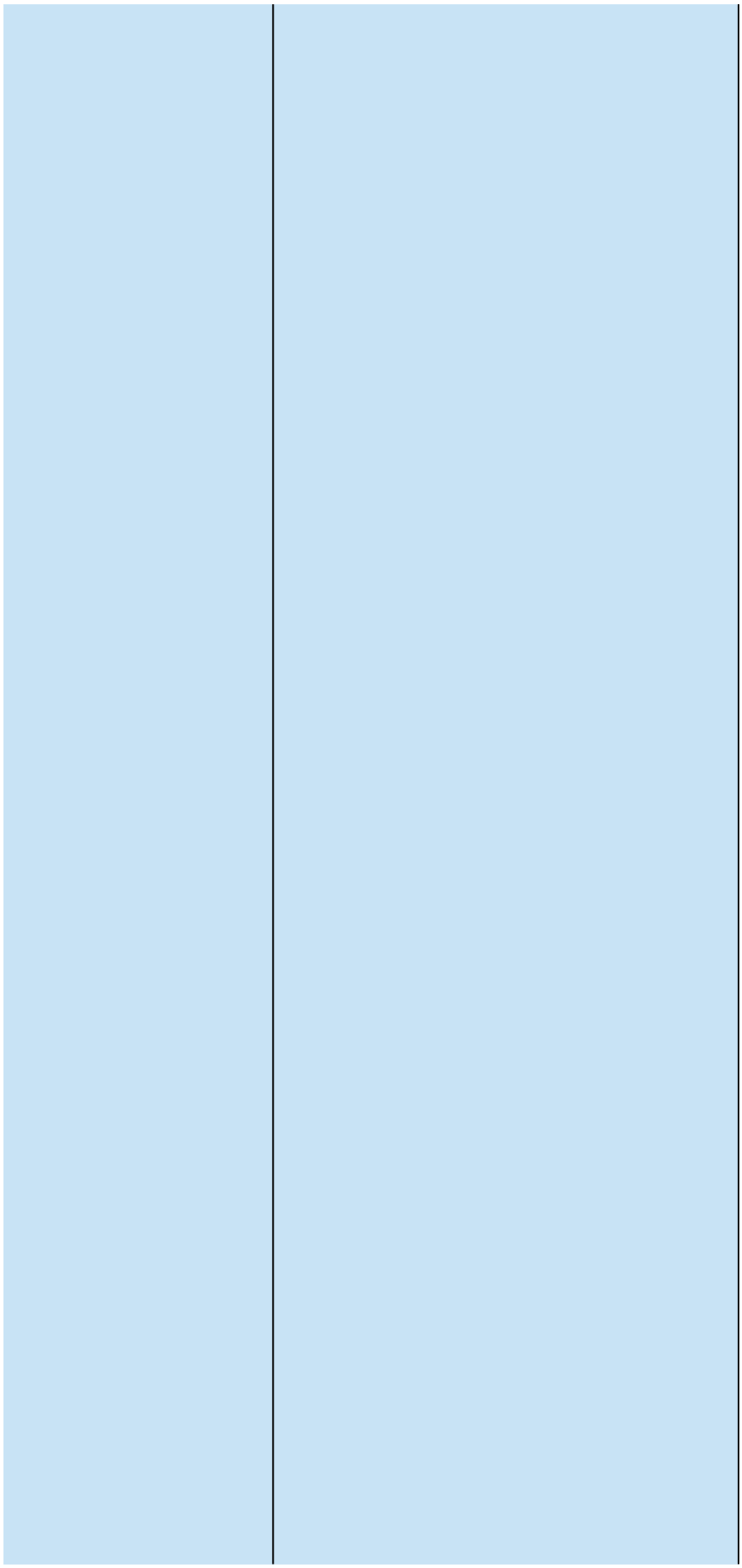


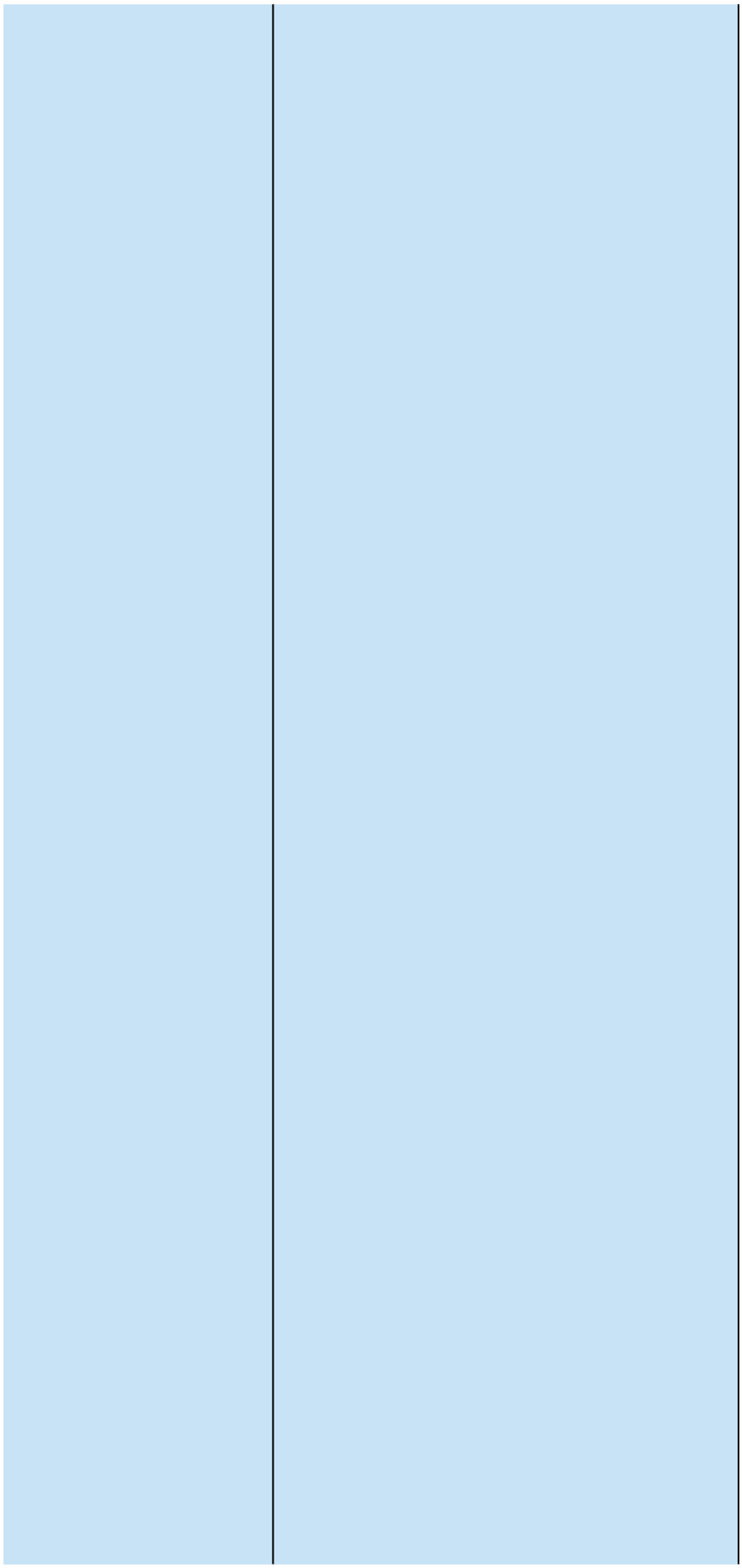


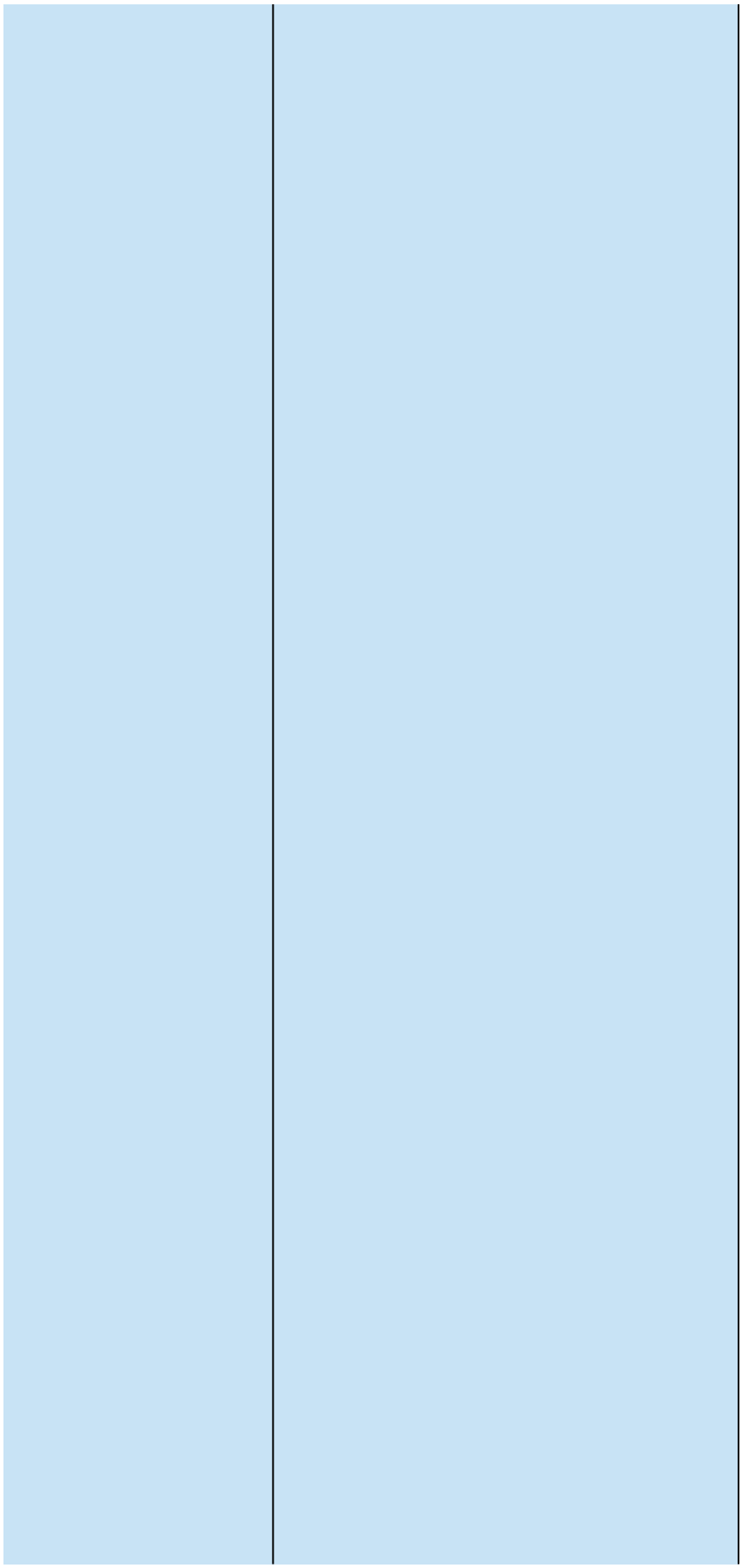


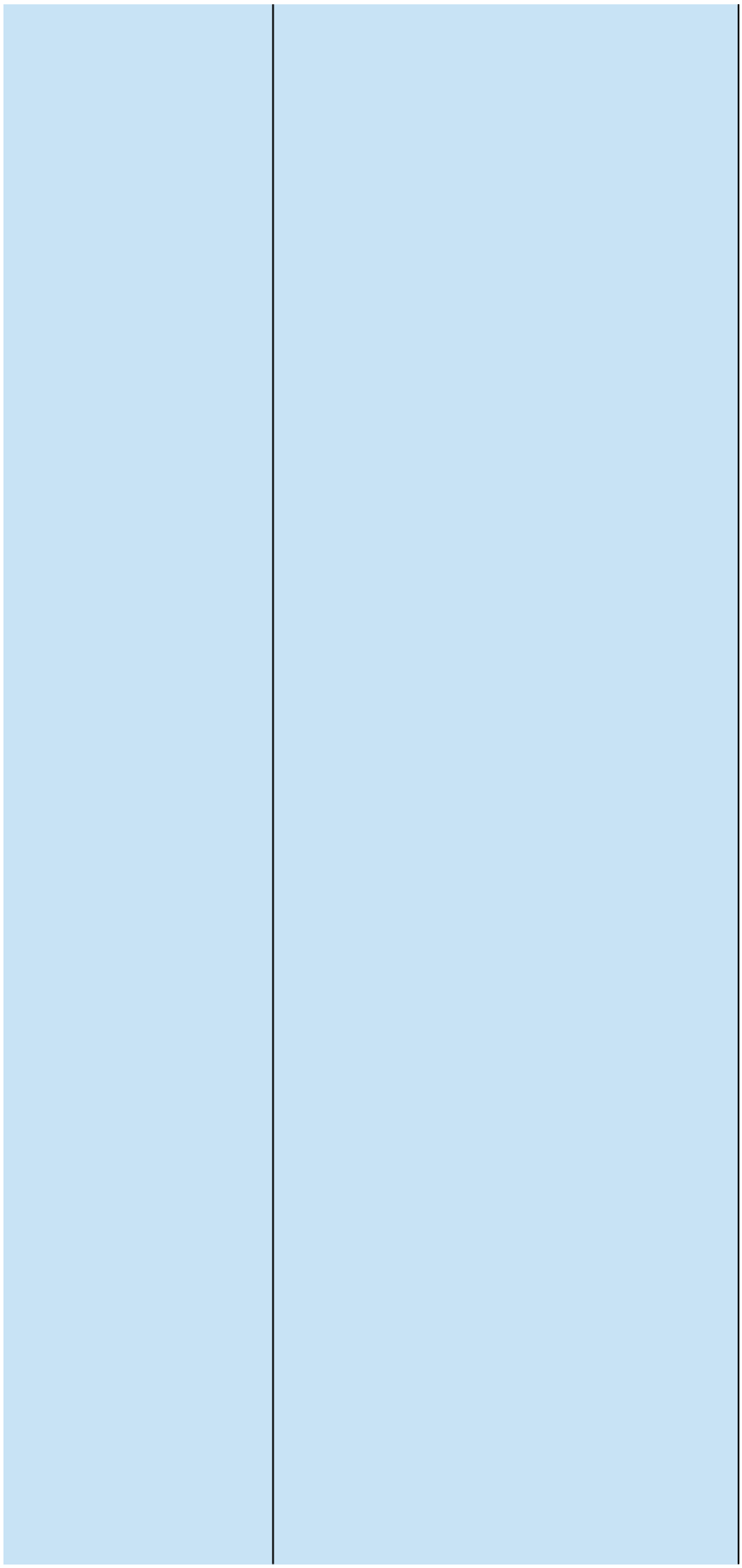


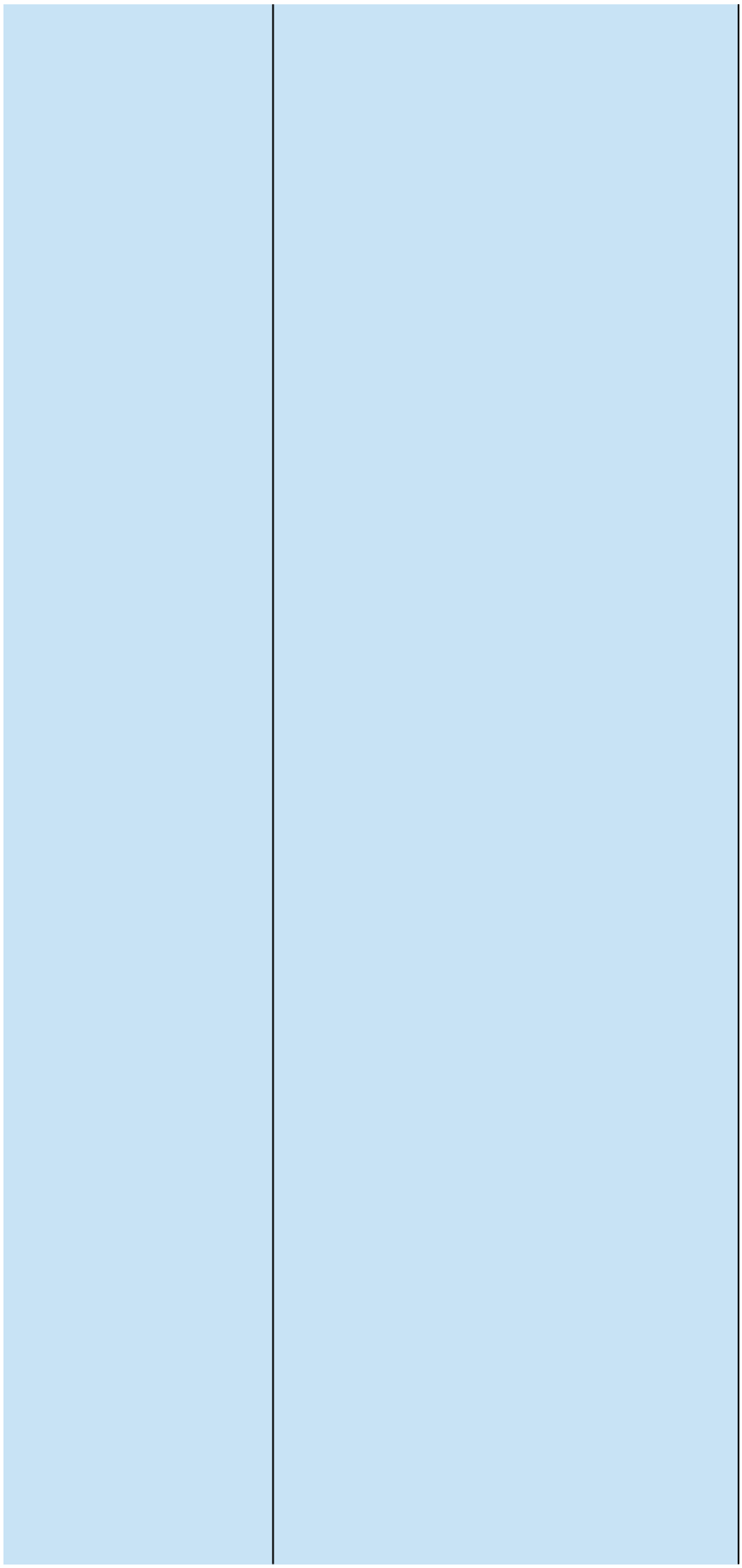


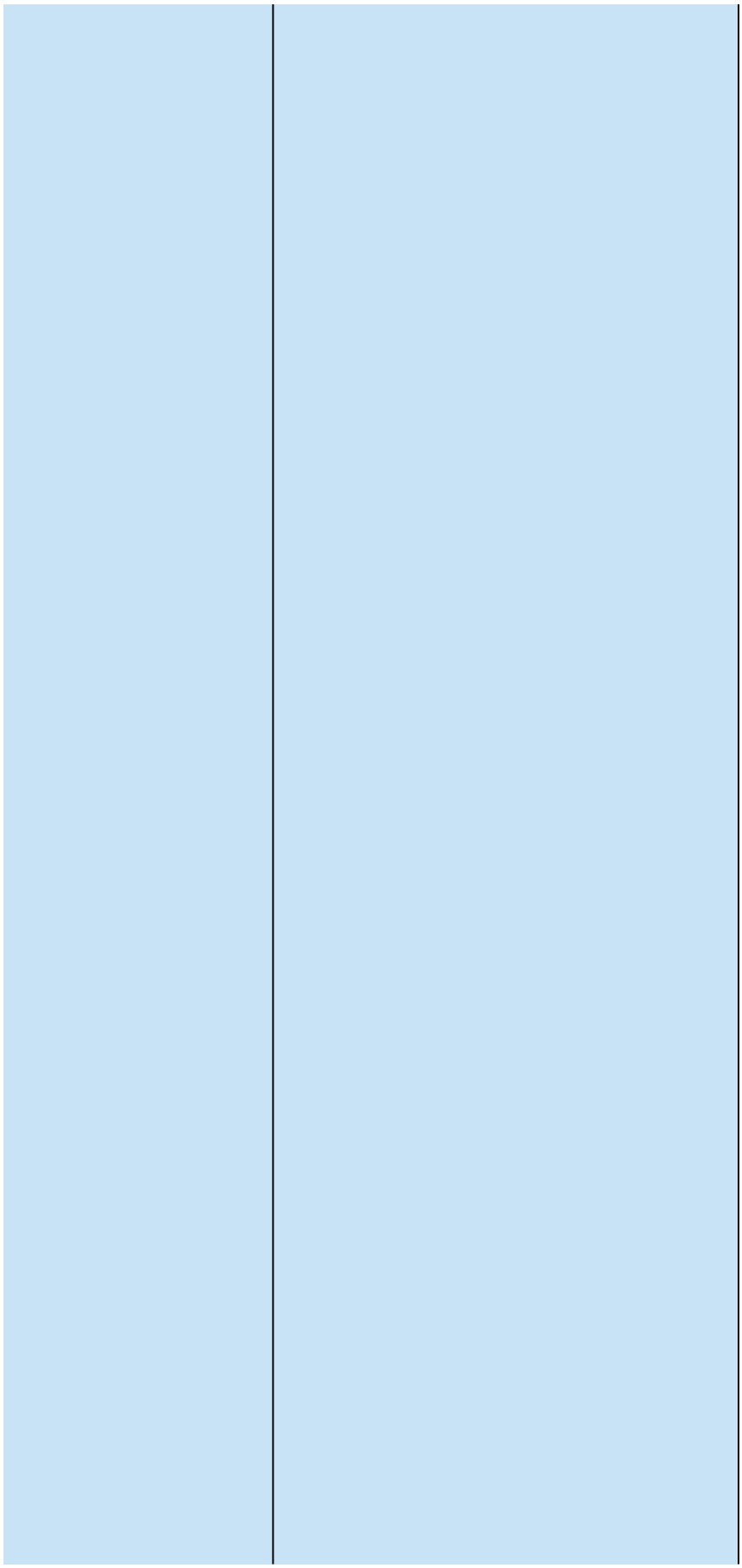




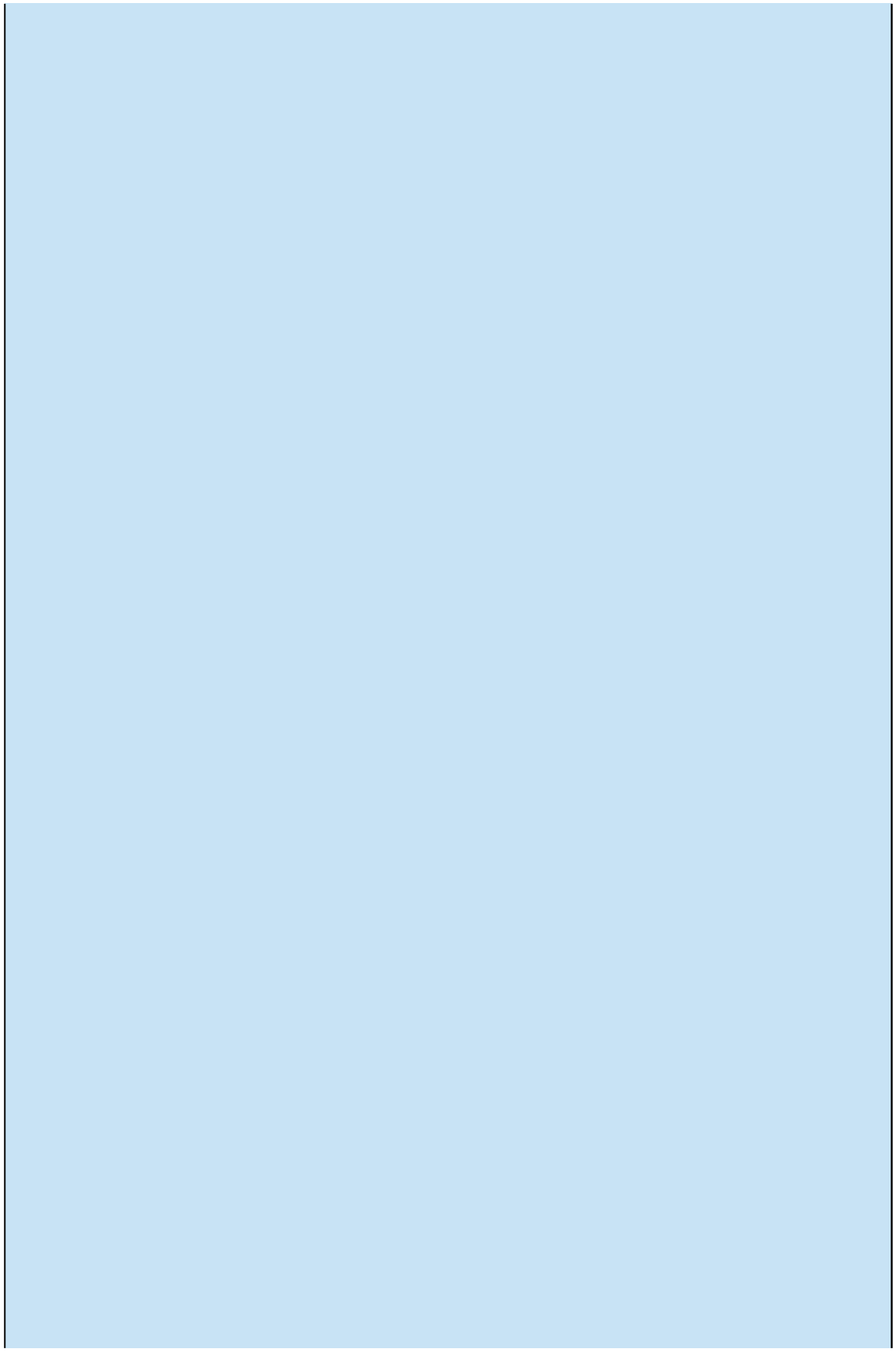


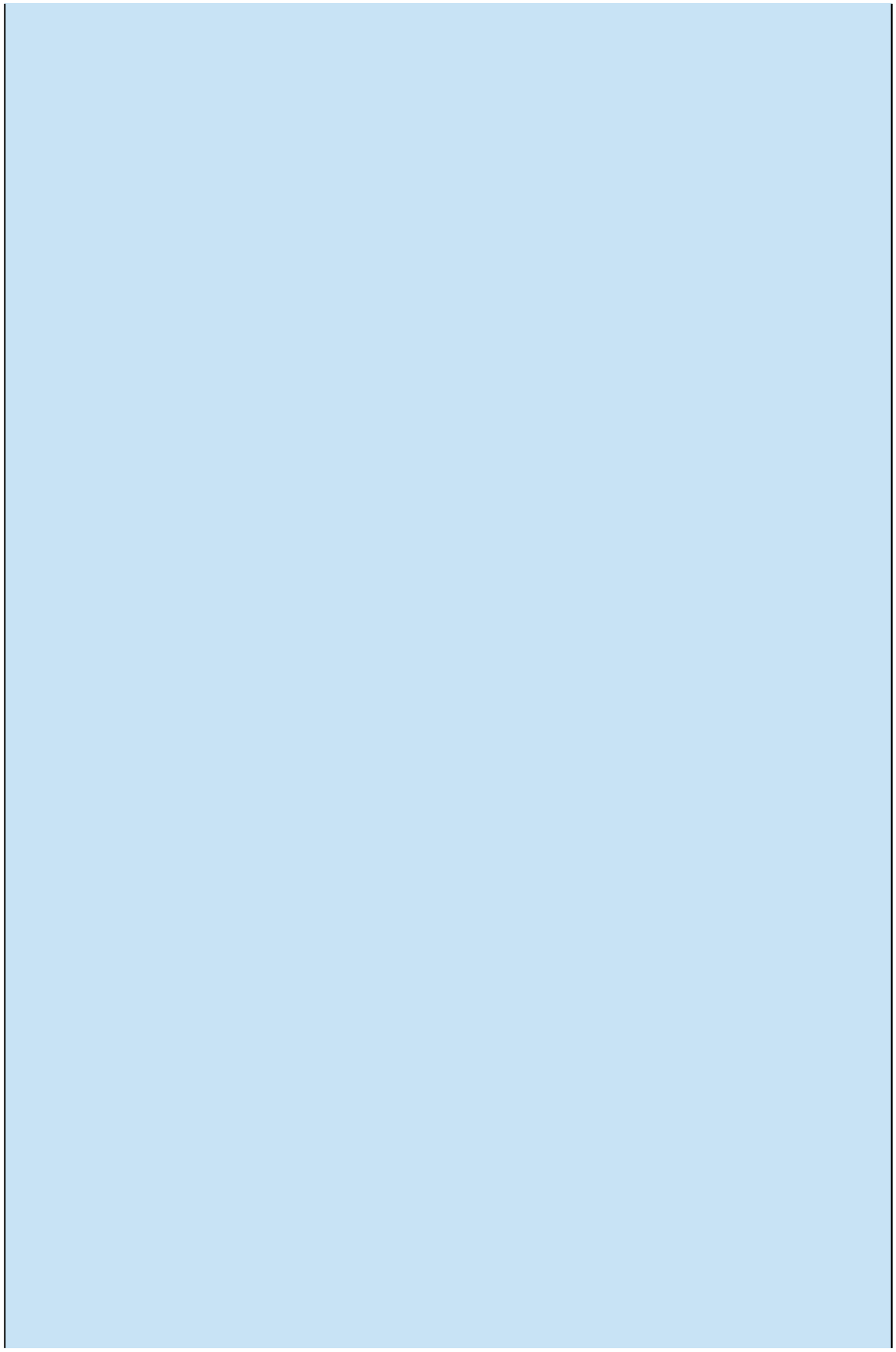


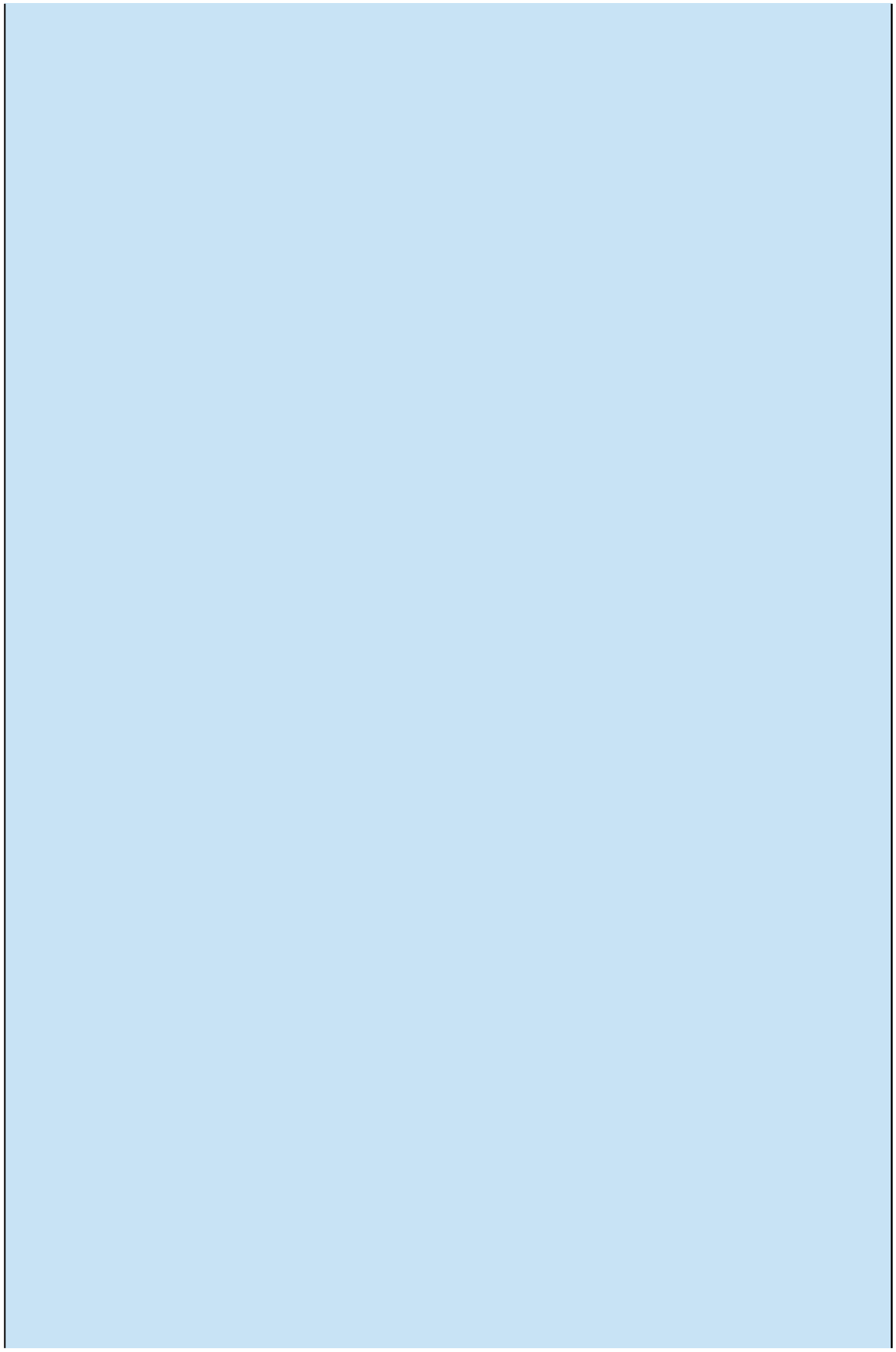


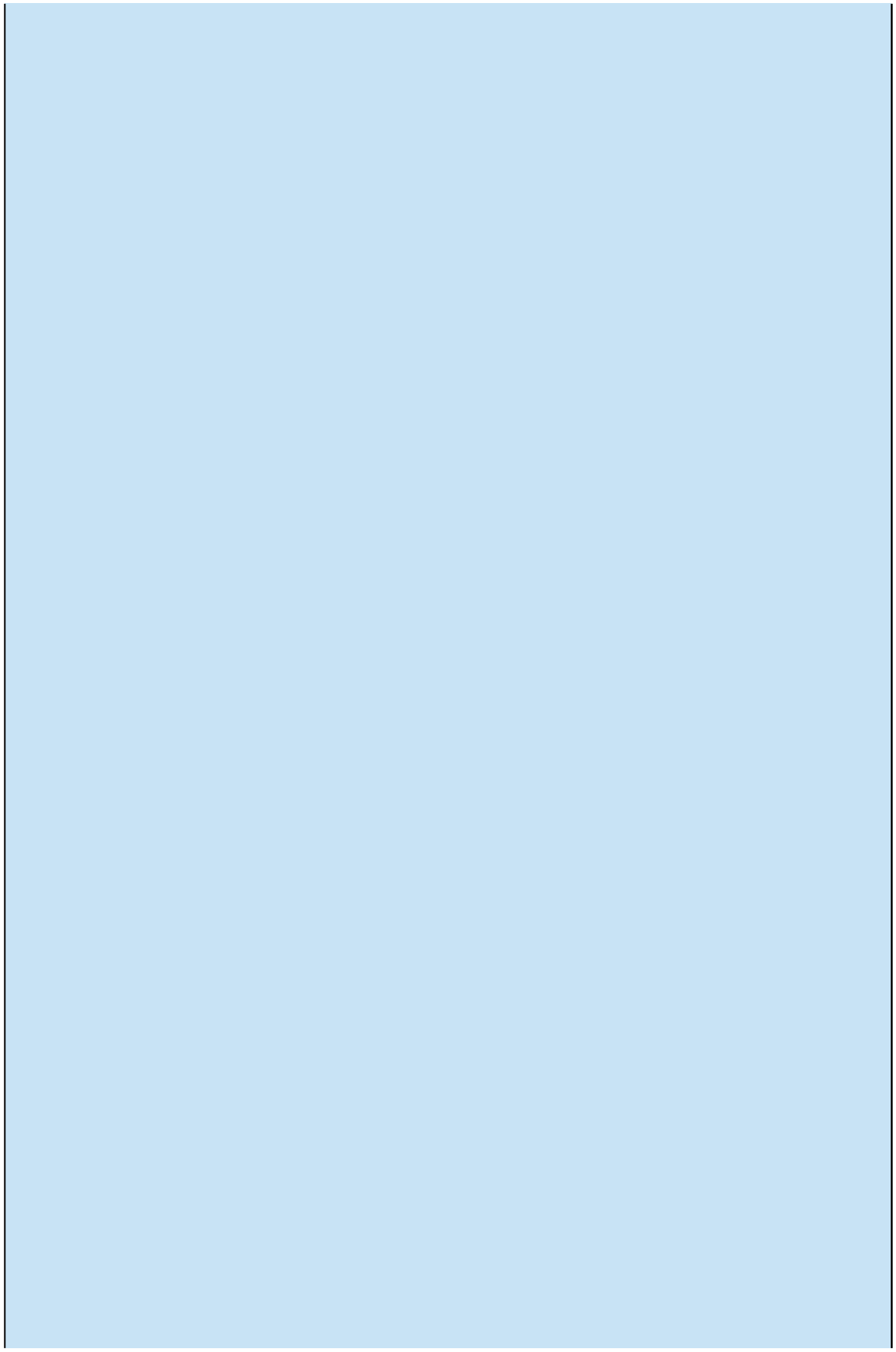


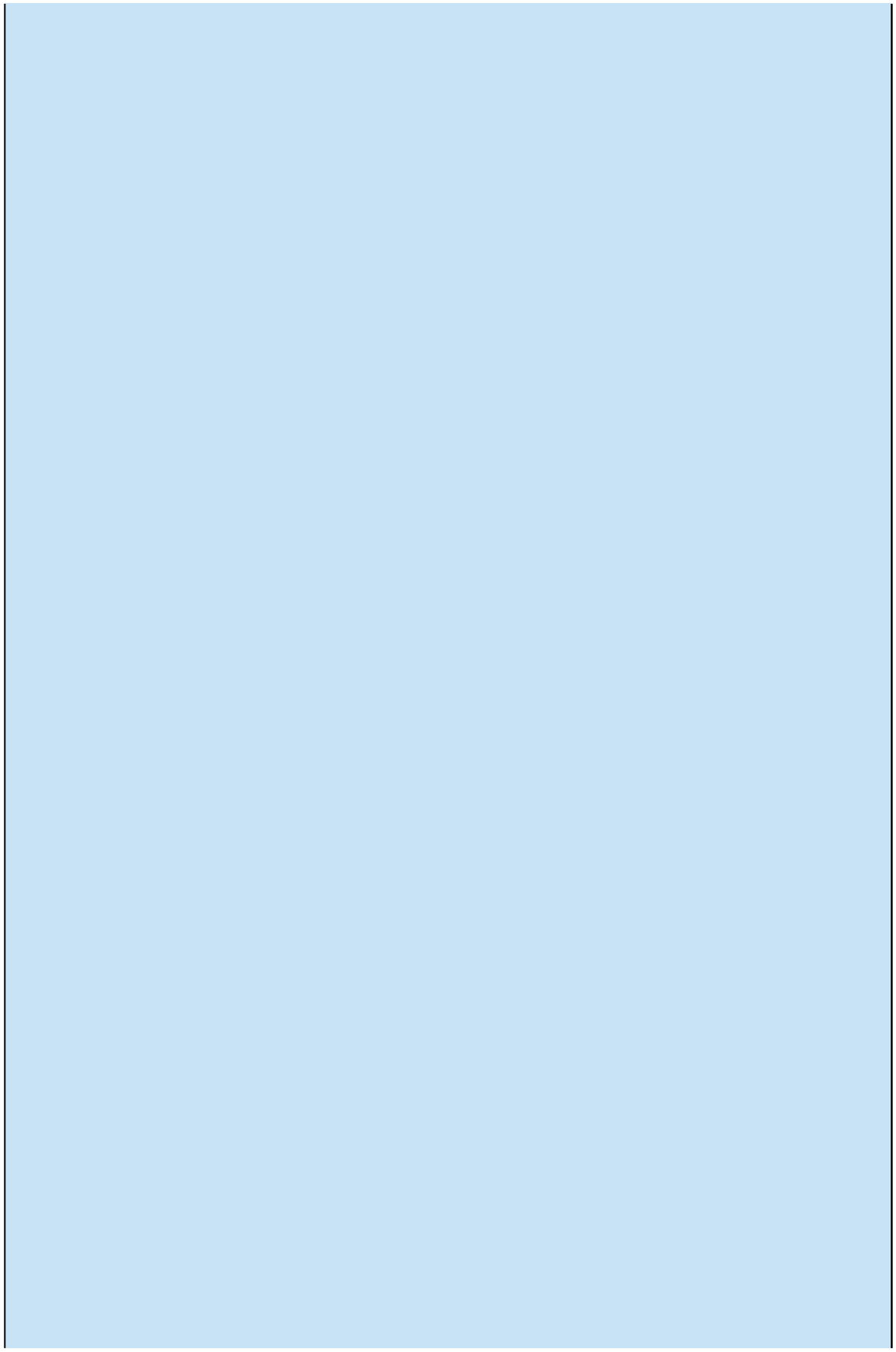
Name of Training Provider	Name of Training Program
Please make sure the columns below are completed correctly. If blank or incorrect, return to the training provider tab and hit save.	

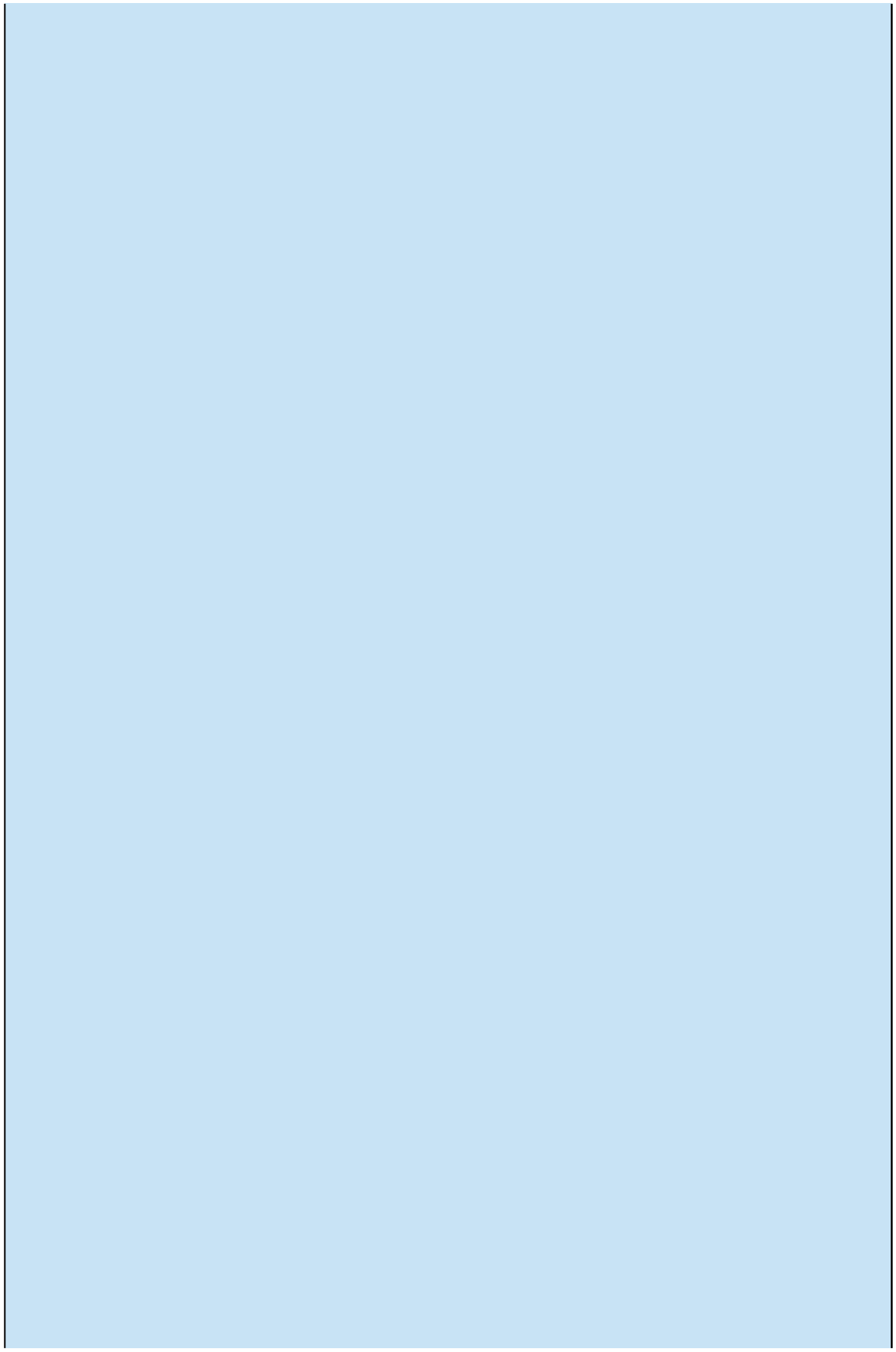


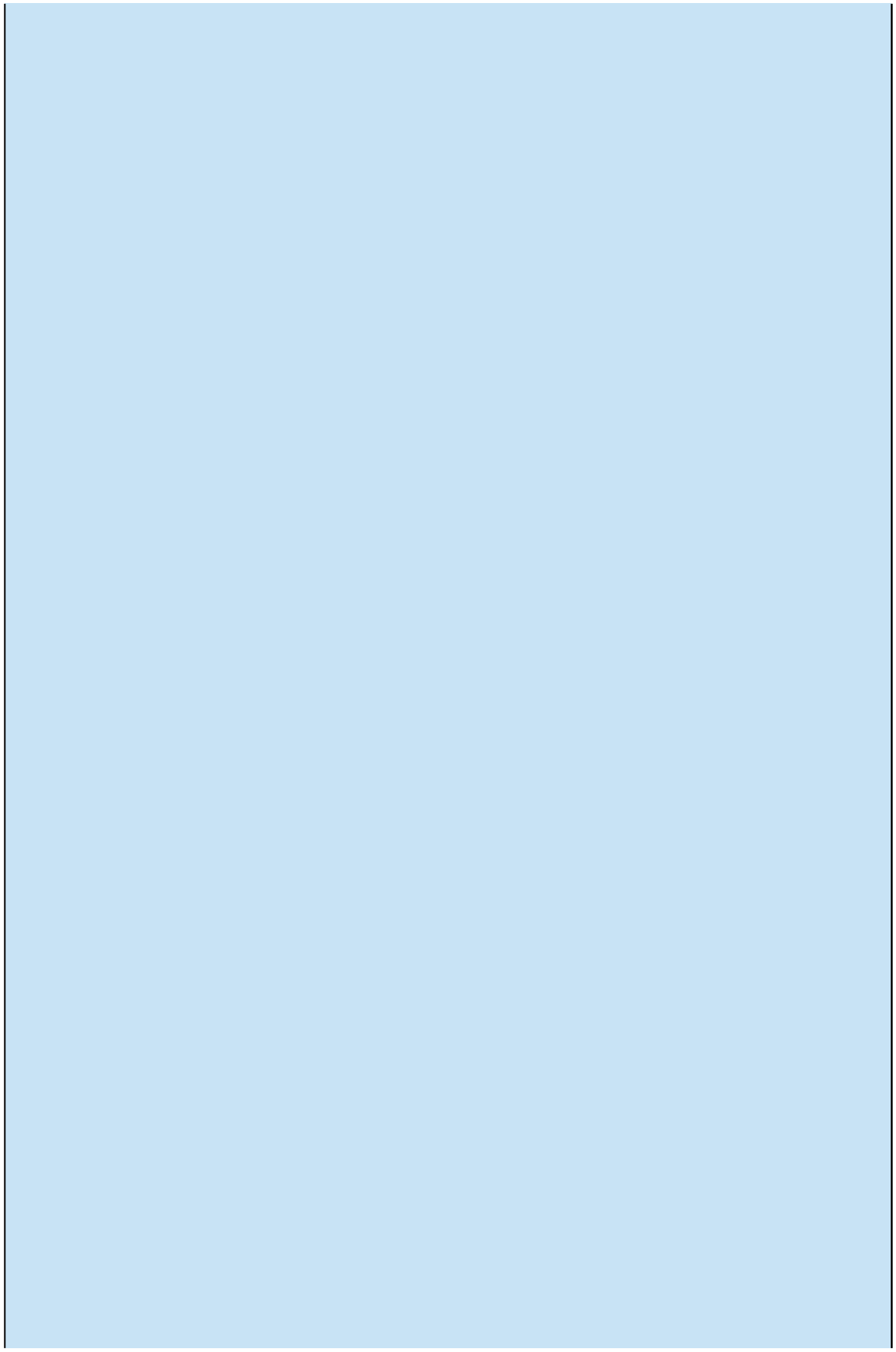


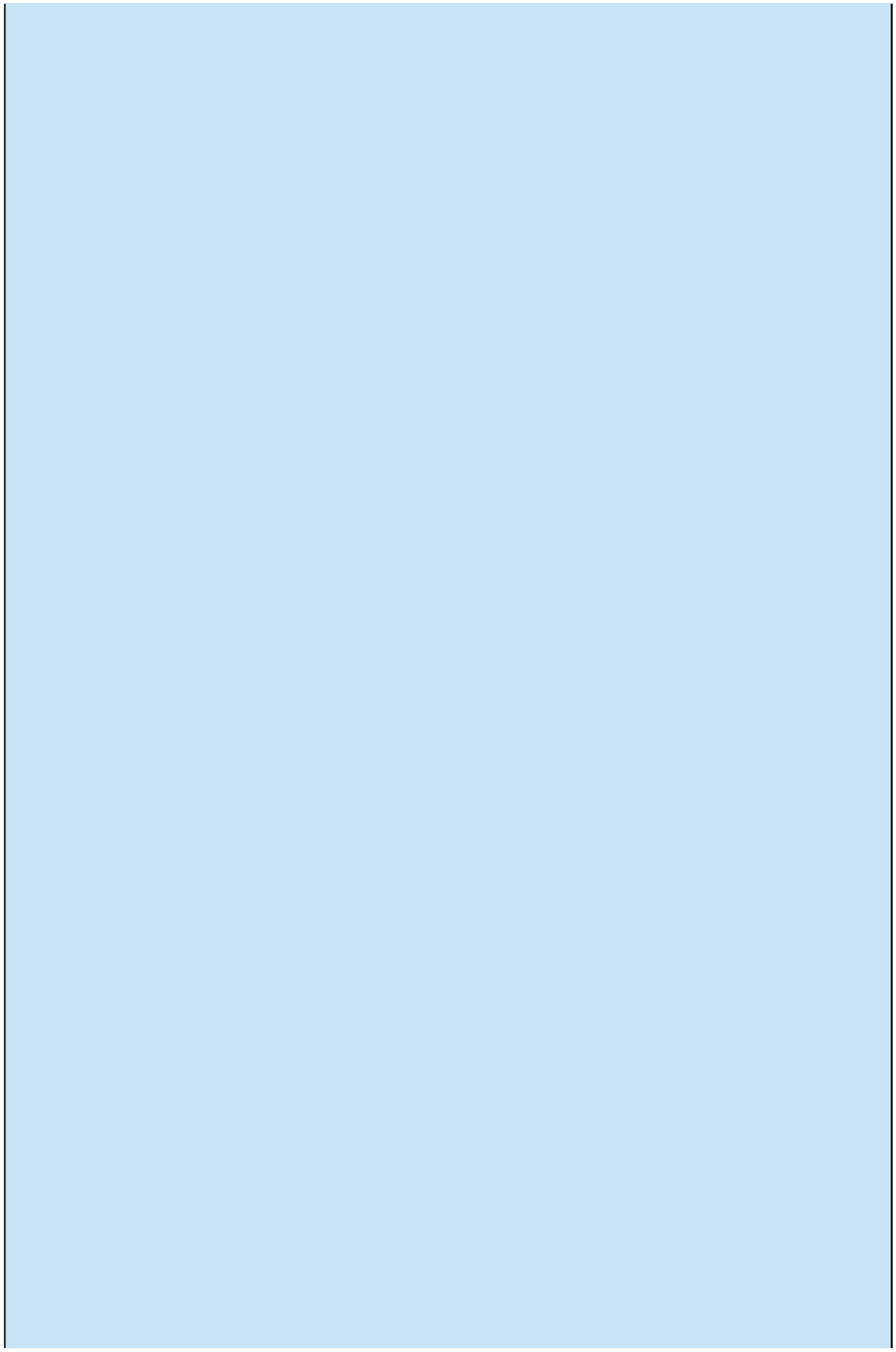


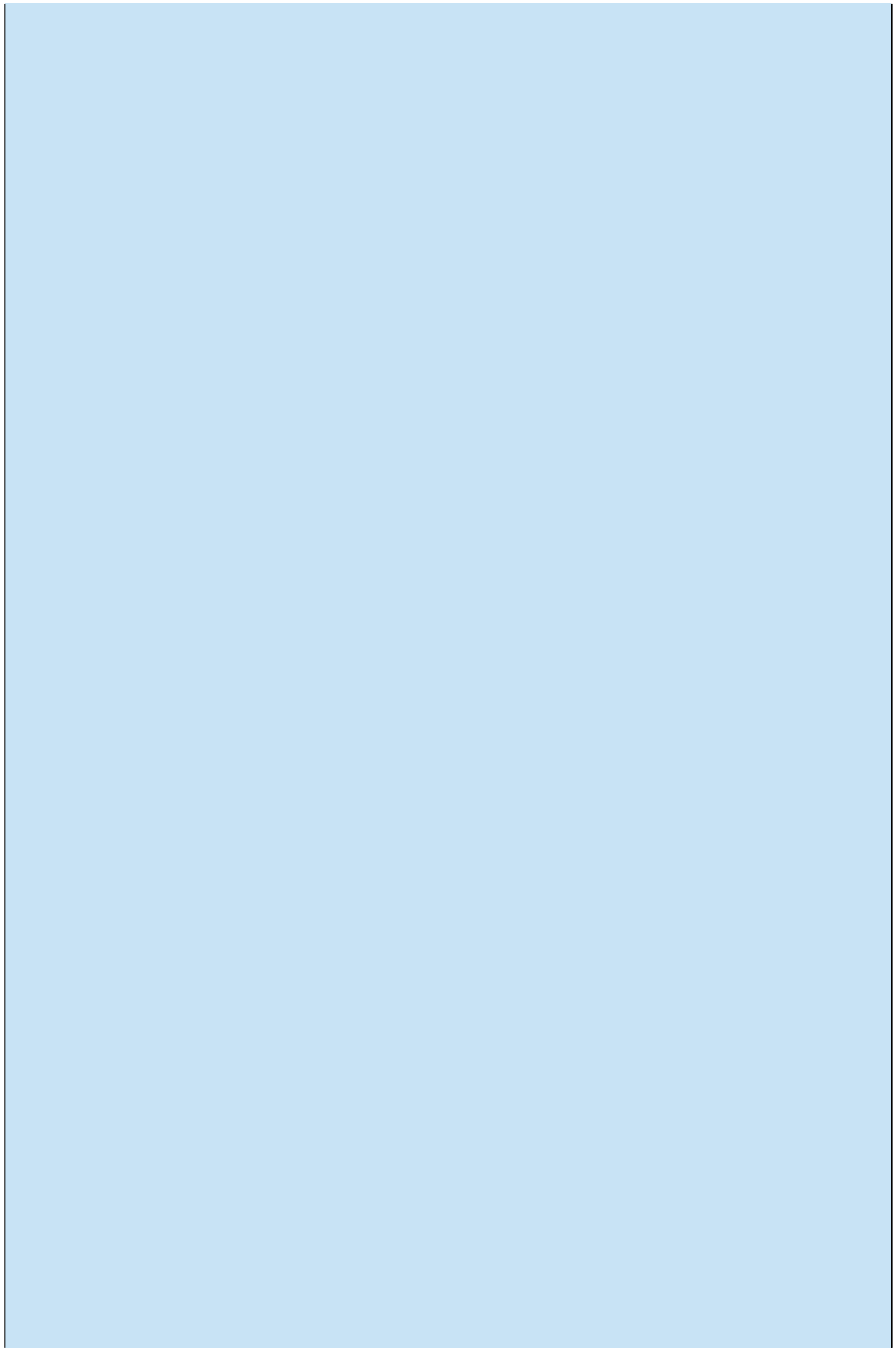


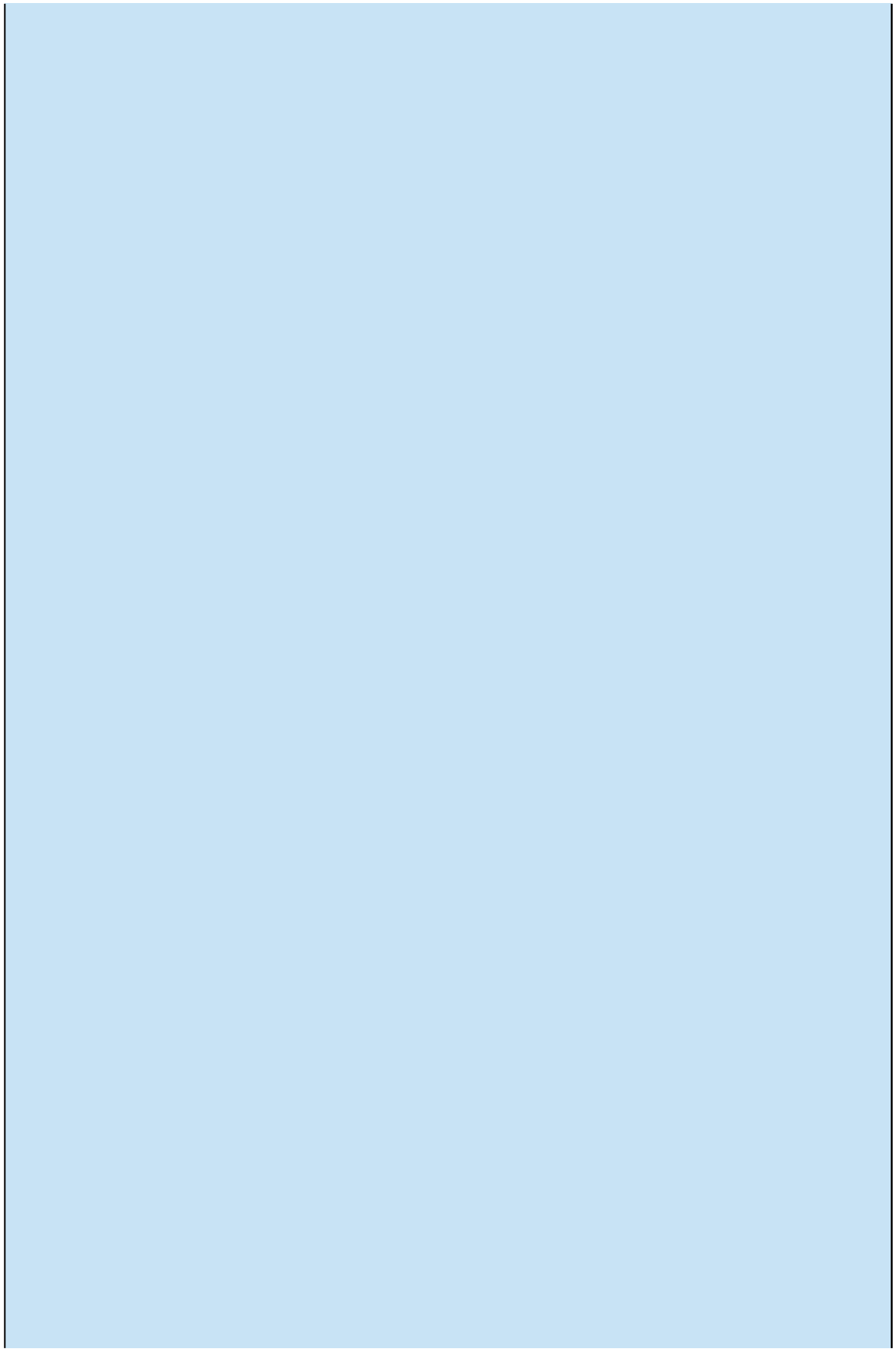


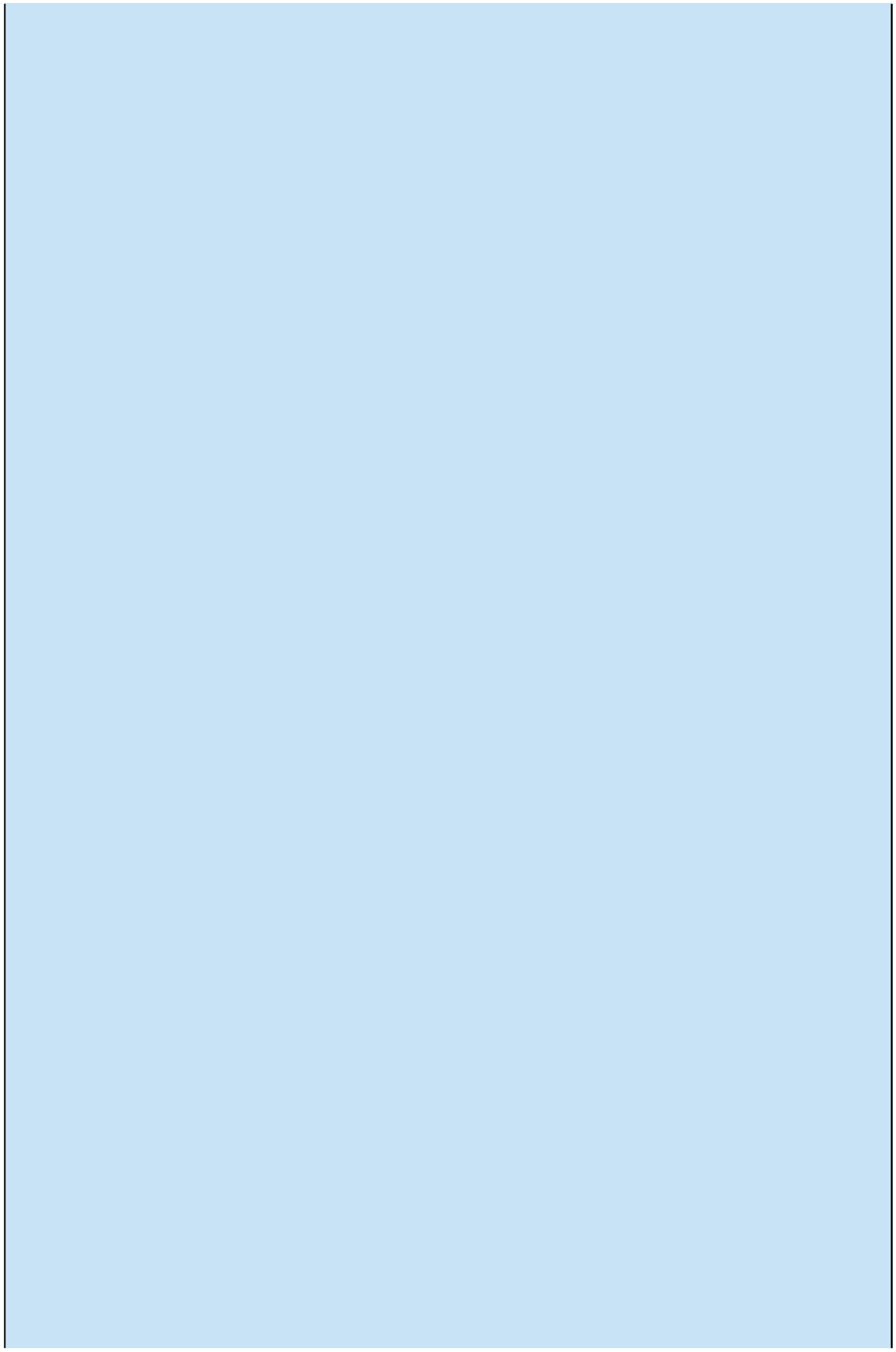


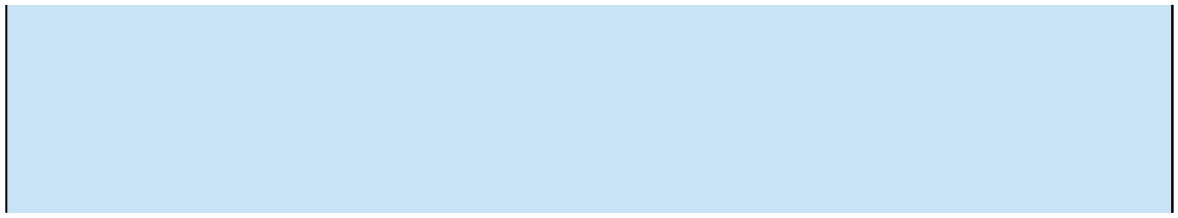












What is the employment status of Good J months of program completion?

☐ heck box and skip section if **six months** have not yet passed since partic

Employed in-field by an employer who partners with your training program	Employed in-field by an employer who doesn't partner with your training program
Provide the numerical total per placed participant. If an employment status d employment status.	
# of Participants	*# of Participants*

obs Challenge-funded participants after 6

cipants completed any of the training programs listed.

Still seeking employment in-field	Not seeking employment in-field	Could not contact
oes not apply to any participants in the **past quarter**, please enter 0 for that		
# of Participants	*# of Participants*	*# of Participants*

Name of Training Provider	Name of Training Program
Please make sure the columns below are completed correctly. If blank or incorrect, return to the training provider tab and hit save.	

What is the employment type?

☐ Check box and skip section if no participants were beer

Full-time employment	Part-time employment
Provide the numerical total per GJC participant who comp **quarter**, enter 0 for that employment type.	
# of Participants	*# of Participants*

placed into a job in the **past quarter**.

Seasonal employment	Earn and Learn employment

pleted training. If no participants were placed in an employ

# of Participants	*# of Participants*

Other

ment type during the **past**

# of Participants

Name of Training Provider

Please make sure the columns below are co
incorrect, return to the training provider tal

Name of Training Program	If Earn and Le ☐ Check box and skip Registered Apprenticeship
mpleted correctly. If blank or b and hit save.	Provide the numerical t # of Participants

earn employment, provide the number

section if no participants were involved in any the listed Earn and Learn t

Non-registered Apprenticeship	Internship	Customized Training

total per category. If no participants were involved in an Earn and Learn m

# of Participants	*# of Participants*	*# of Participants*

of participants in the type of Earn and L

training programs in the **past quarter**.

Incumbent Worker Training	Transitional Jobs REMOVE	Cooperatives REMOVE

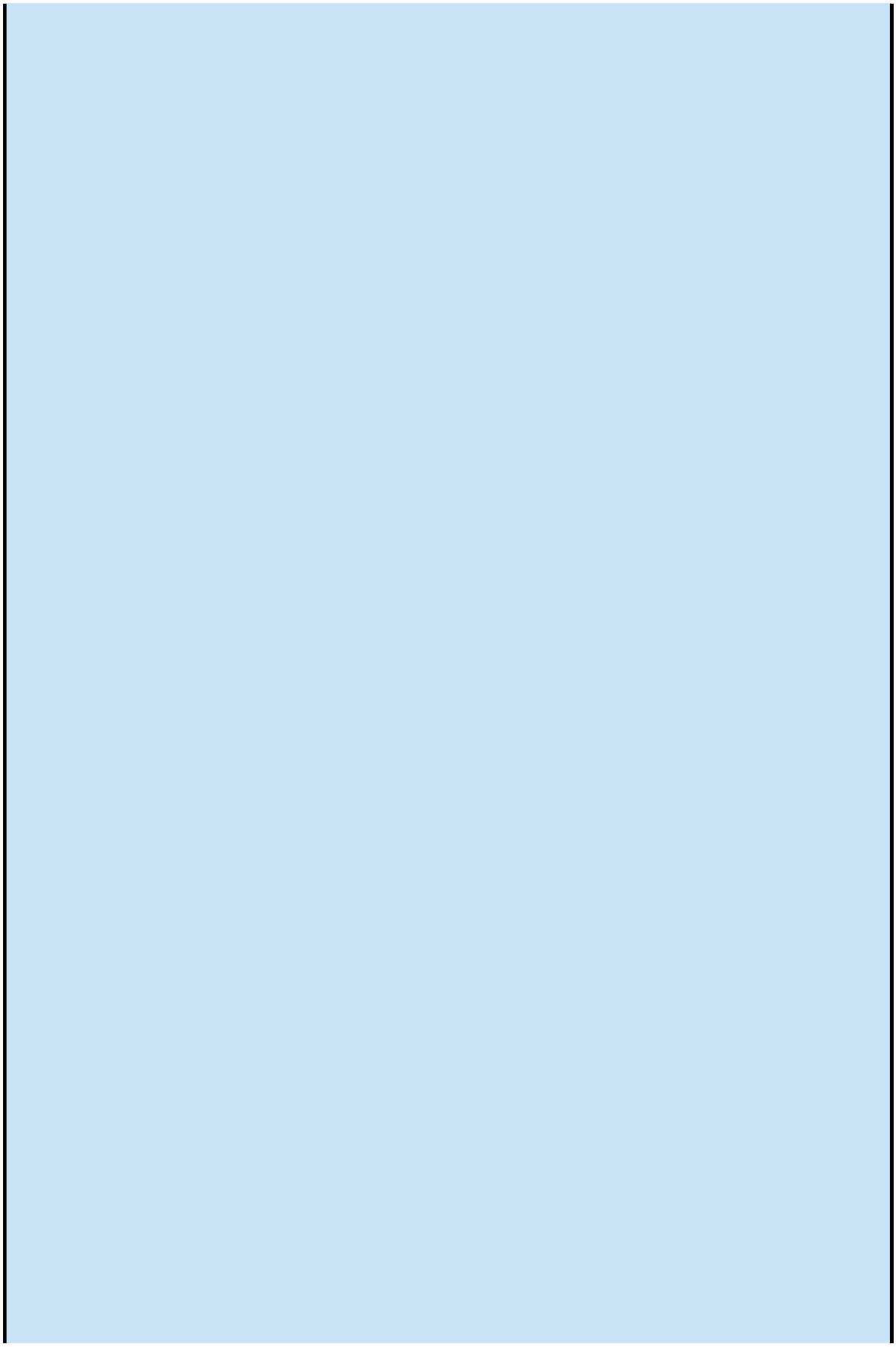
model during the **past quarter**, enter 0 for that model.

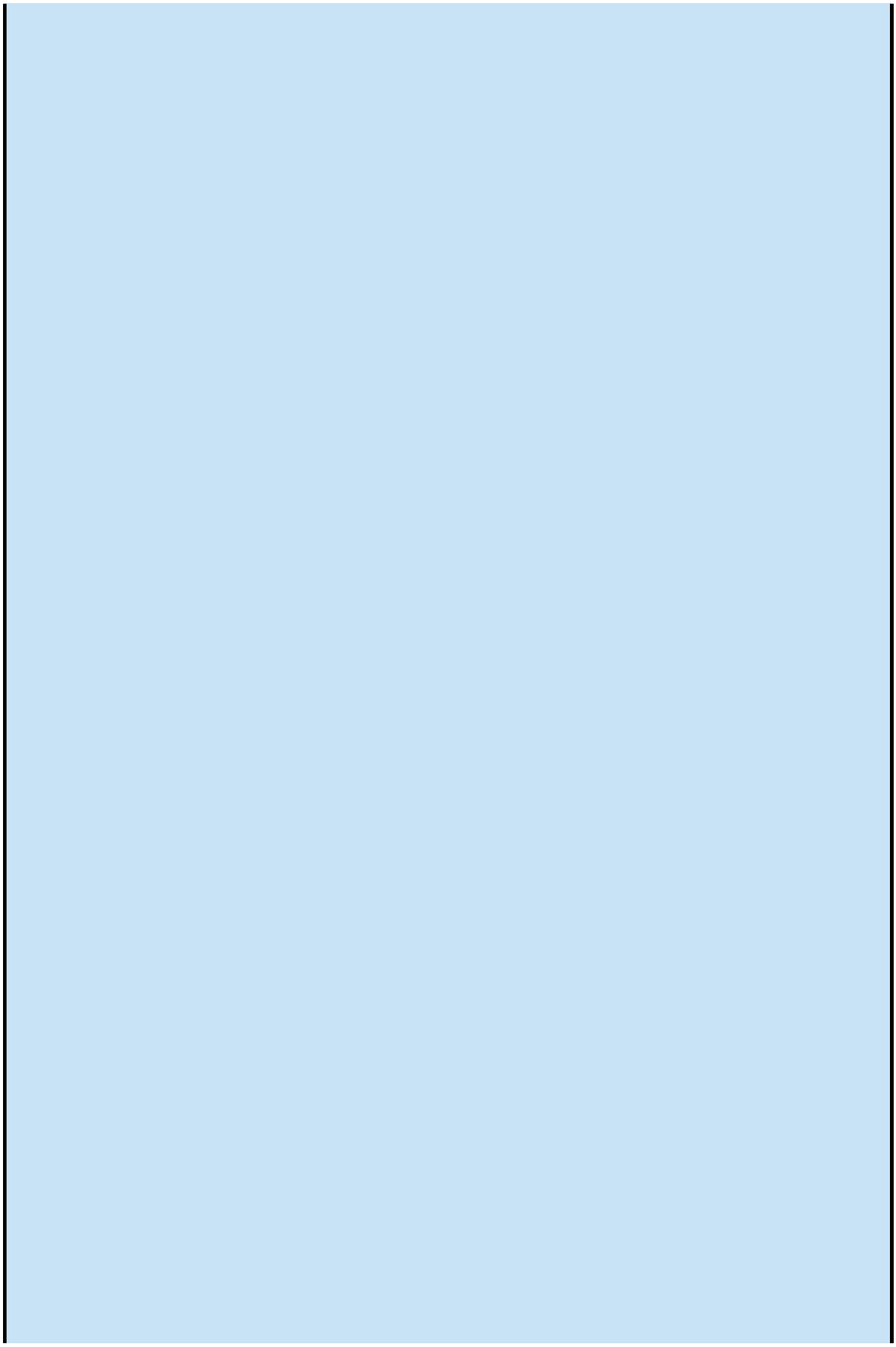
# of Participants	*# of Participants*	*# of Participants*

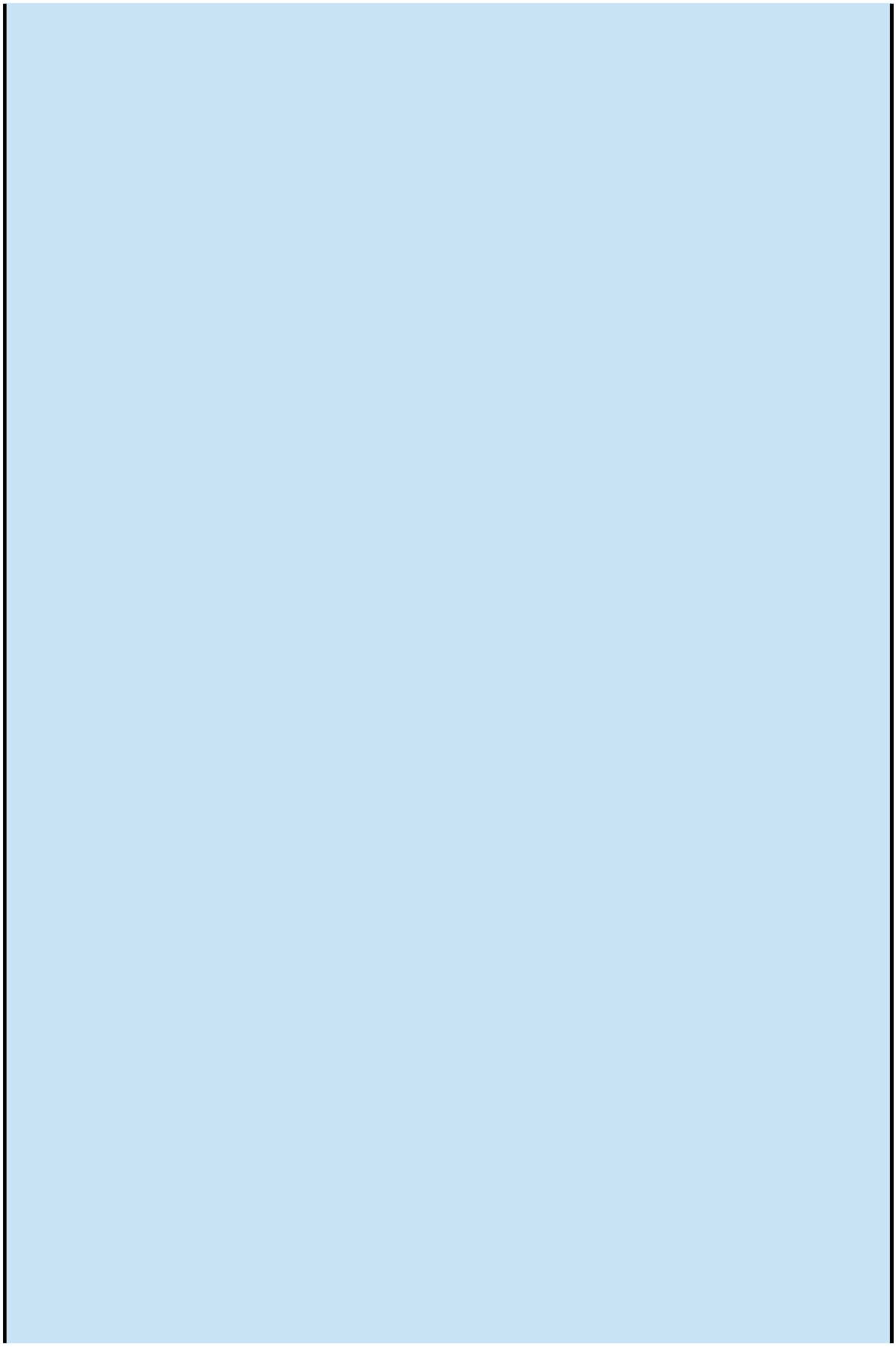
earn model

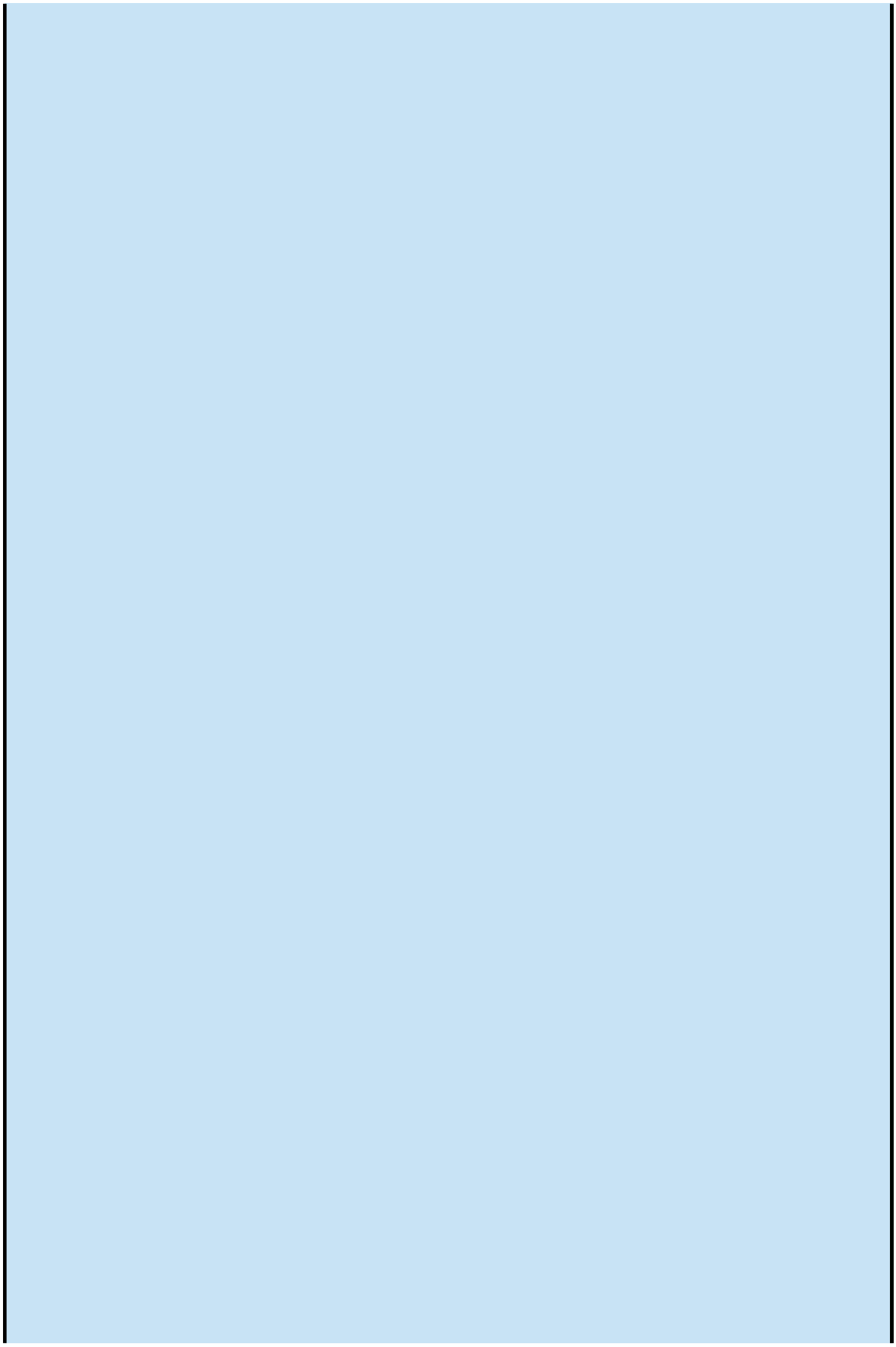
Practicums, Residences, or Fellowships REMOVE	Other (e.g., Transitional Jobs, Cooperatives, Practicums, Residences, or Fellowships)
# of Participants	*# of Participants*

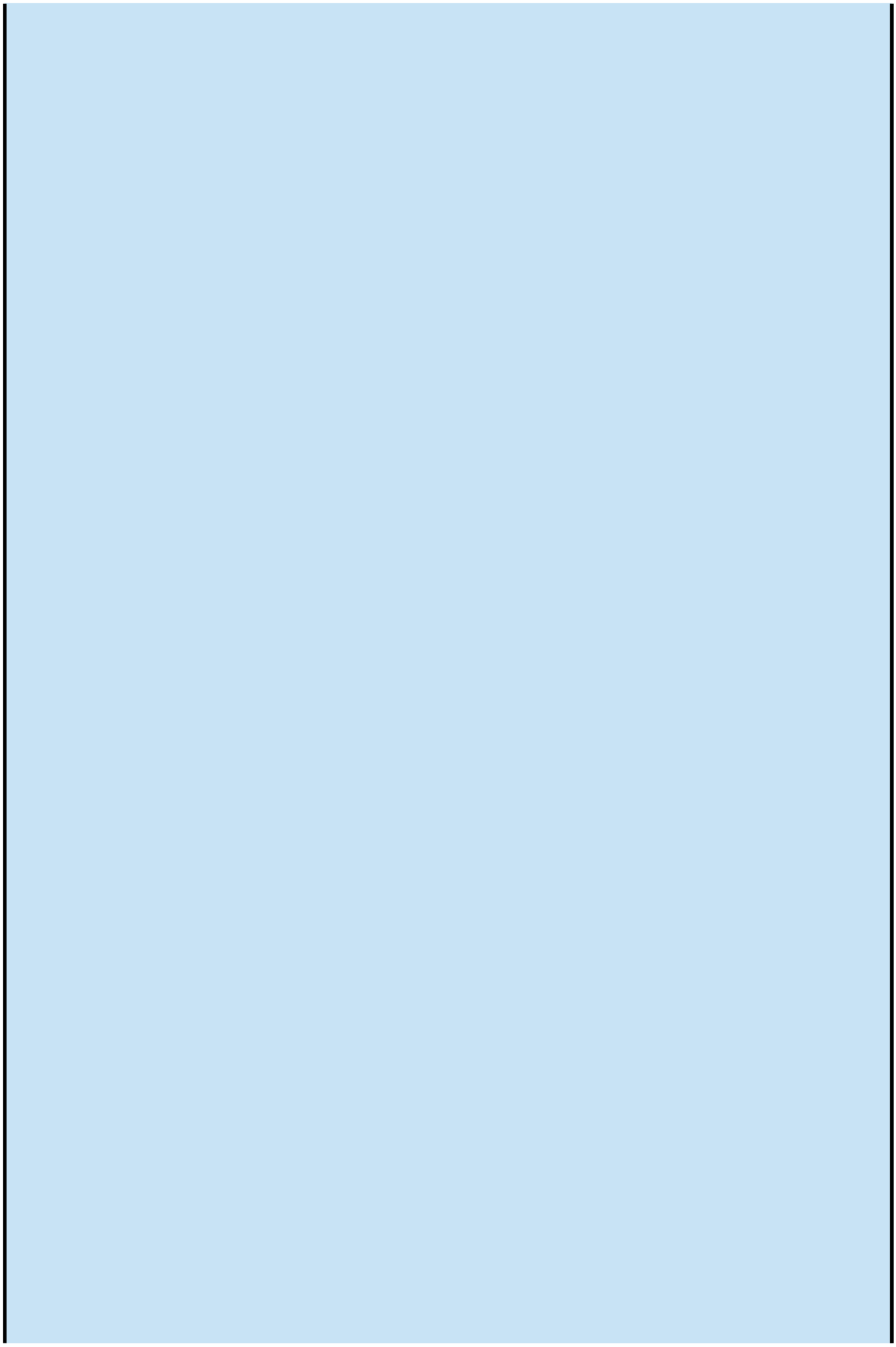
Name of Training Provider	Name of Training Program
Please make sure the columns below are completed correctly. If blank or incorrect, return to the training provider tab and hit save.	

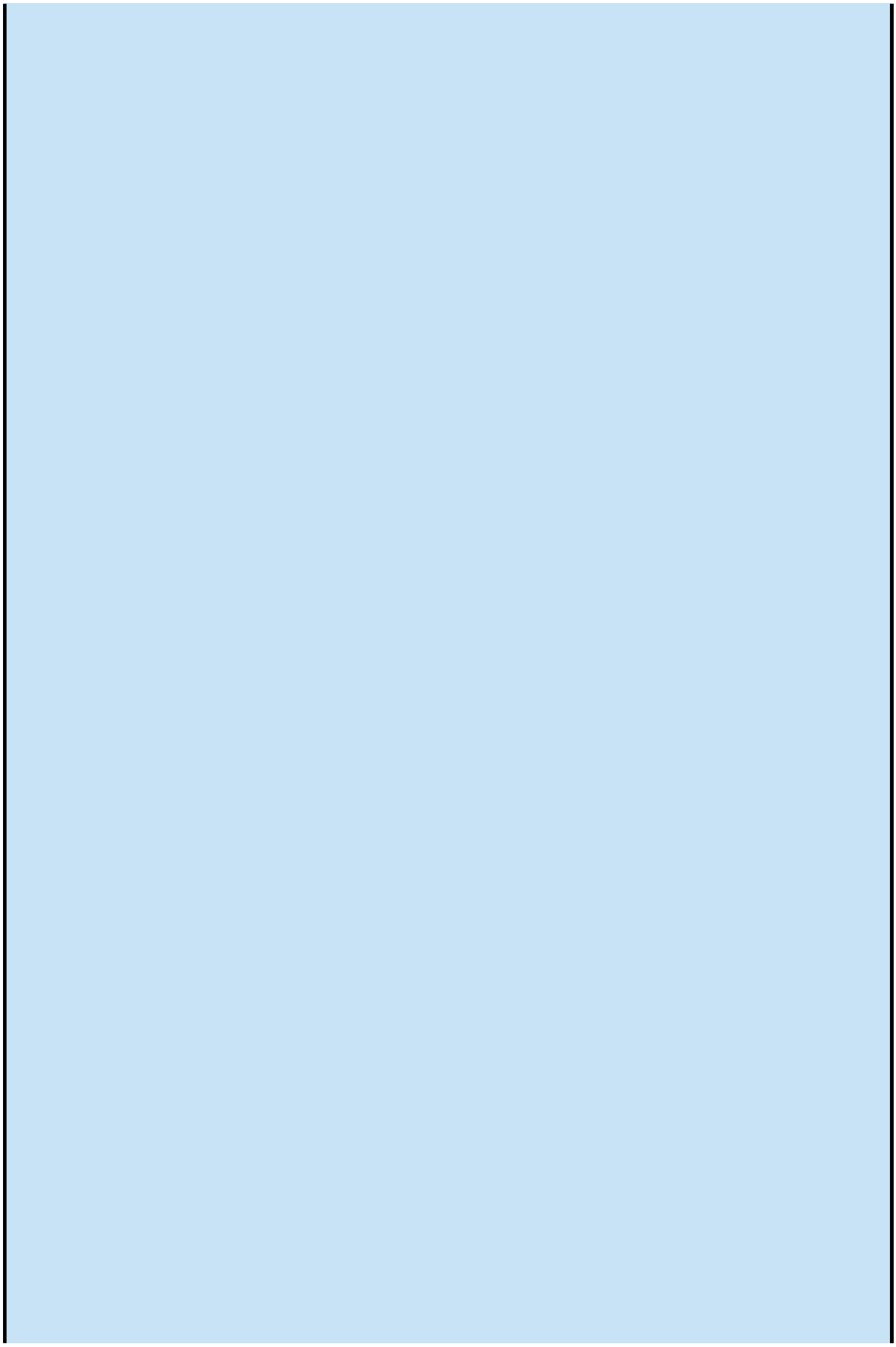


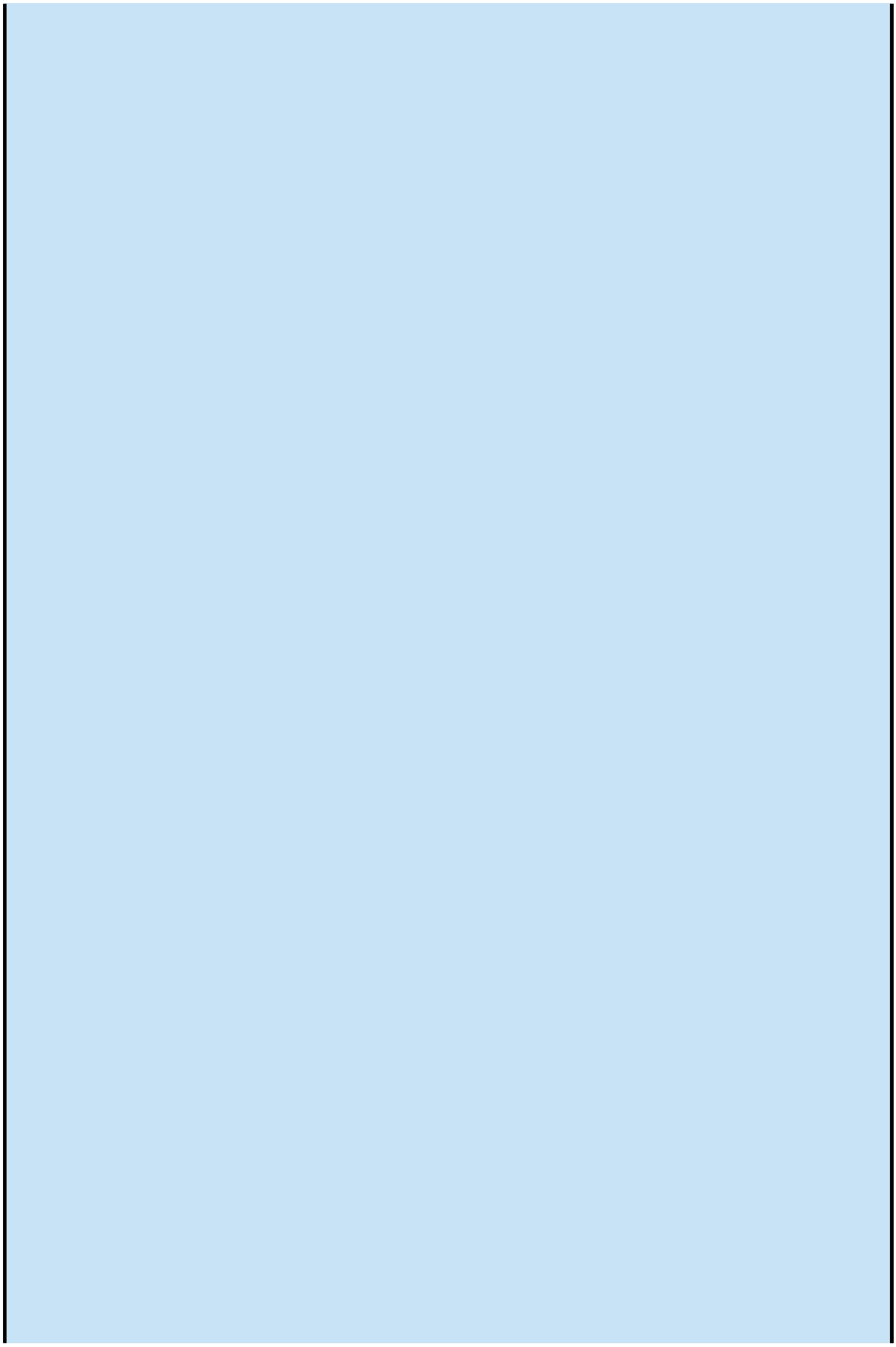


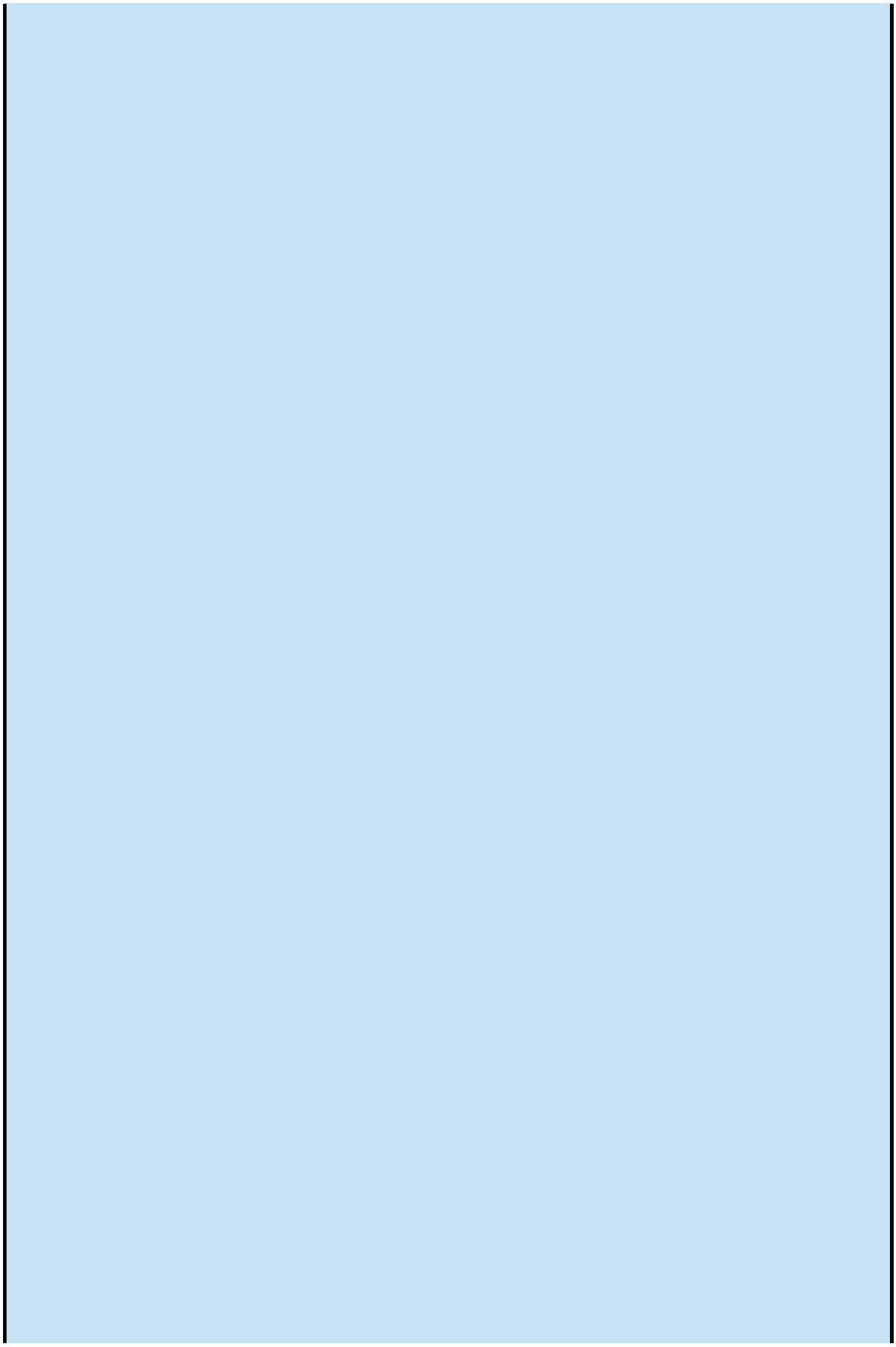


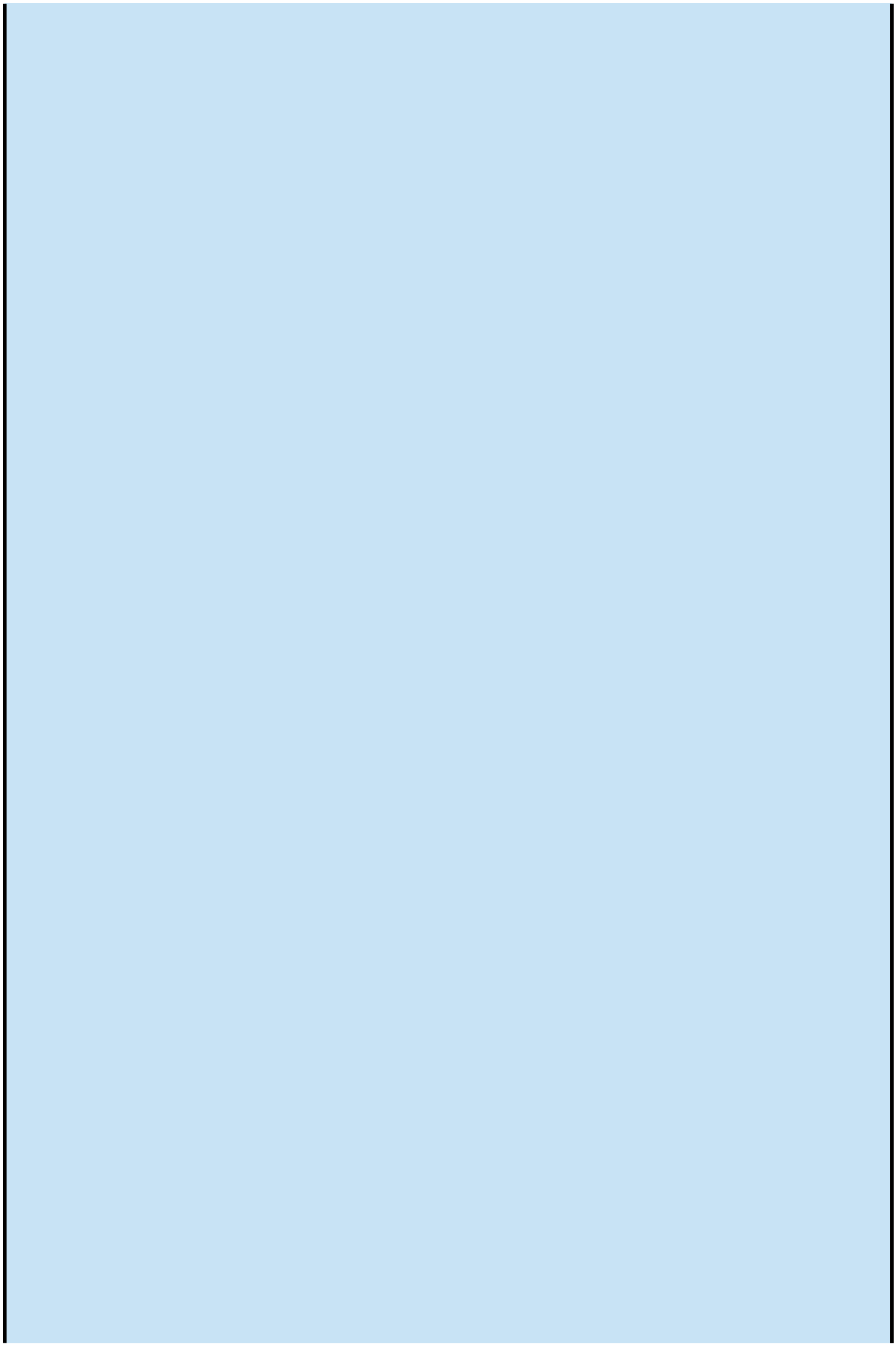


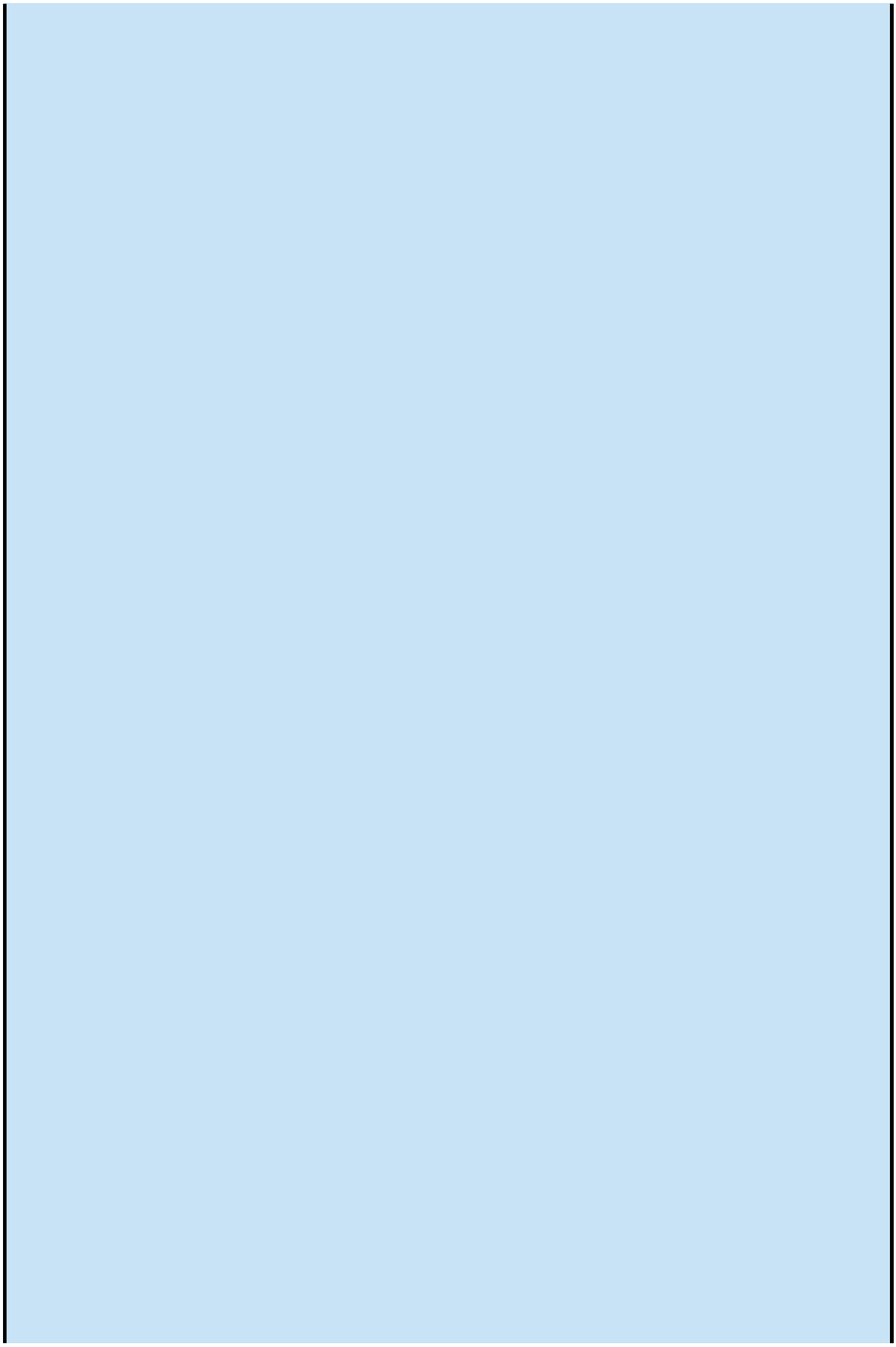


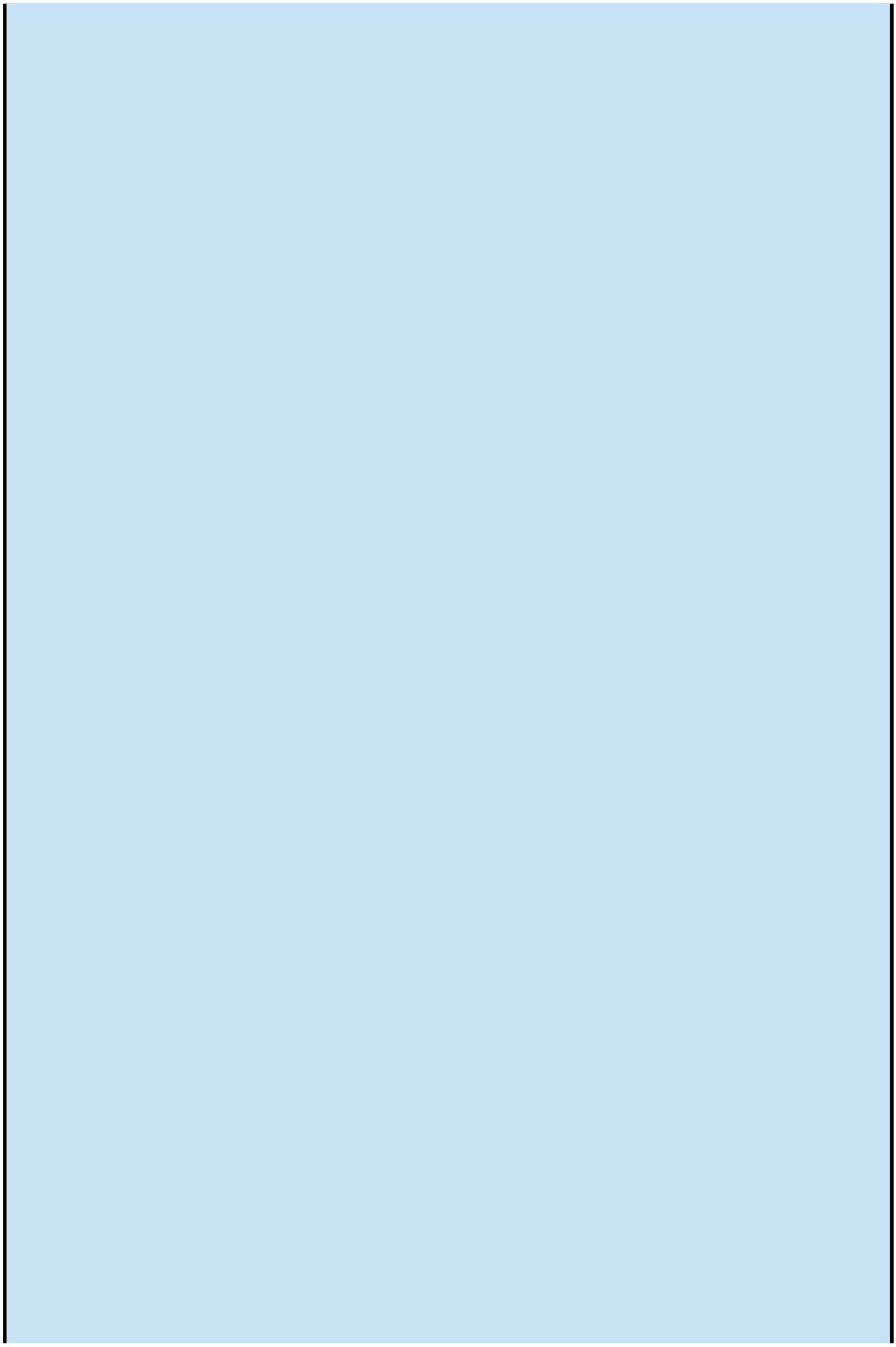


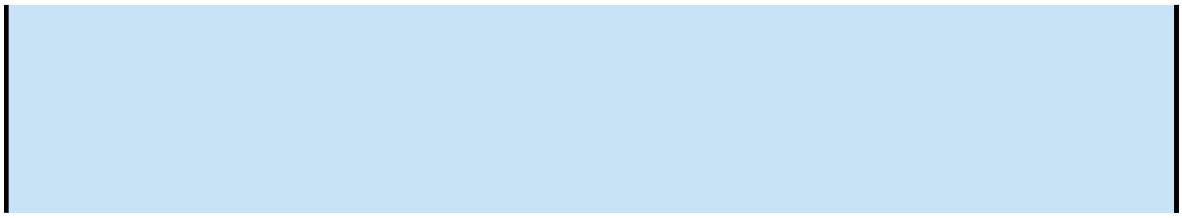






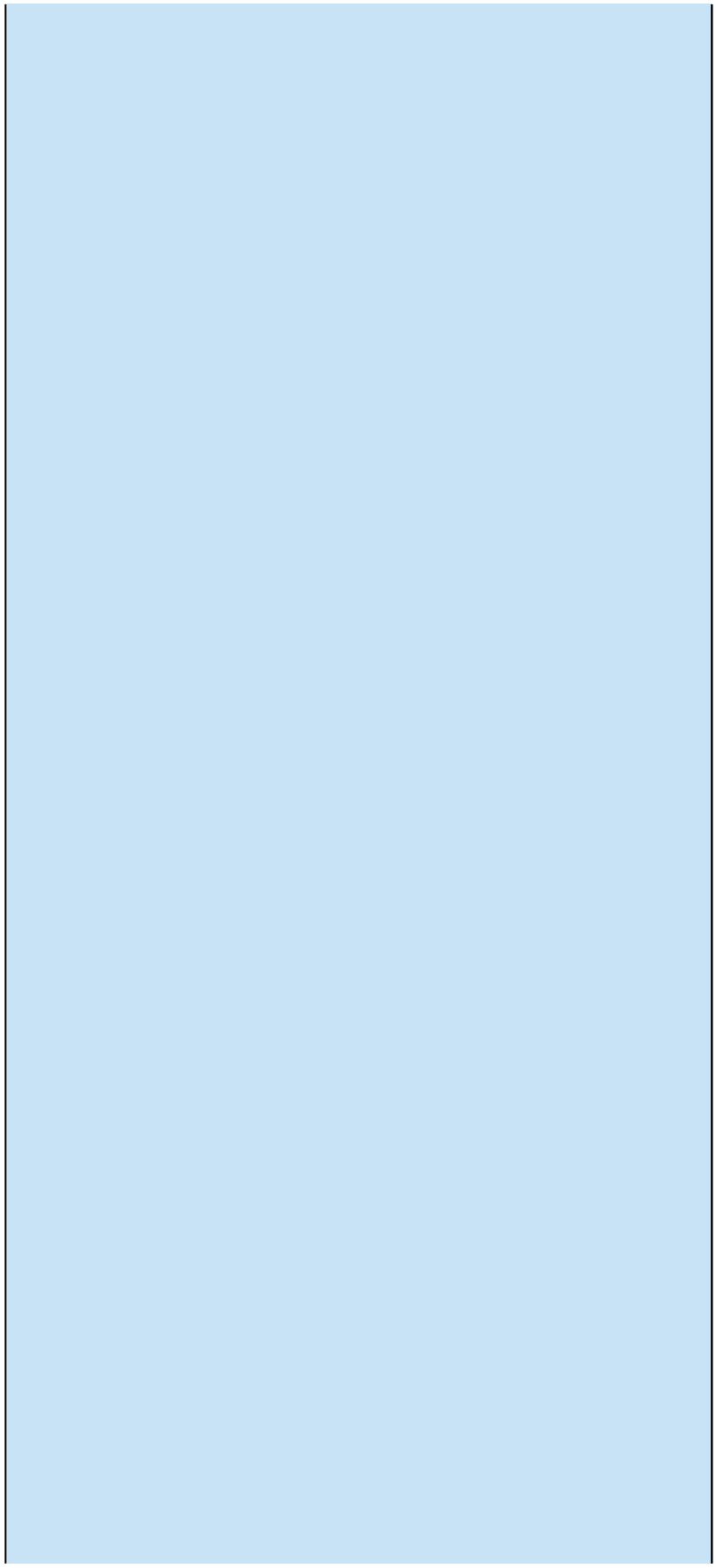


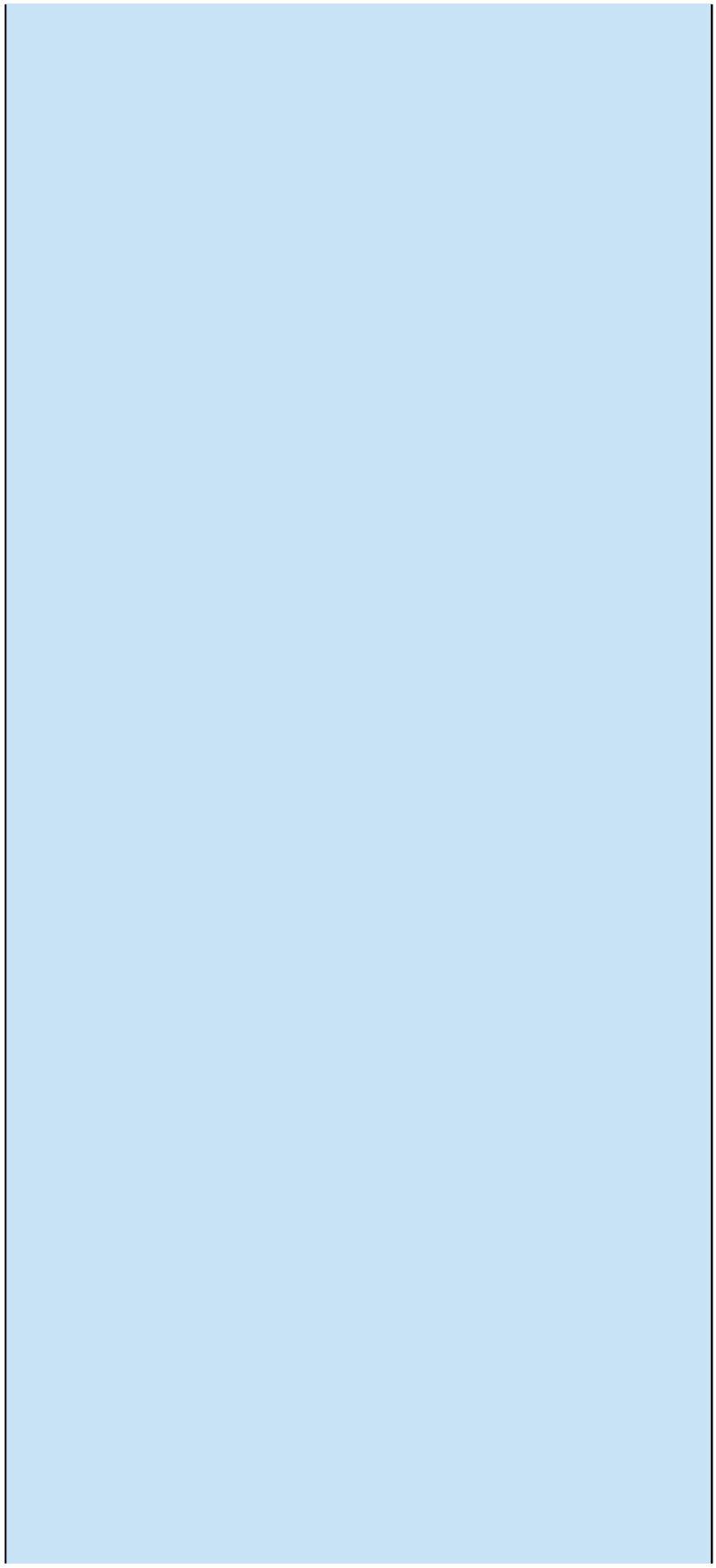


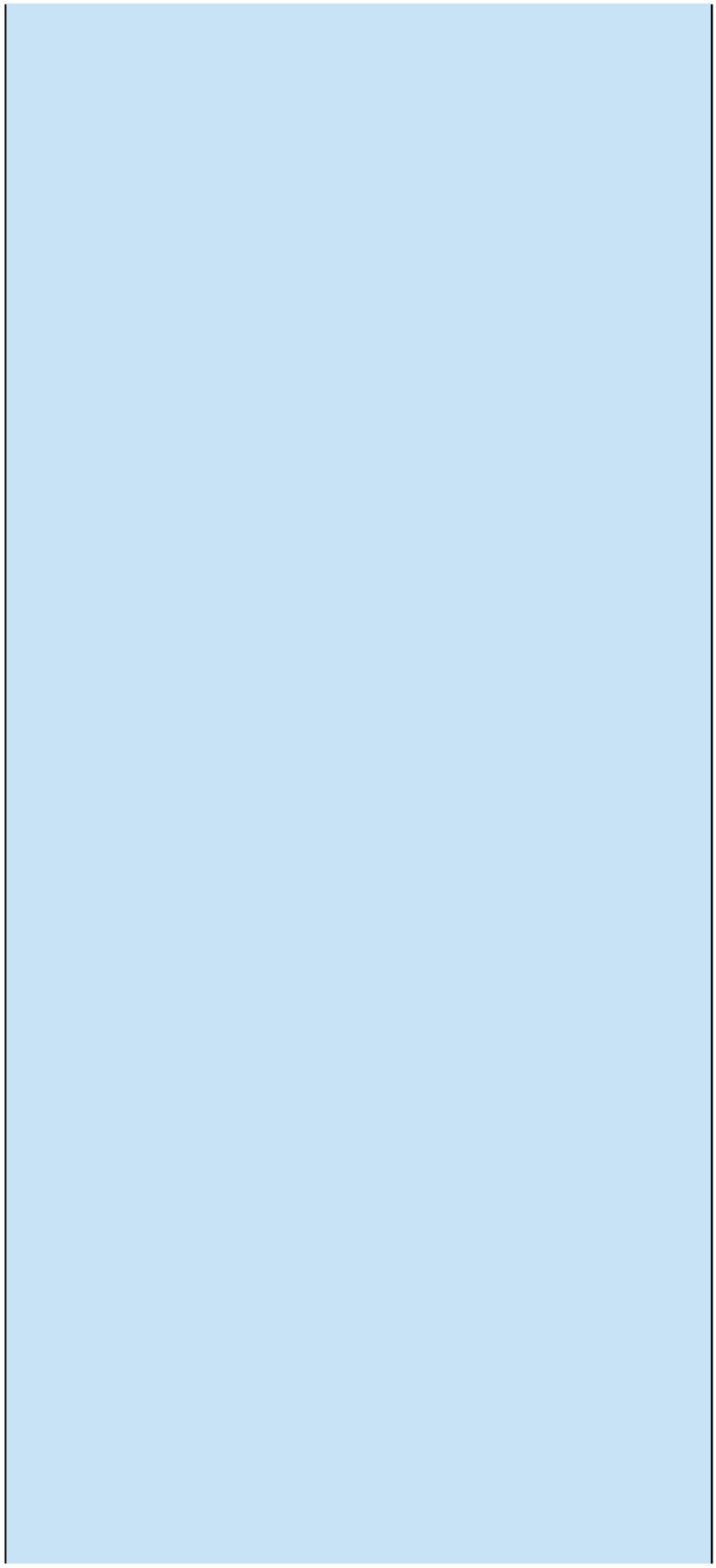


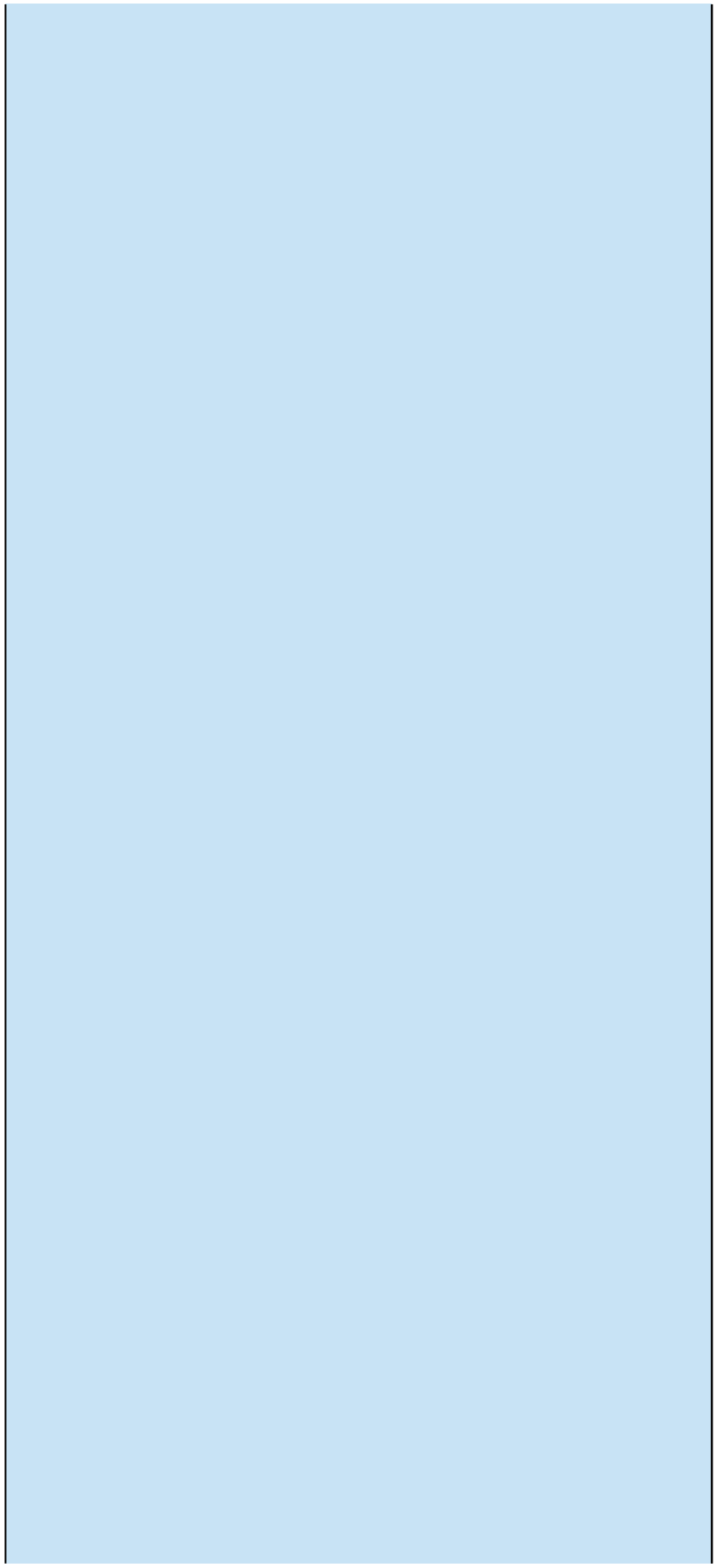
List the top three job occupations placed GJC participants are employed in after SIX months.
Please use NAICS codes of the occupations, if possible. (https://www.census.gov/naics/)

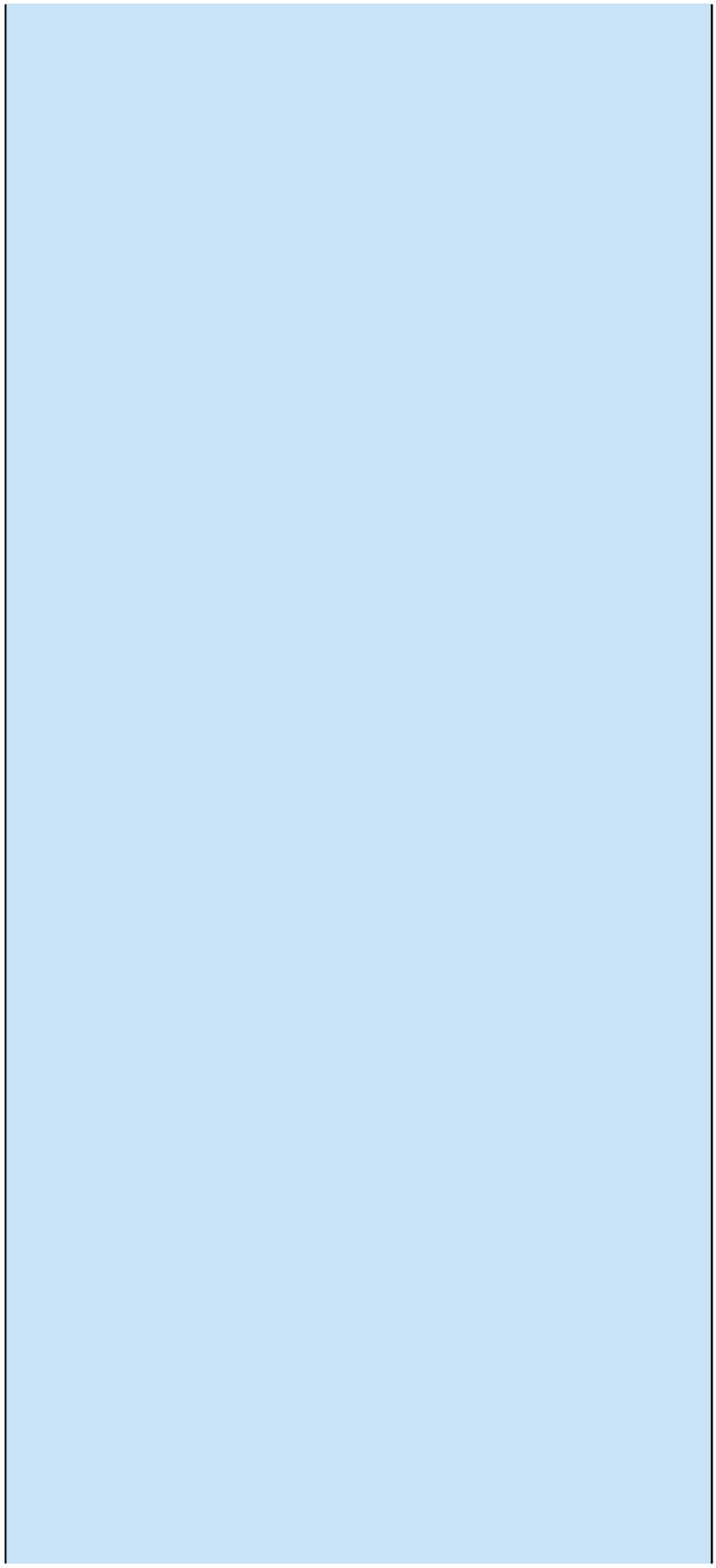
List the top three employers of Good Jobs Challenge-funded participants are employed with after SIX months.

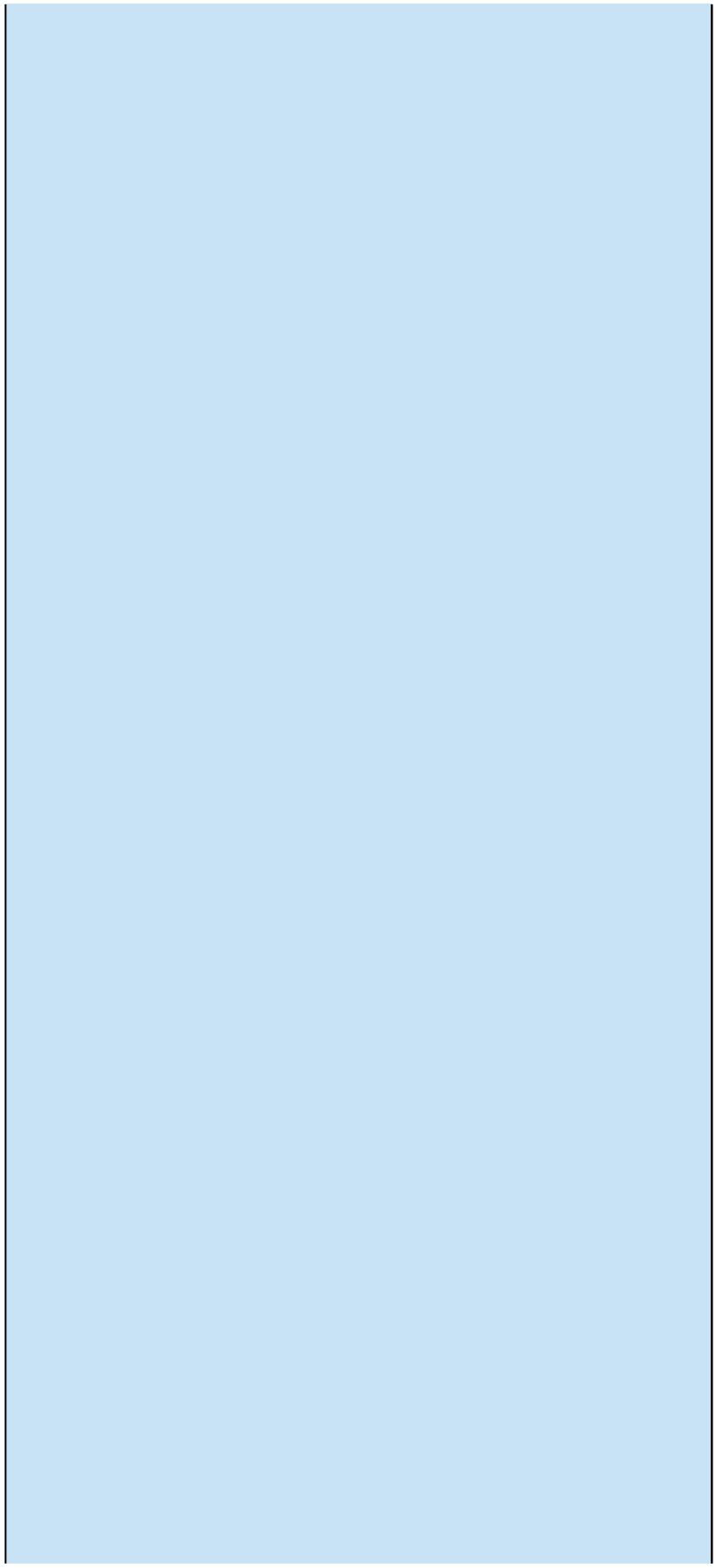


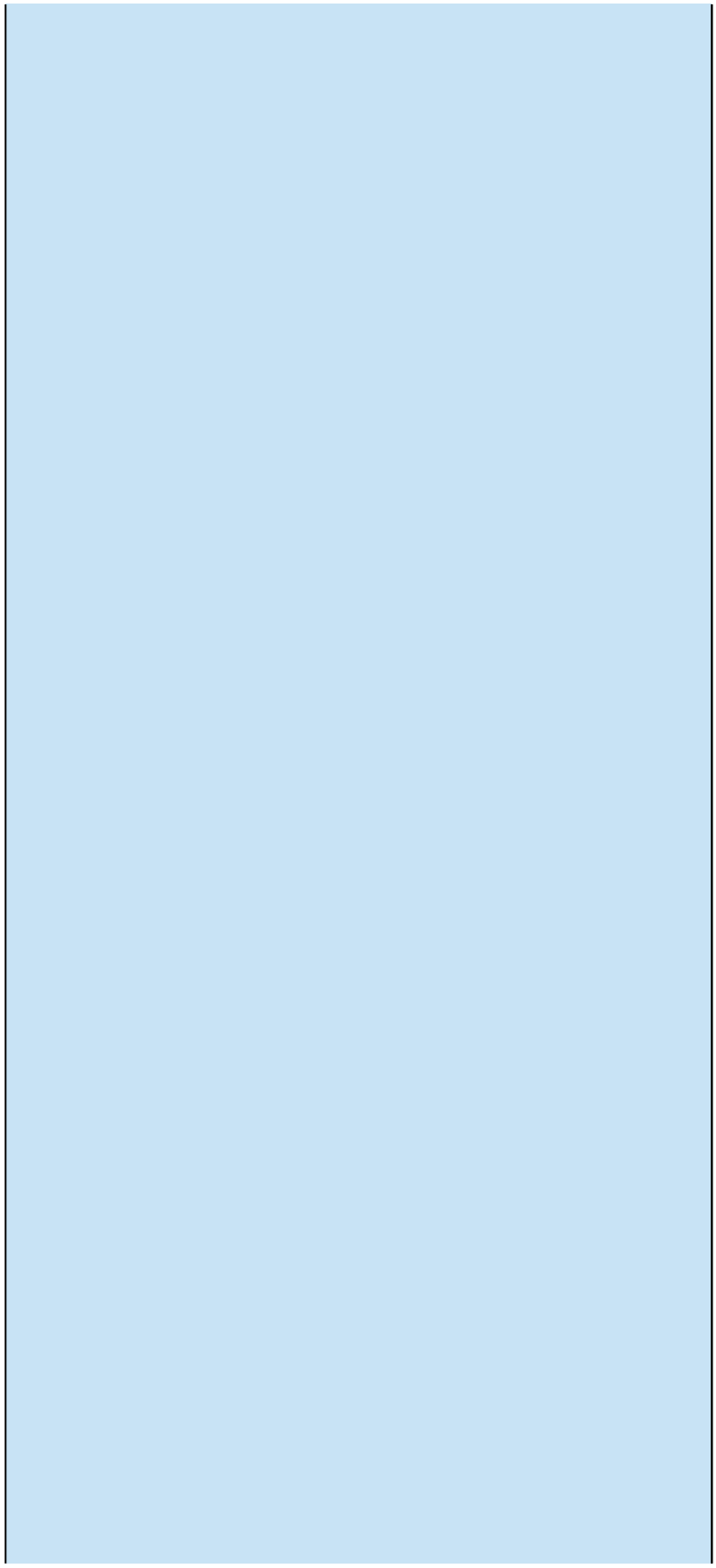


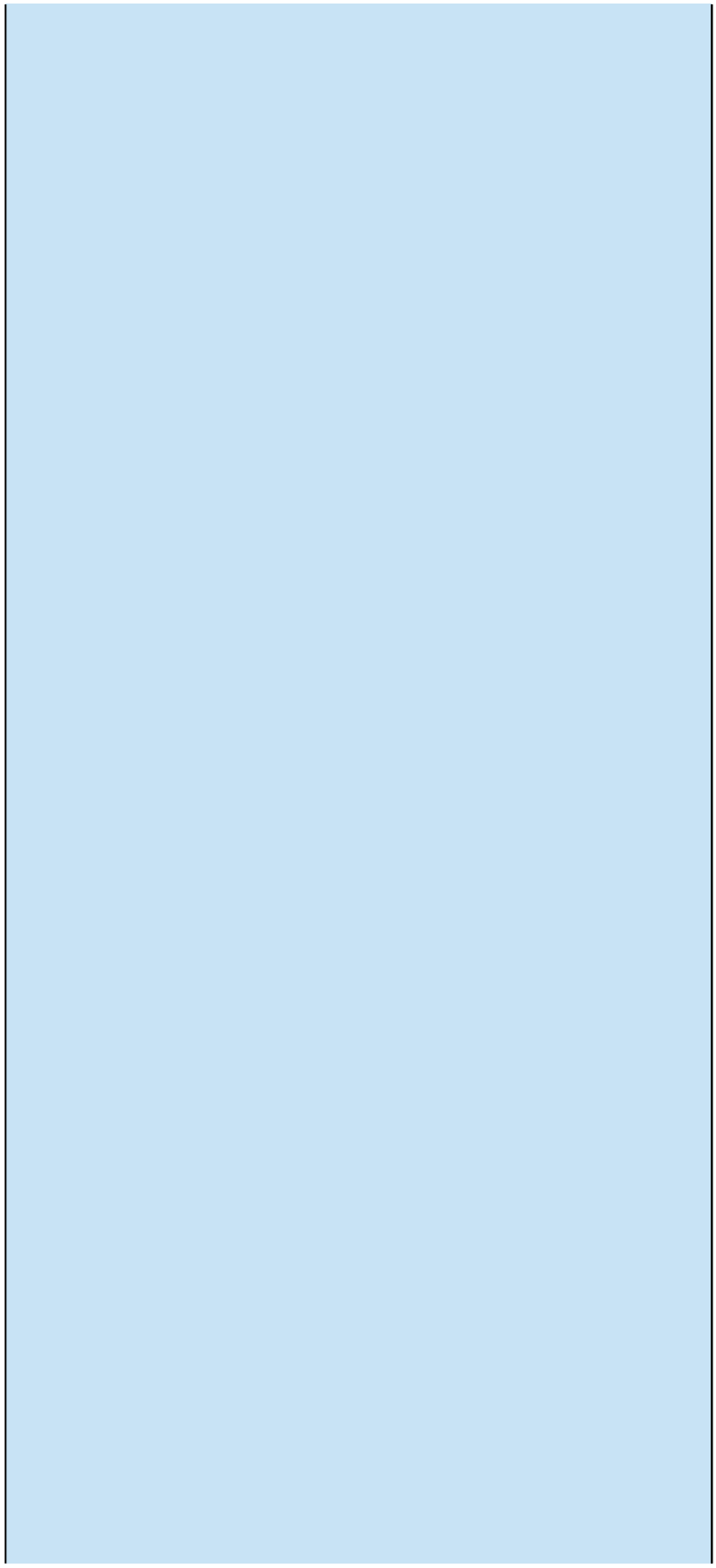


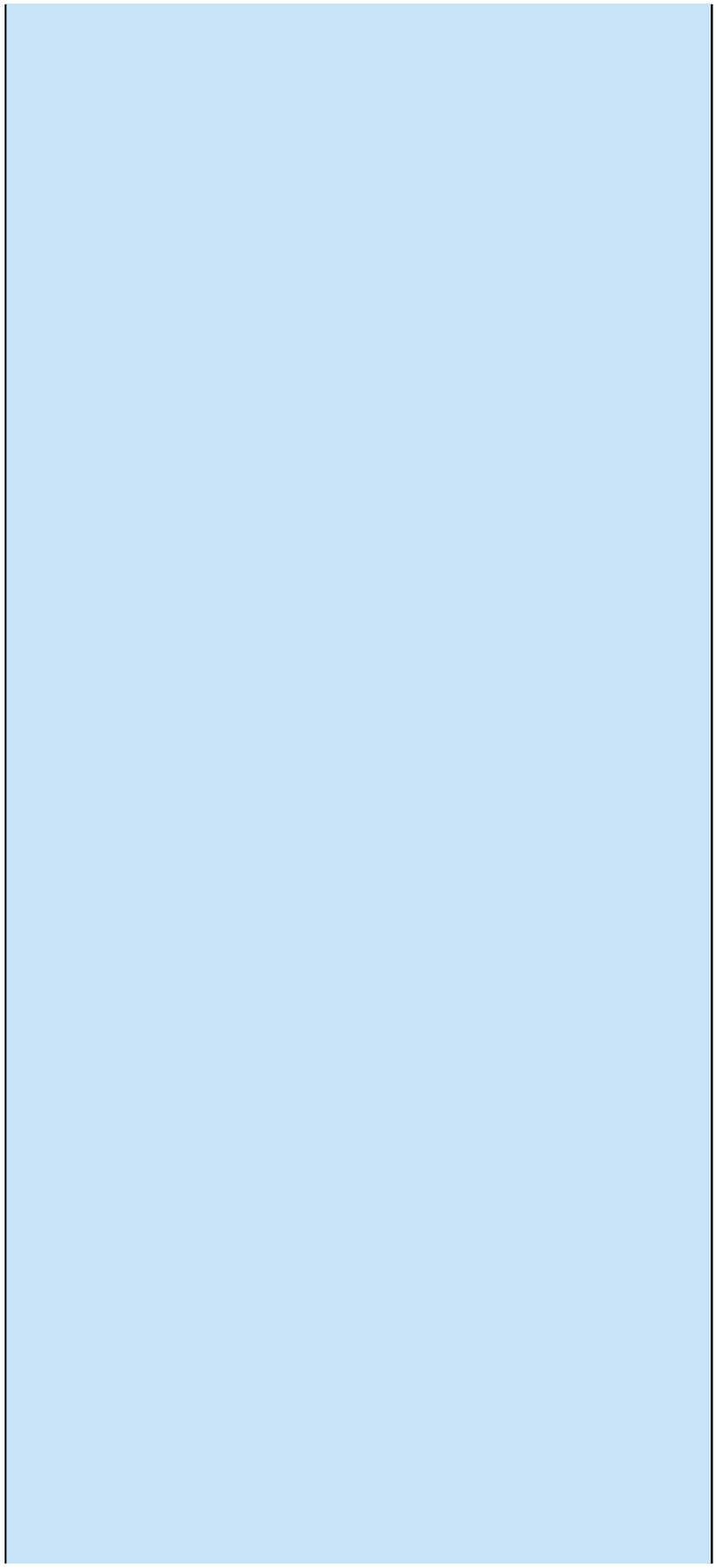


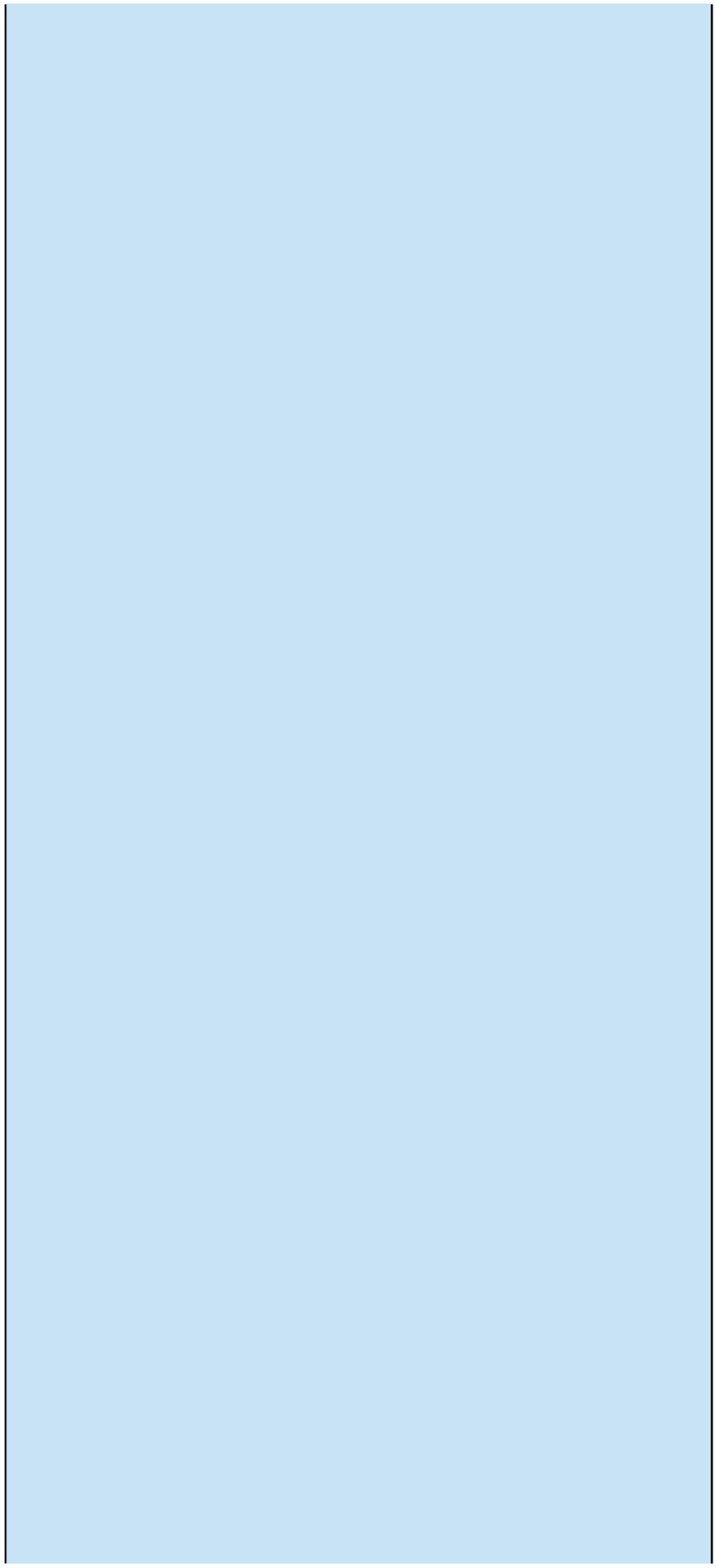


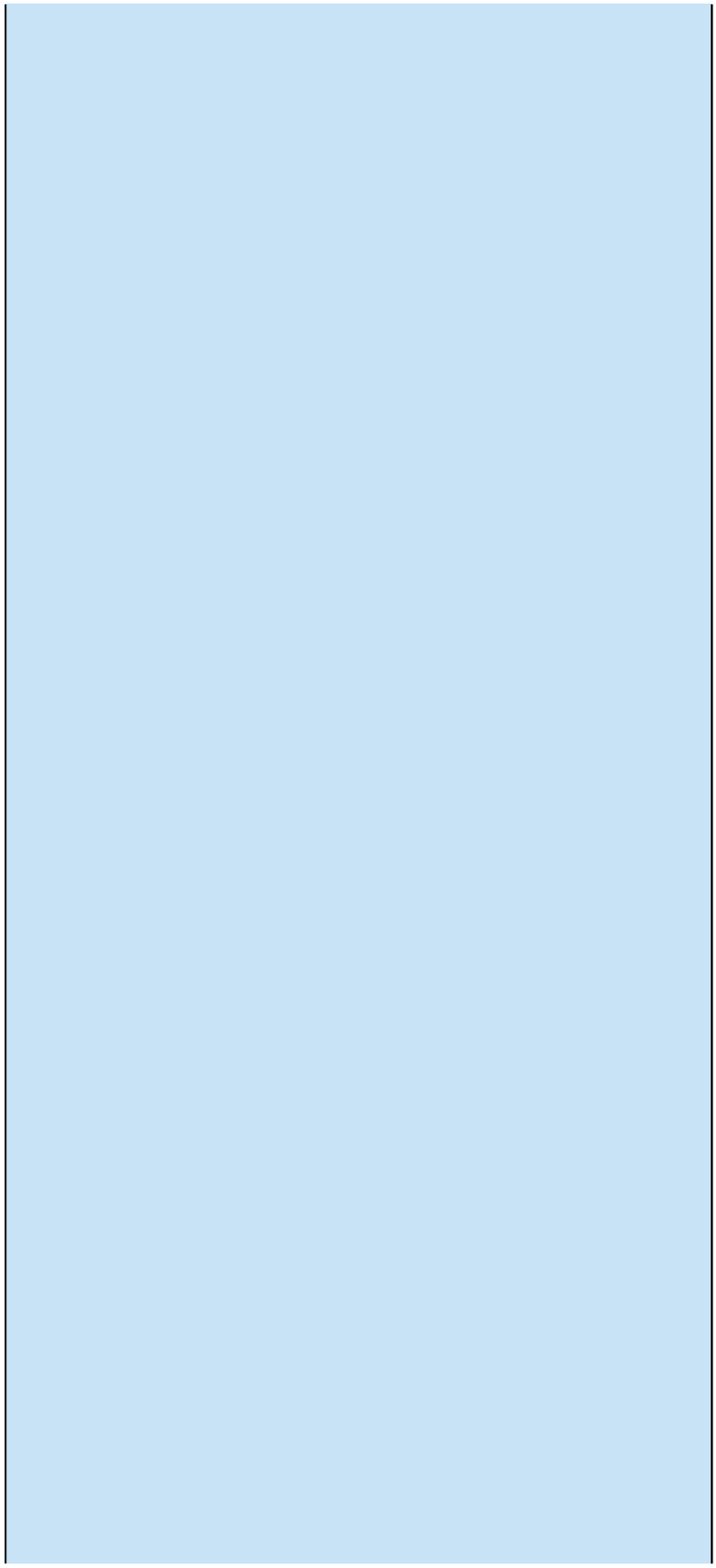


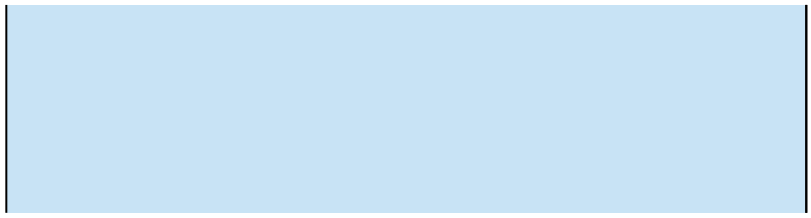








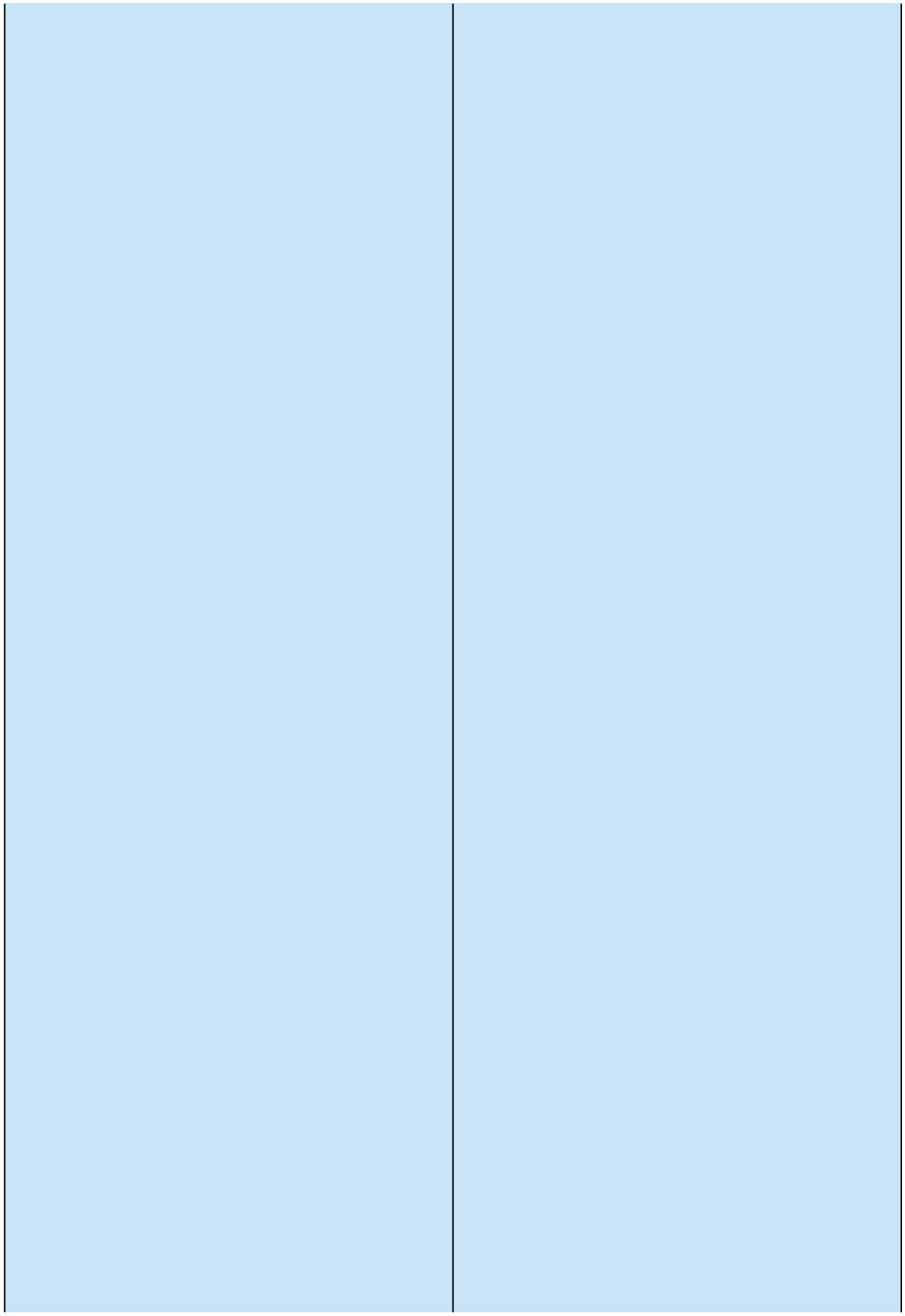


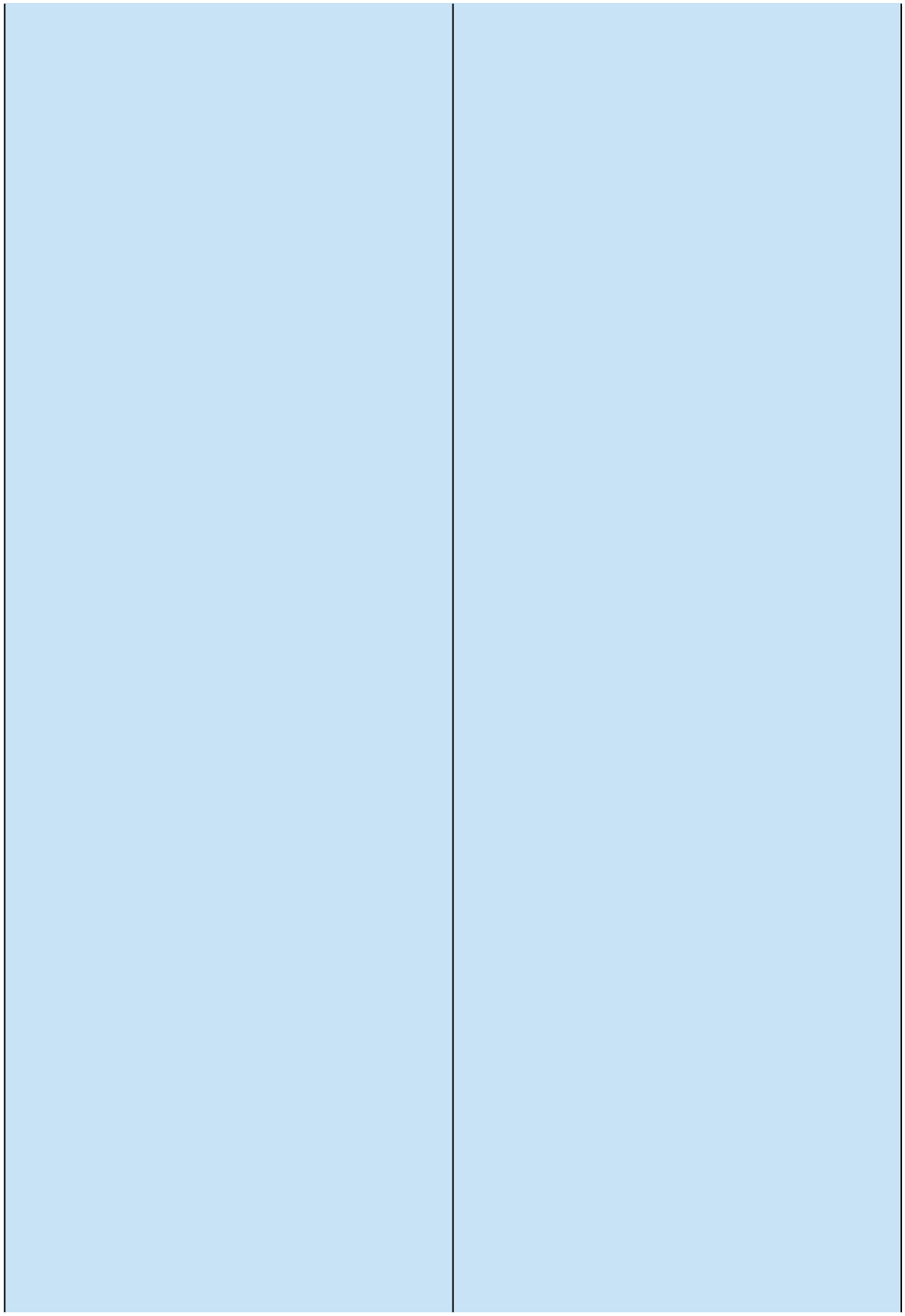


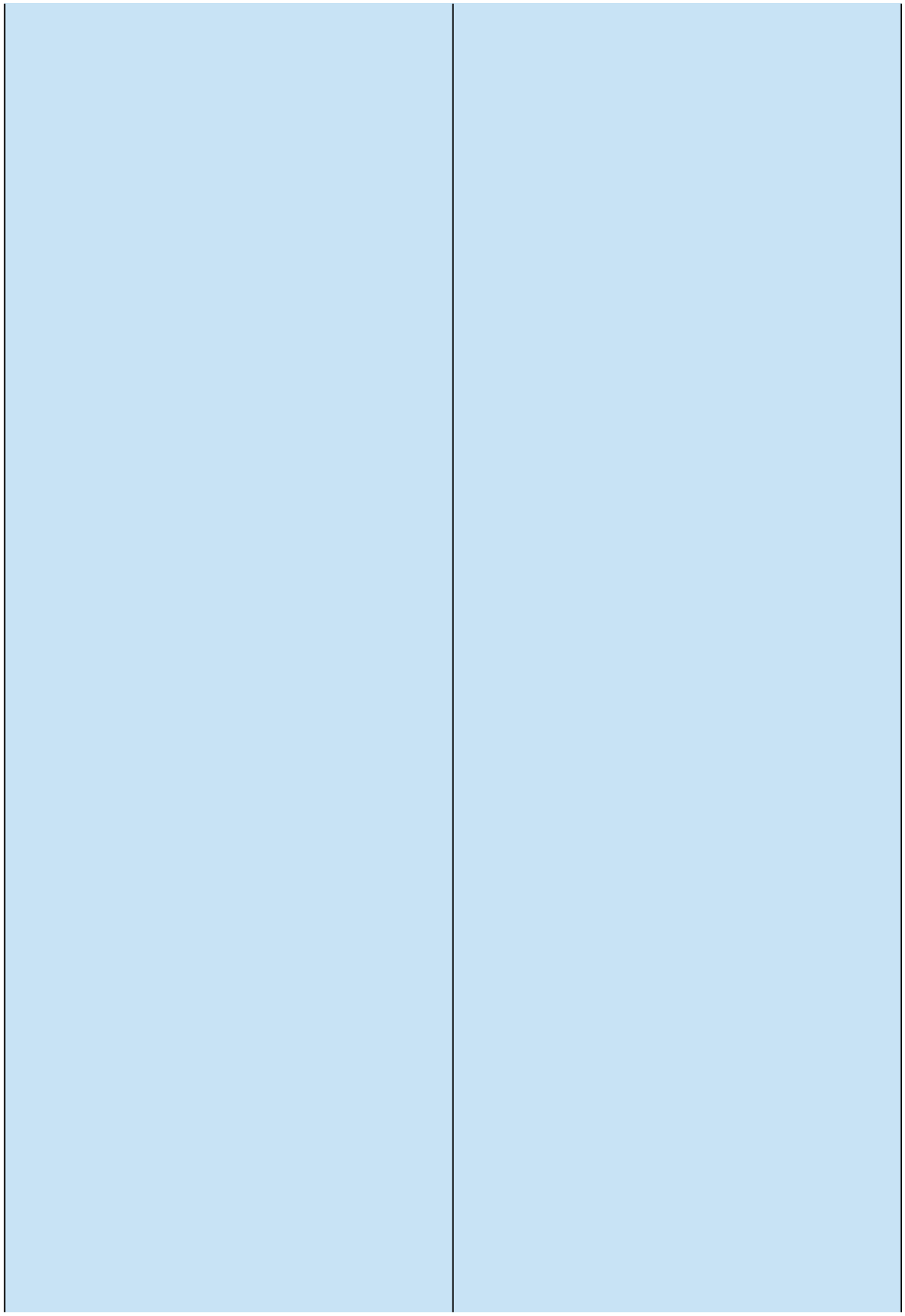
Salaries of placed participants

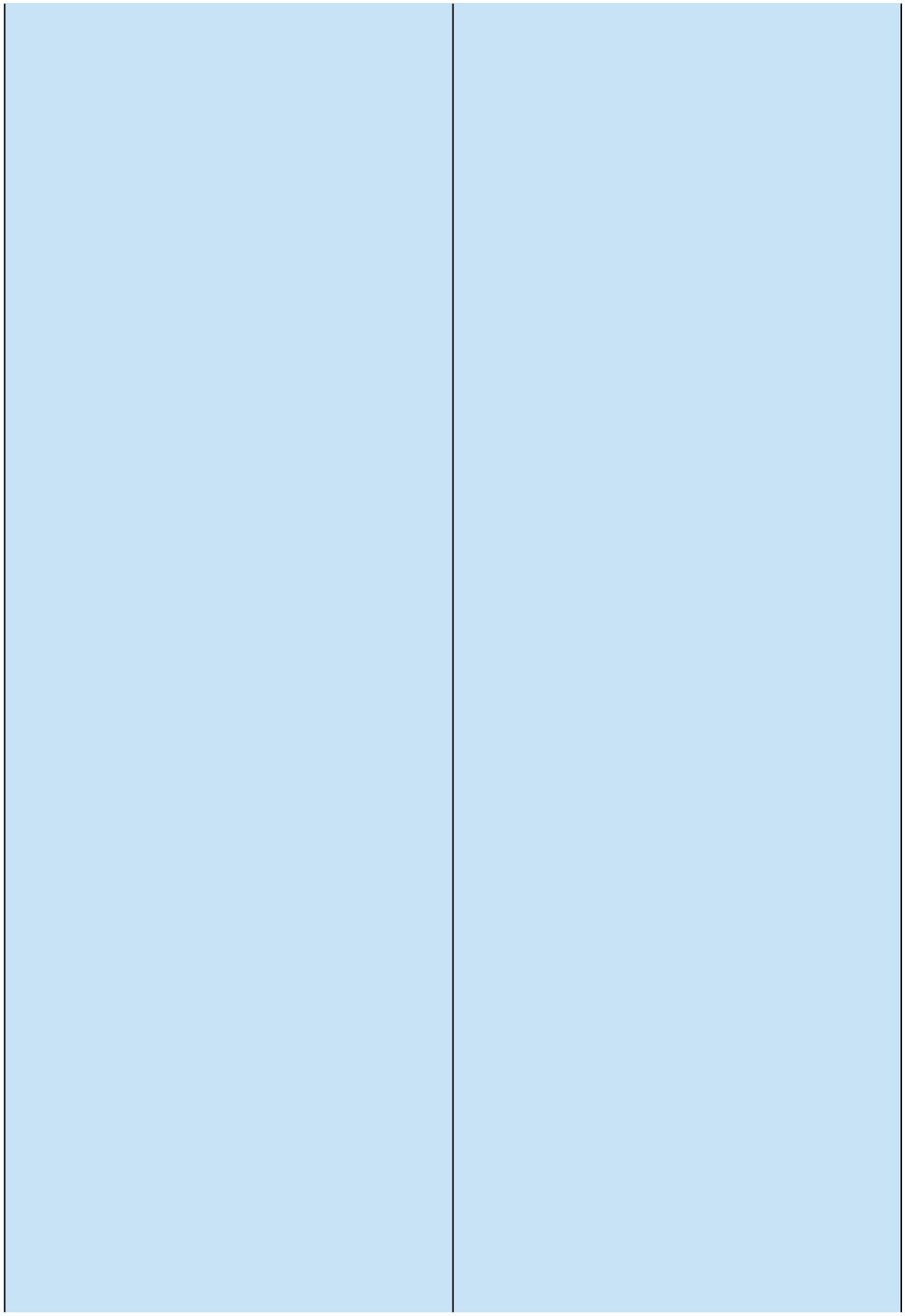
☐ Check box and skip section if no participants were placed into a job this pas

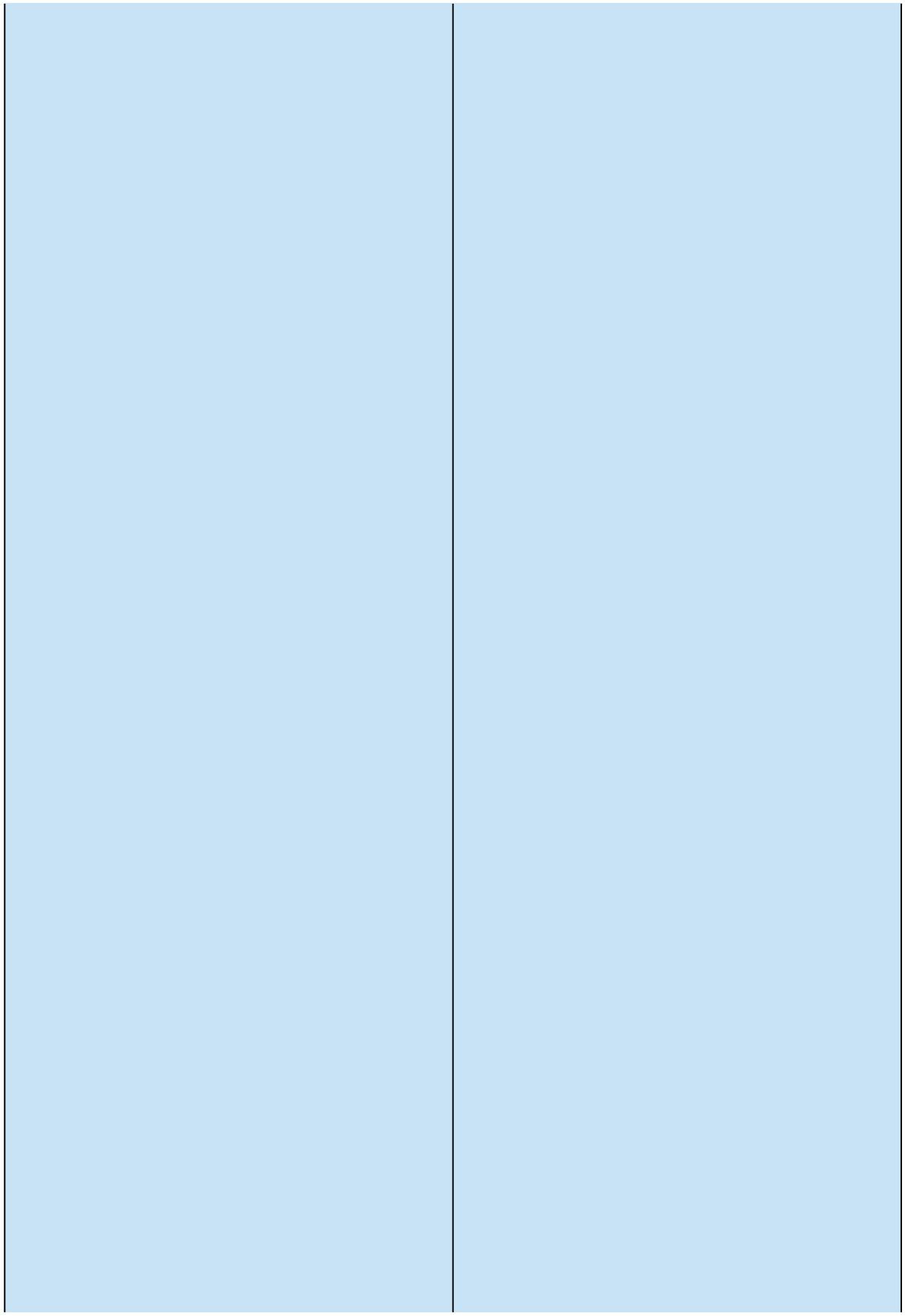
Median hourly earnings for full-time employment	Median hourly earnings for part-time employment
Provide the median hourly earnings of placed GJC participants . If no participan	
Provide the median (e.g., $25.00)	Provide the median (e.g., $25.00)

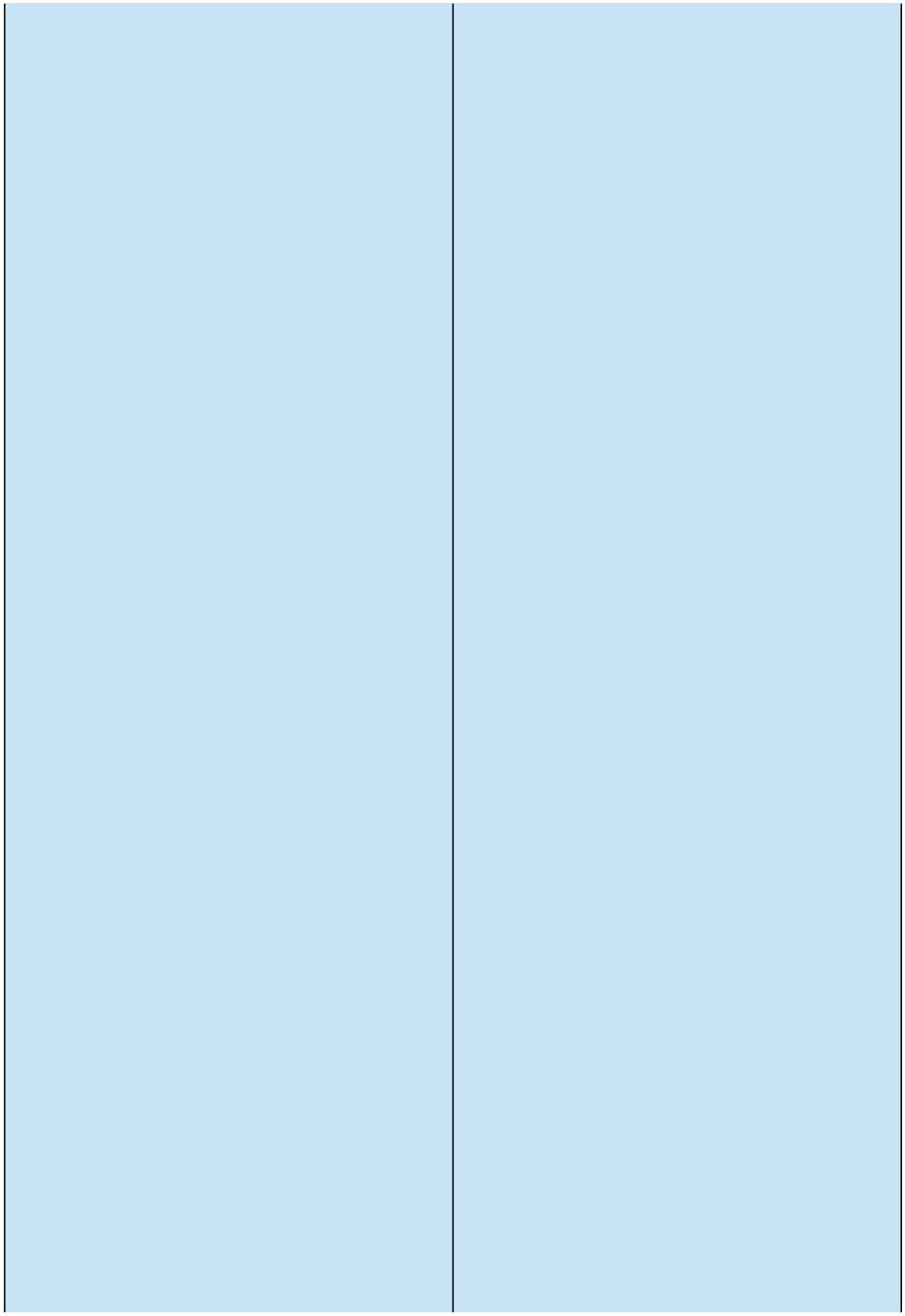


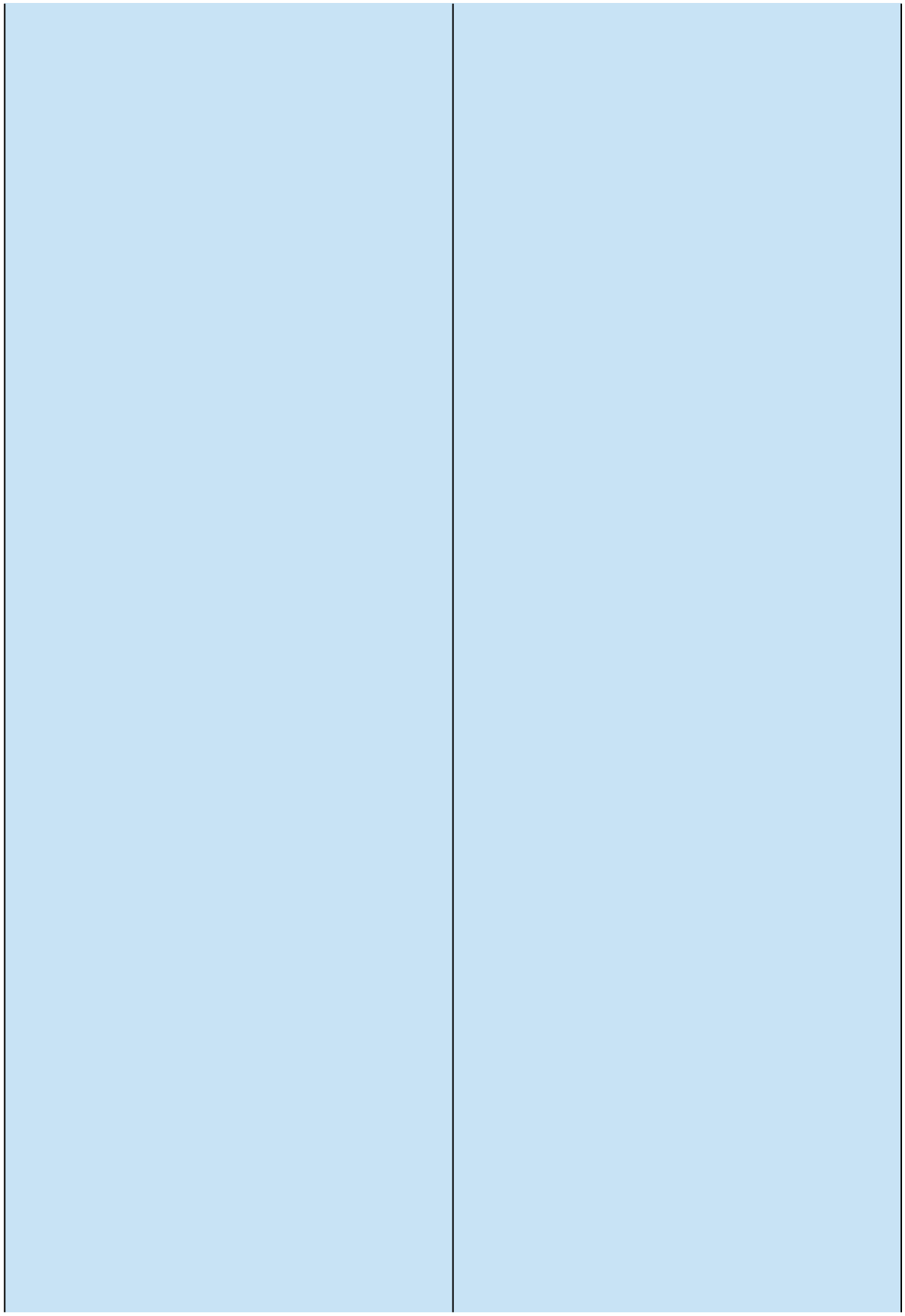


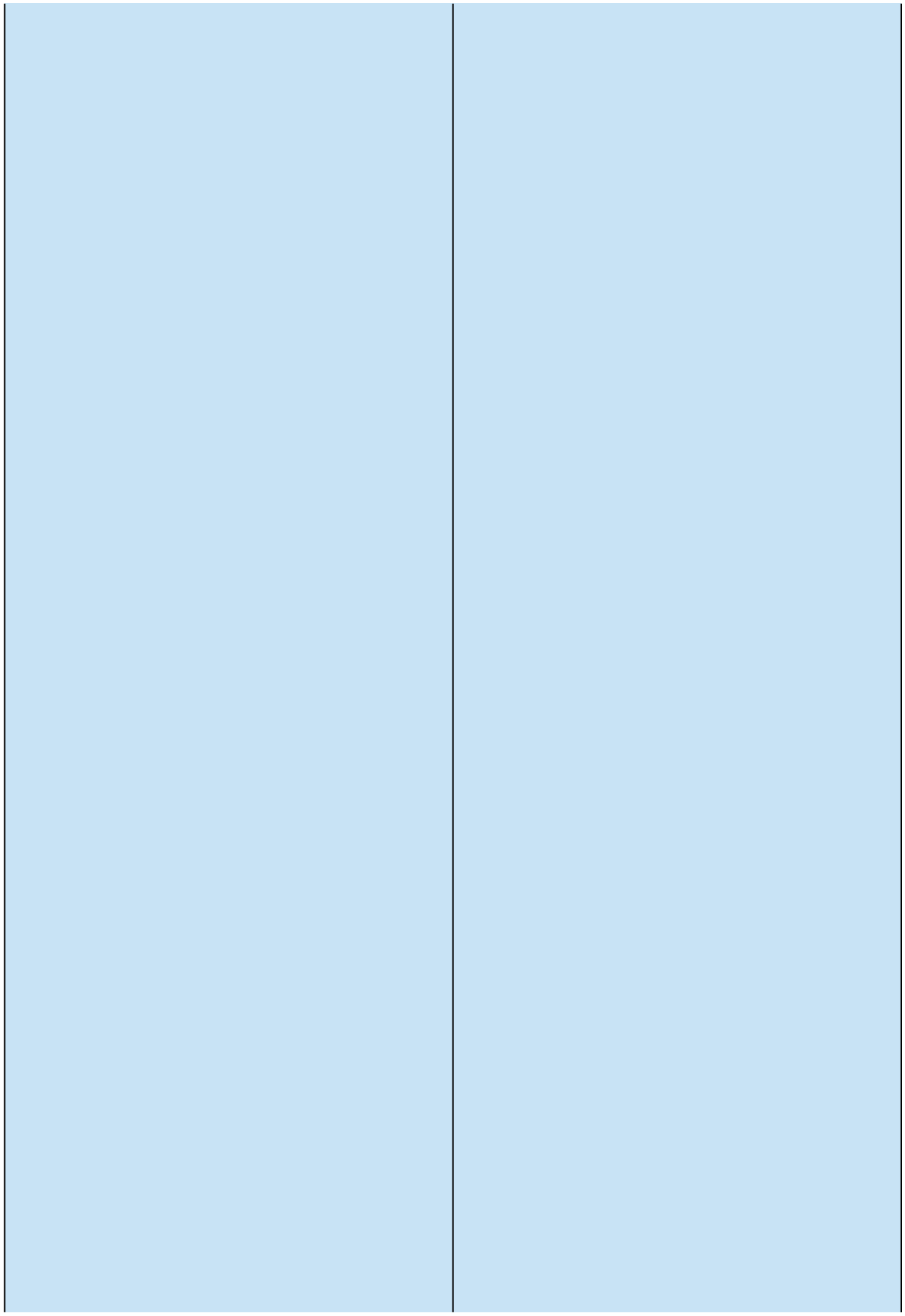


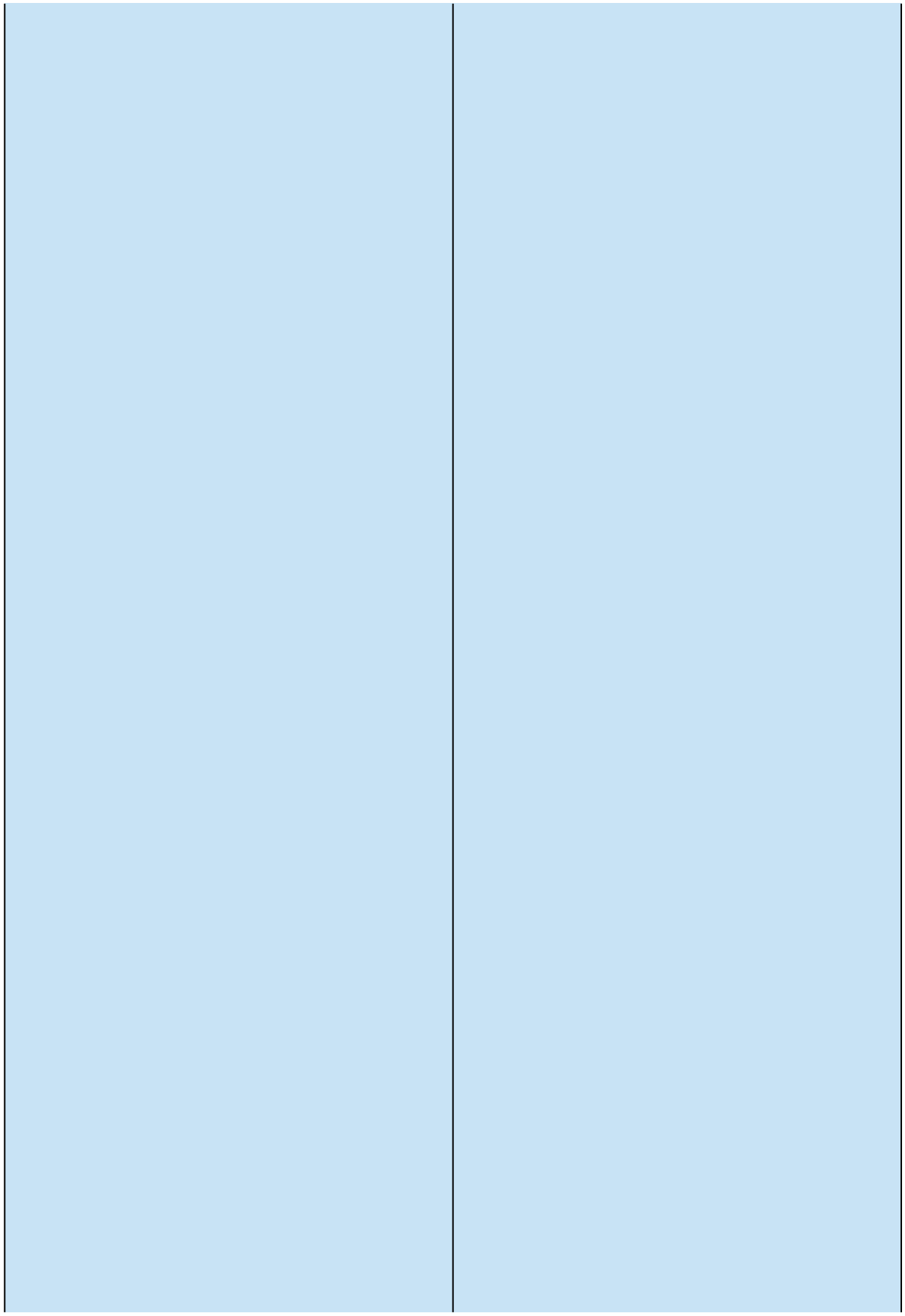


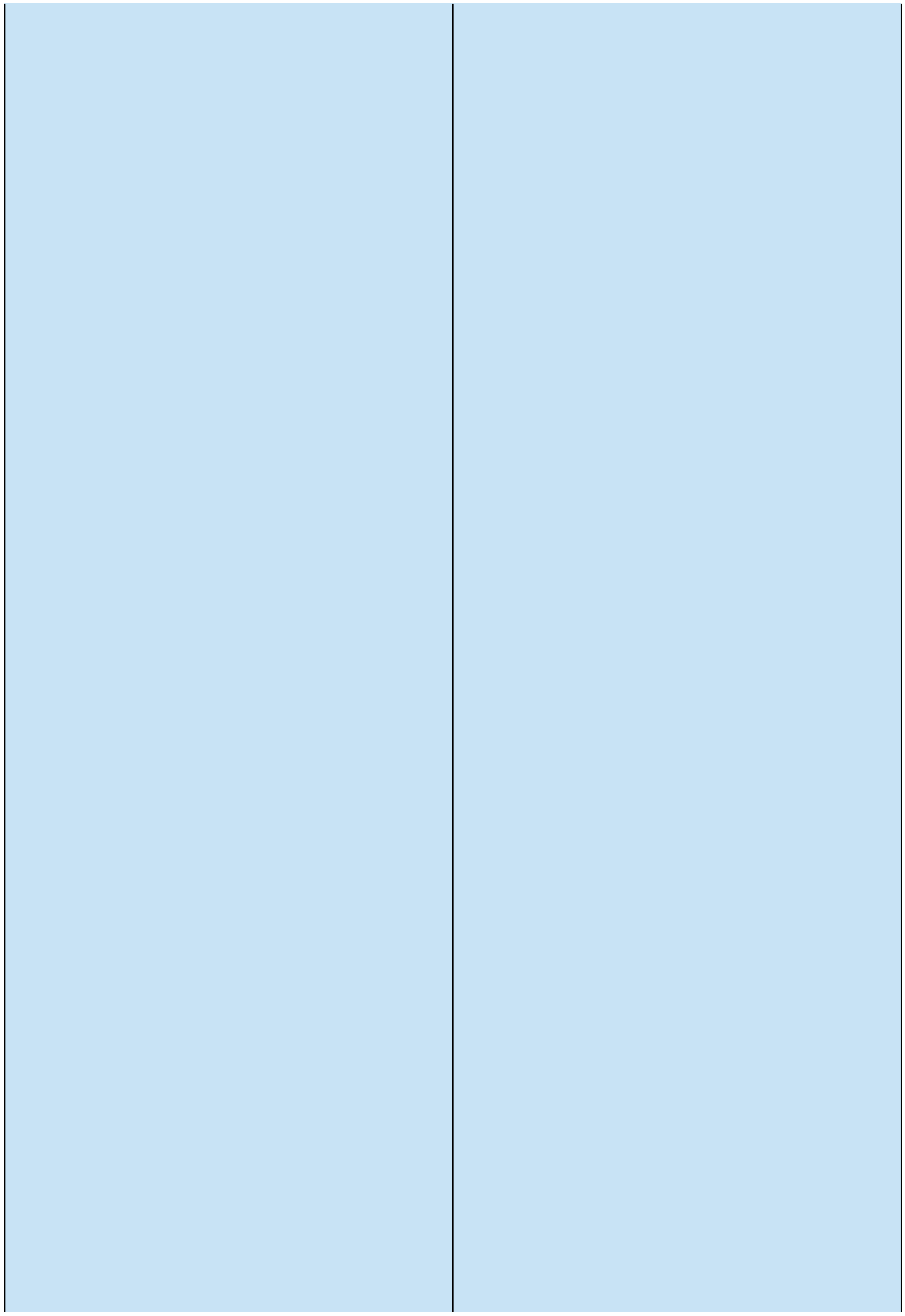


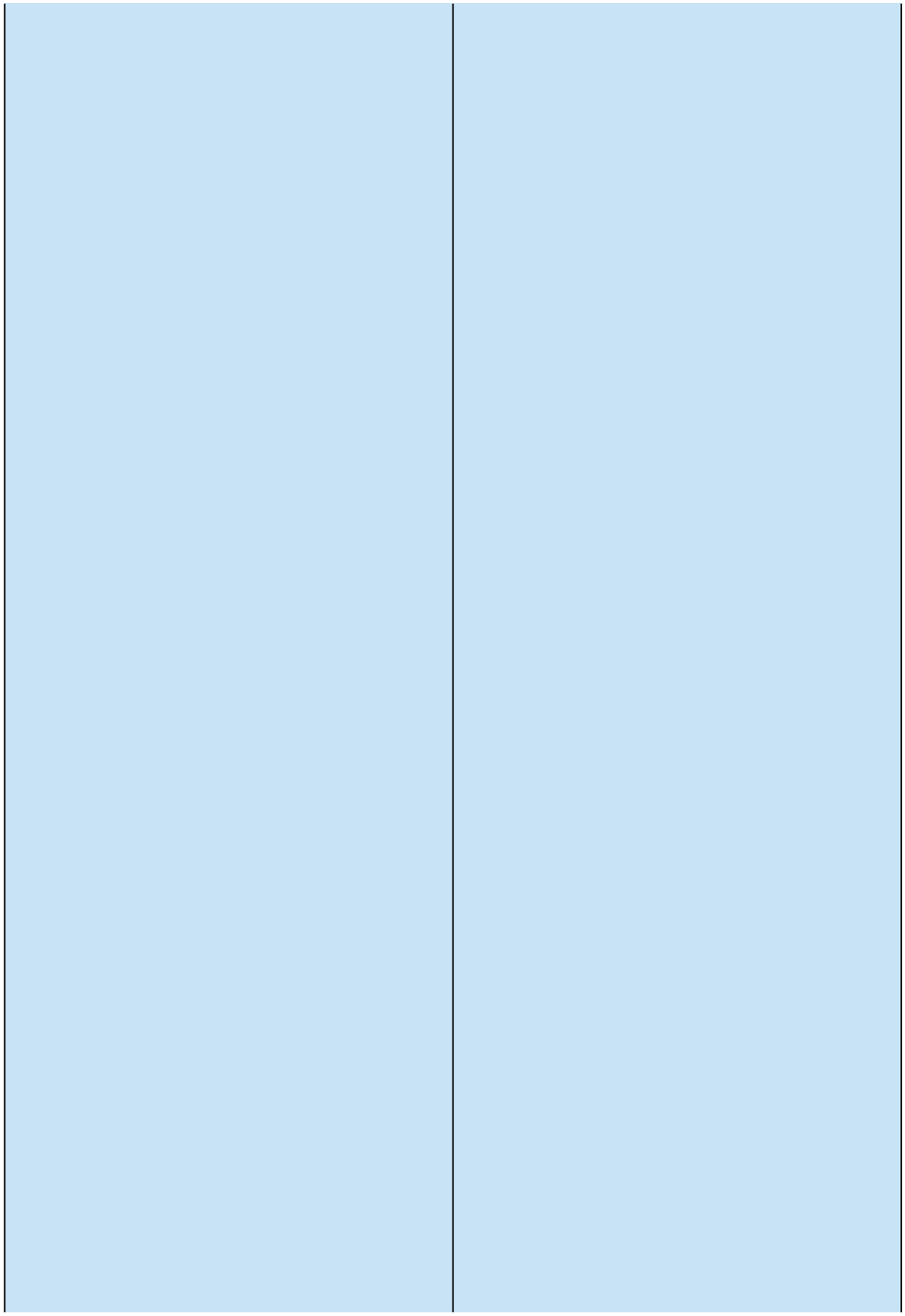






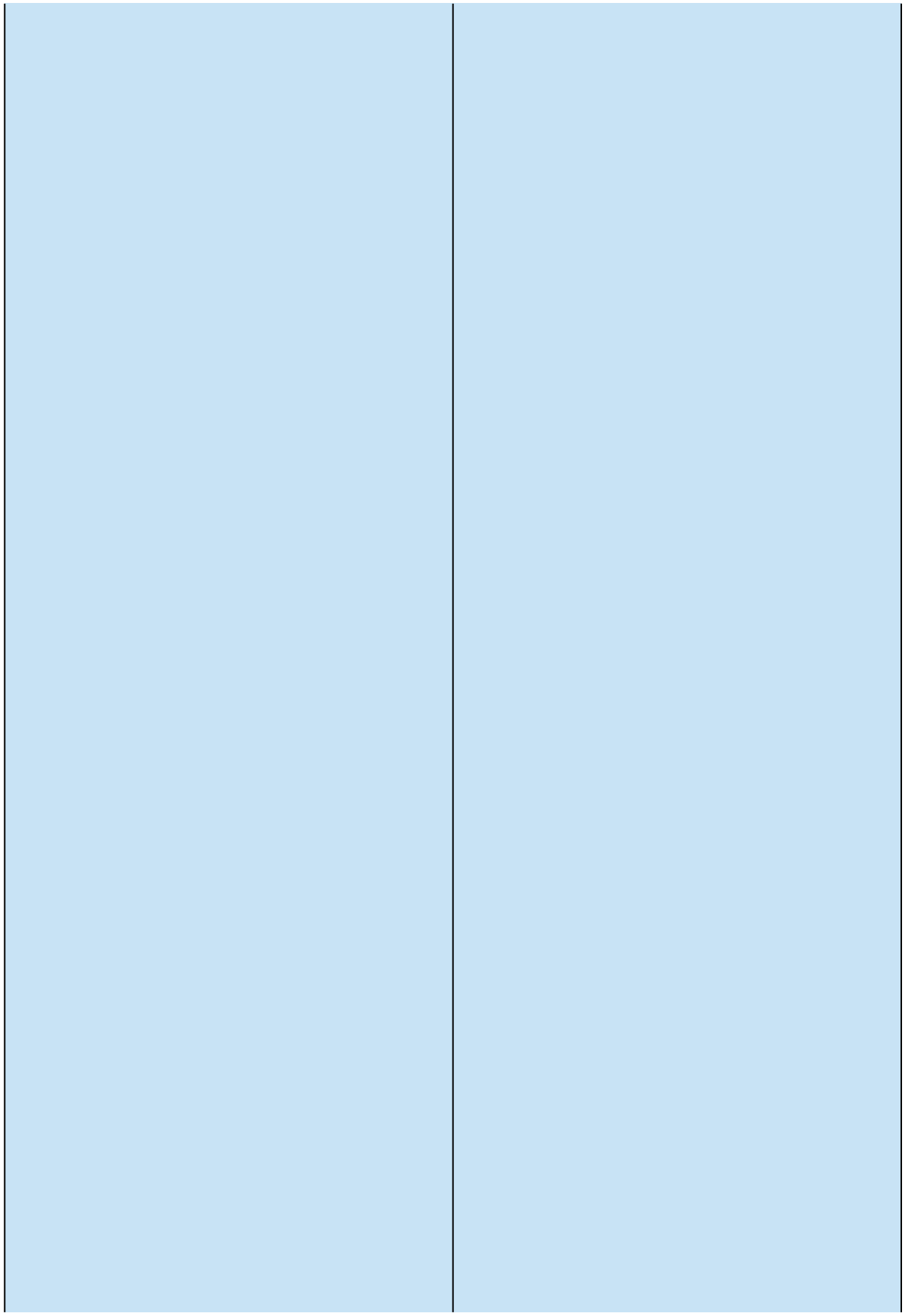


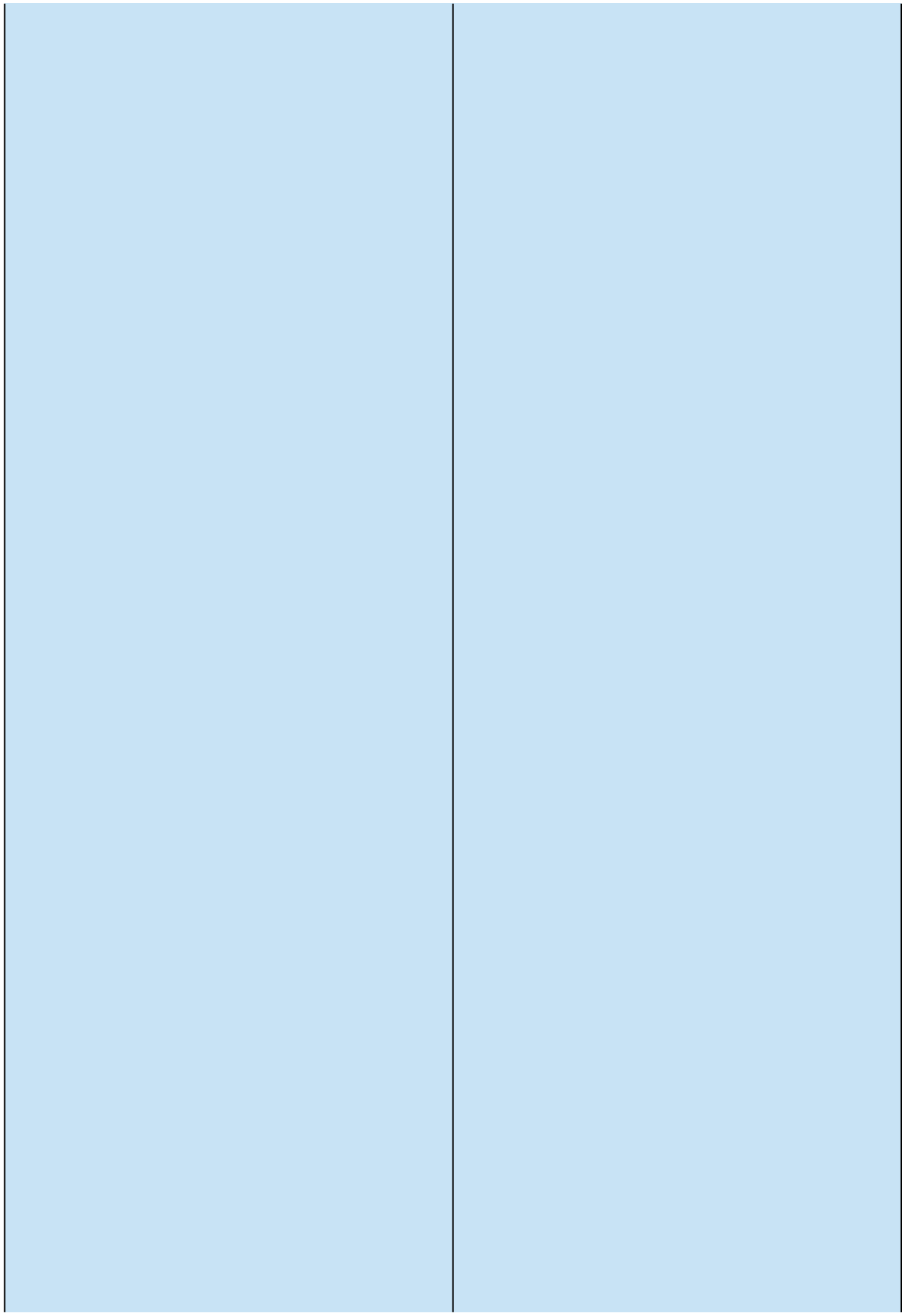


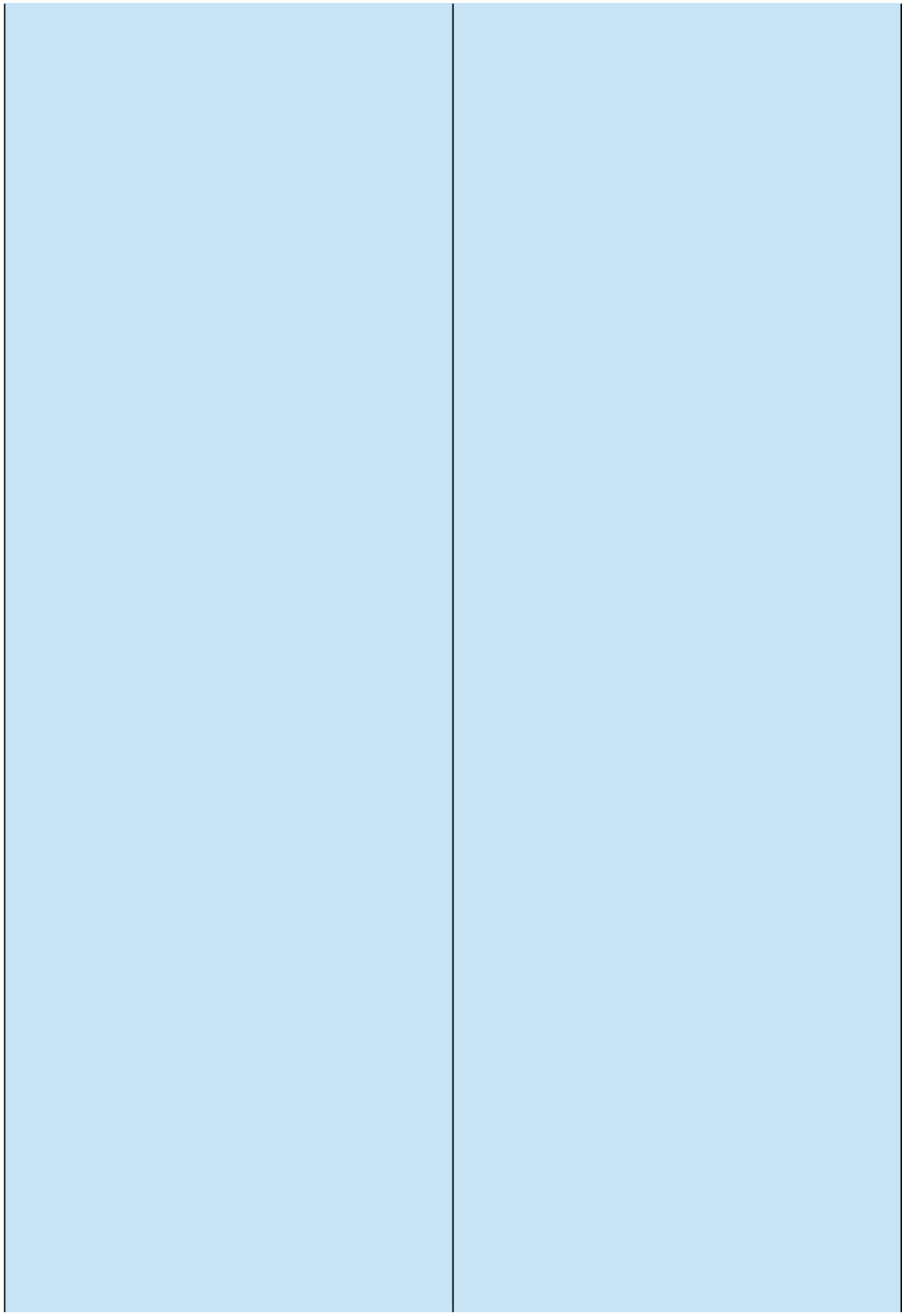


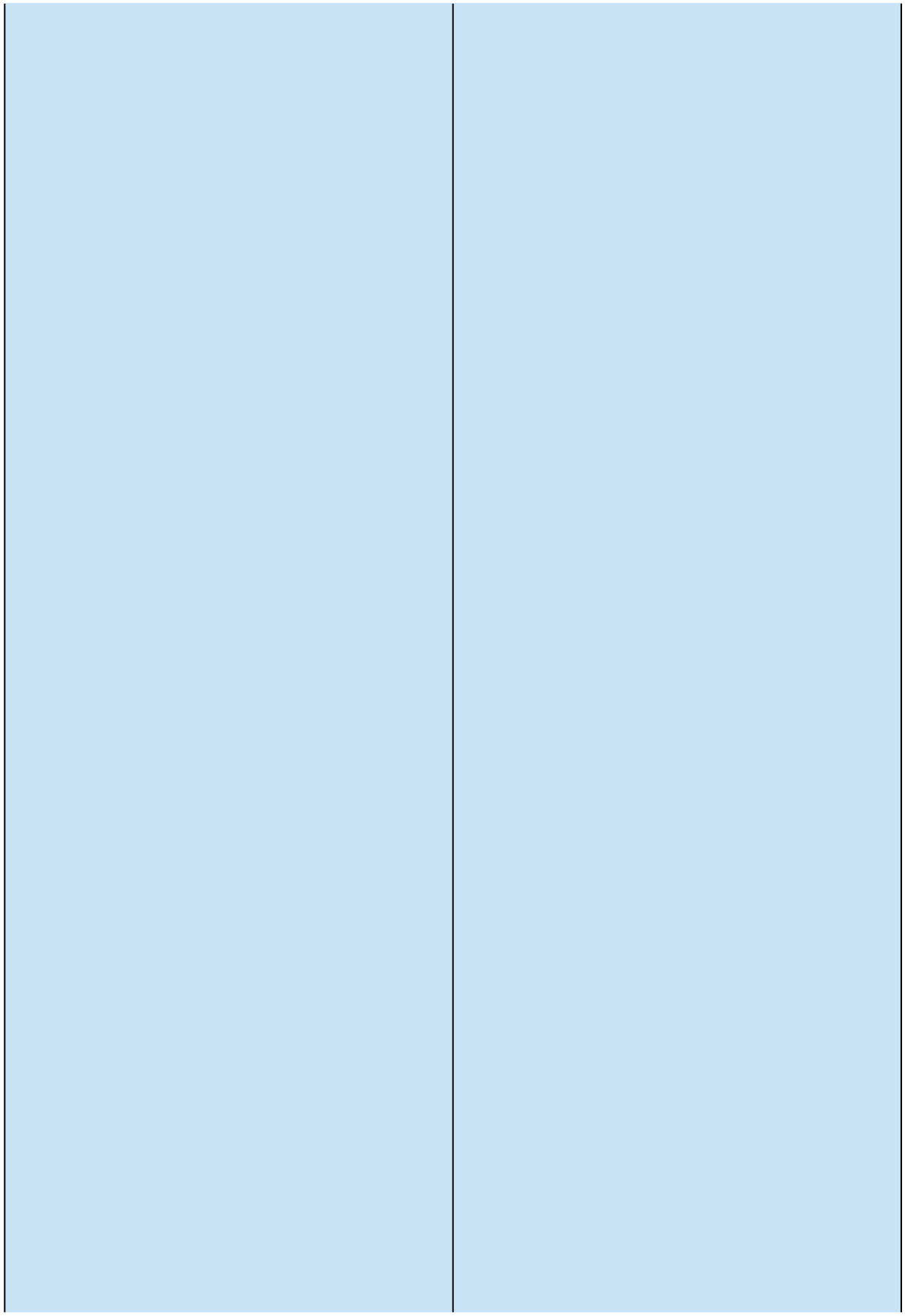
st quarter.

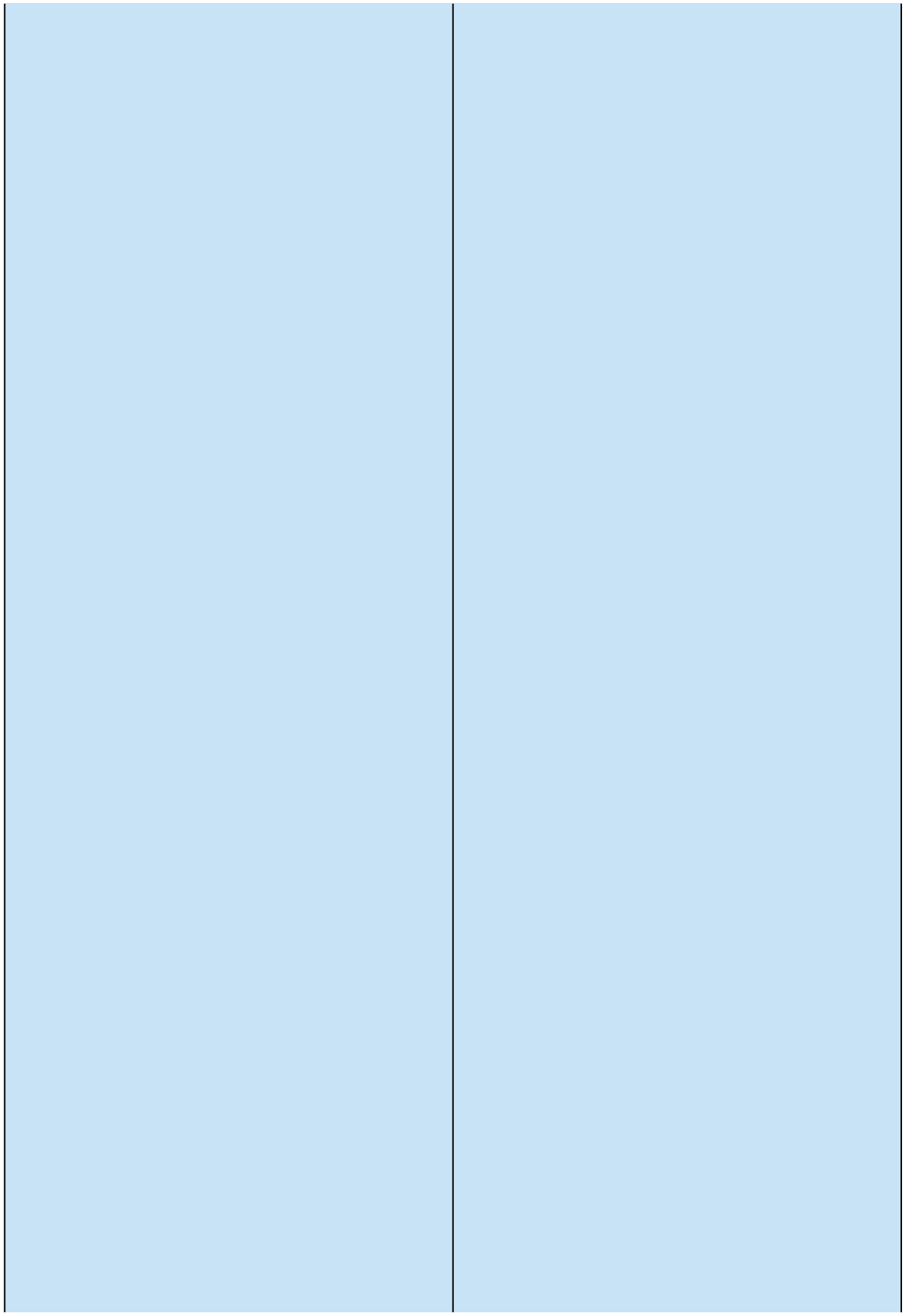
Median hourly earnings for seasonal employment	Median hourly earnings for Earn and Learn employment
ts were placed in a specific employment in the past quarter, enter 0 for that em	
Provide the median (e.g., $25.00)	Provide the median (e.g., $25.00)

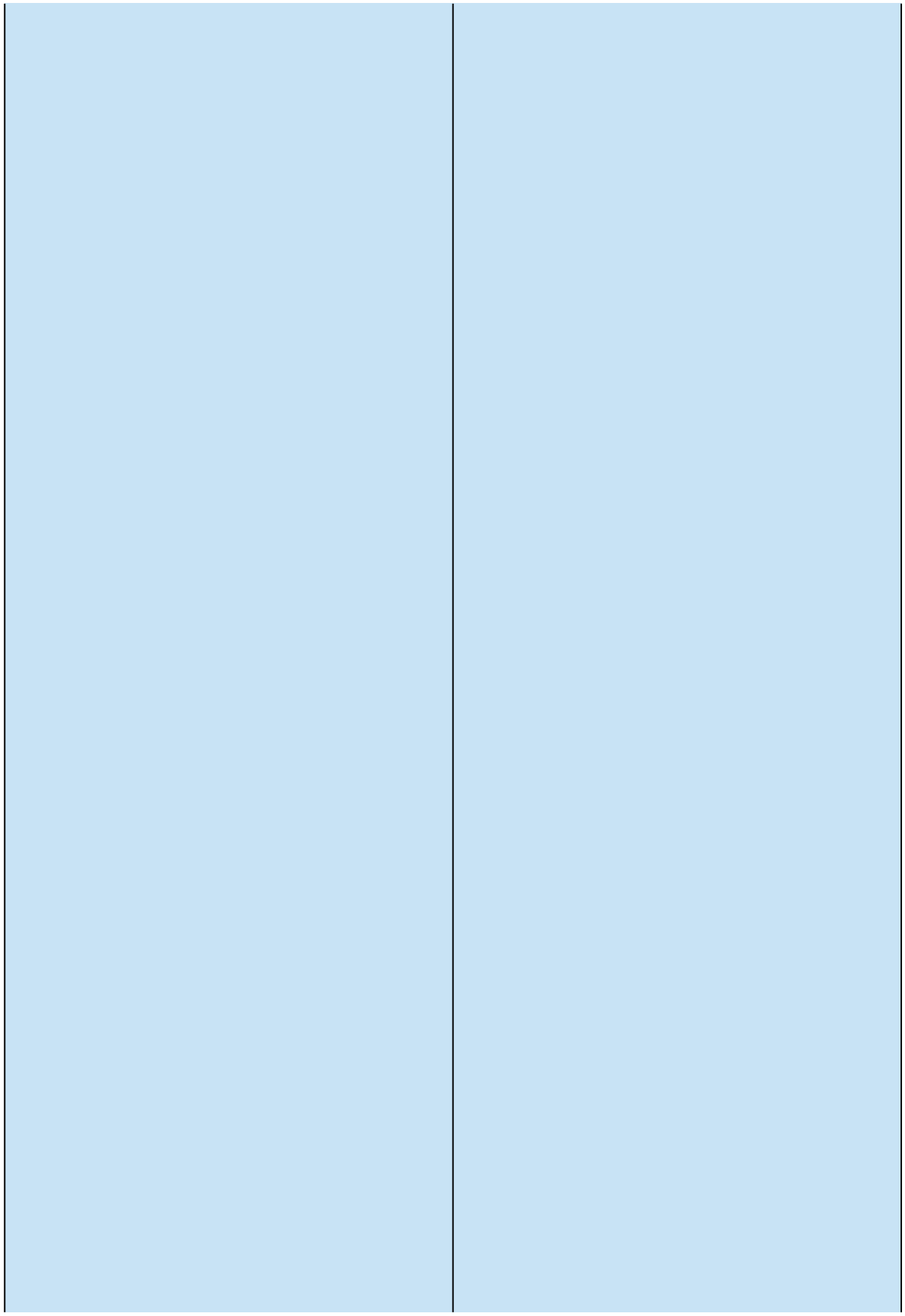


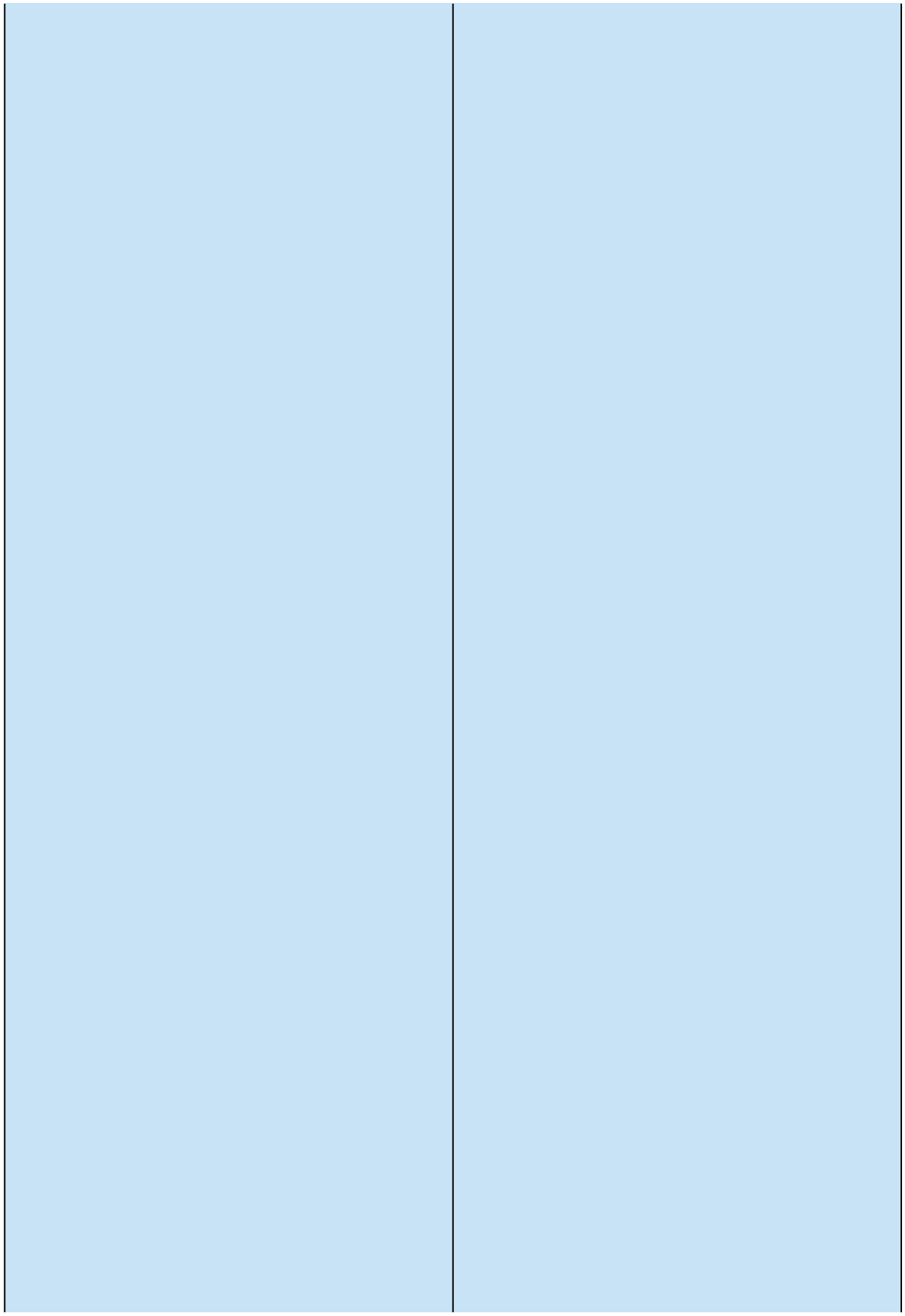


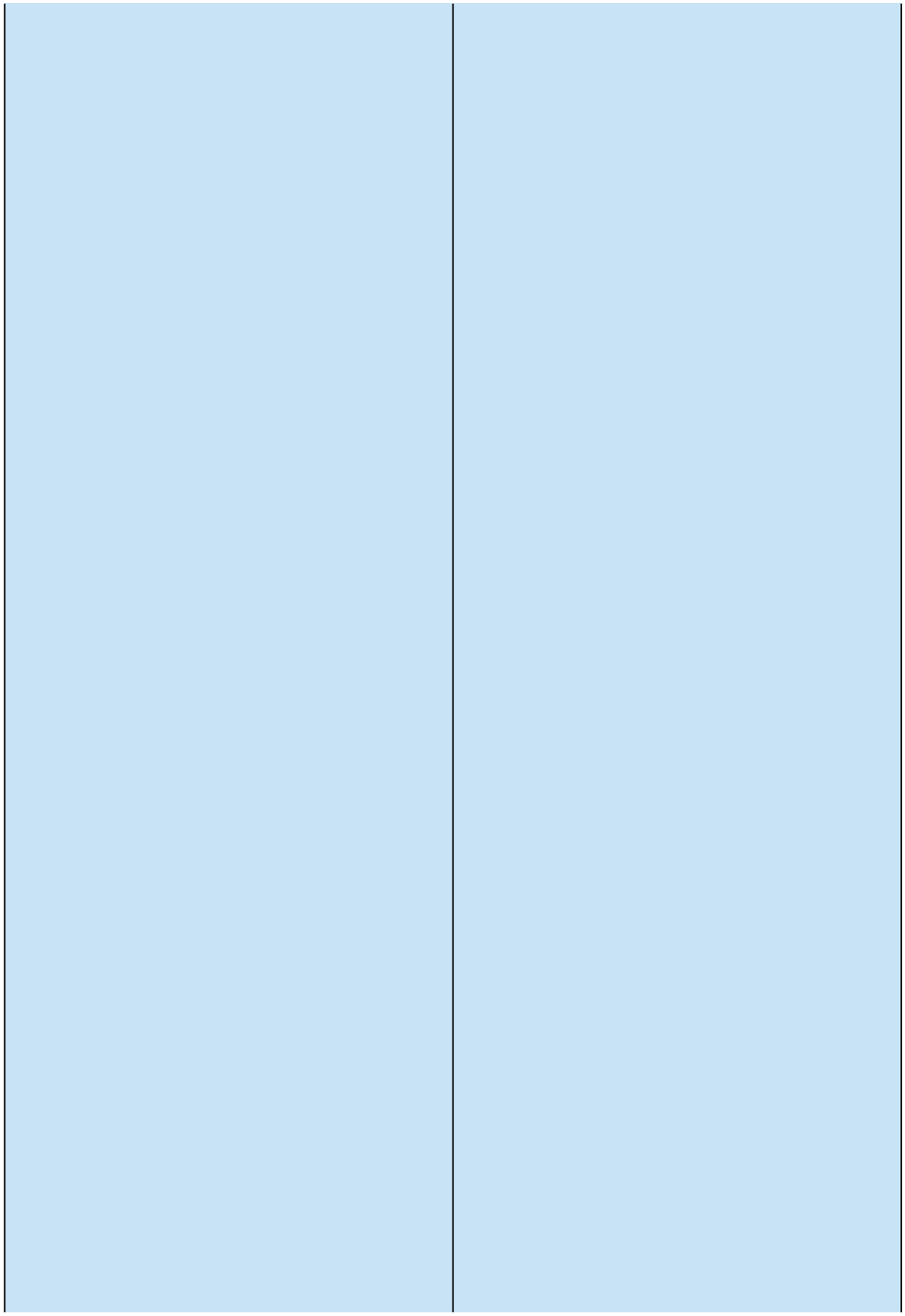


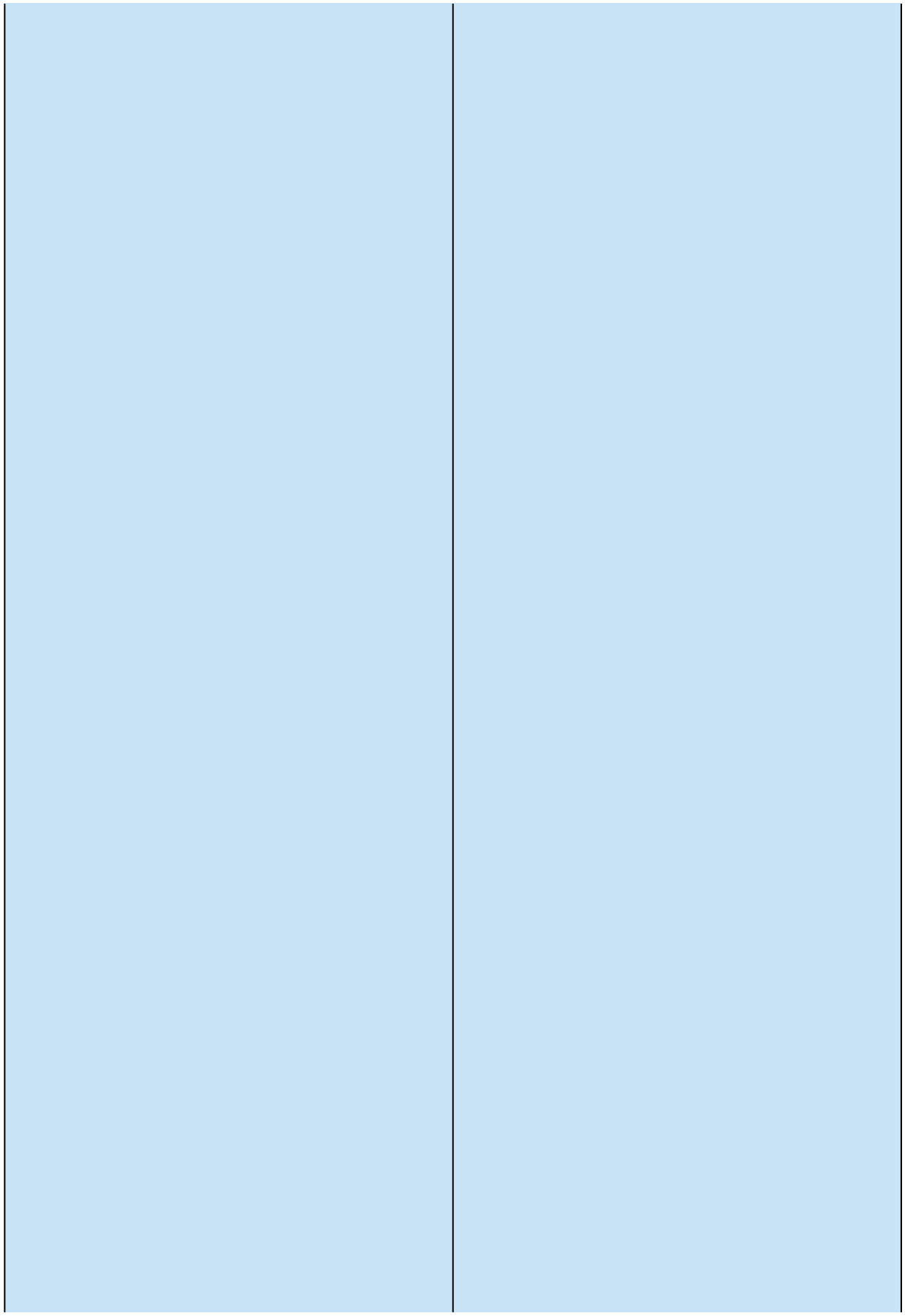


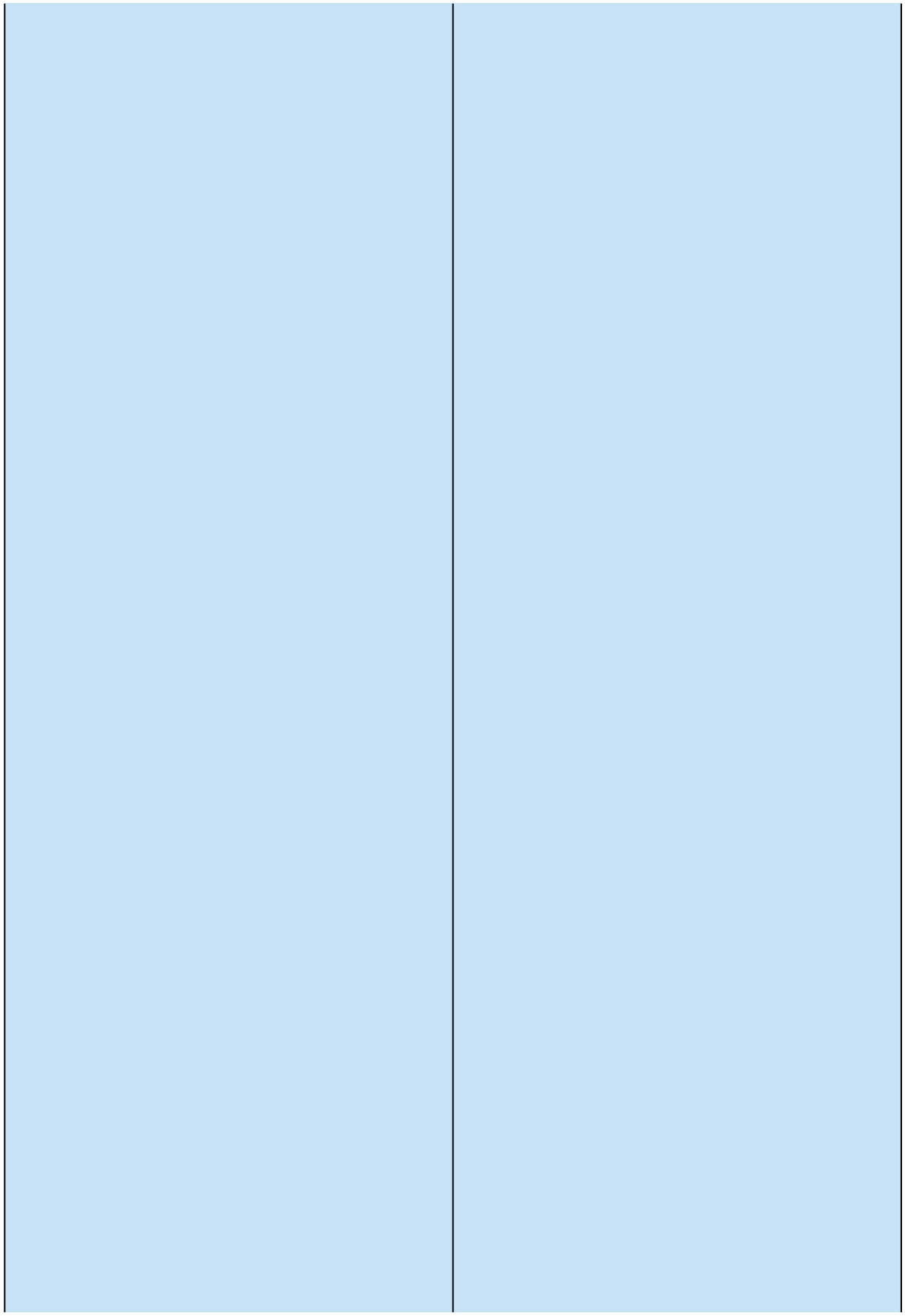


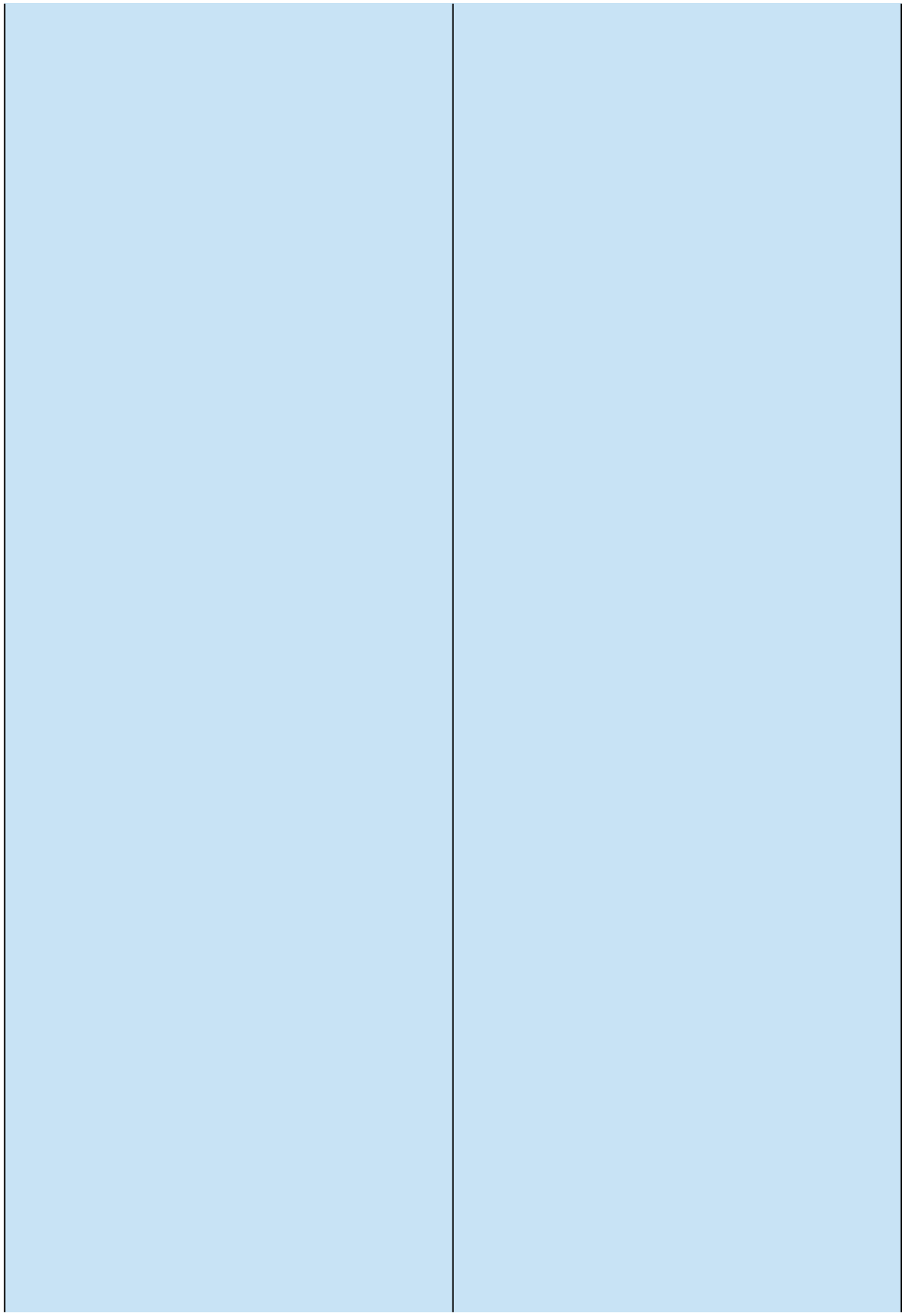




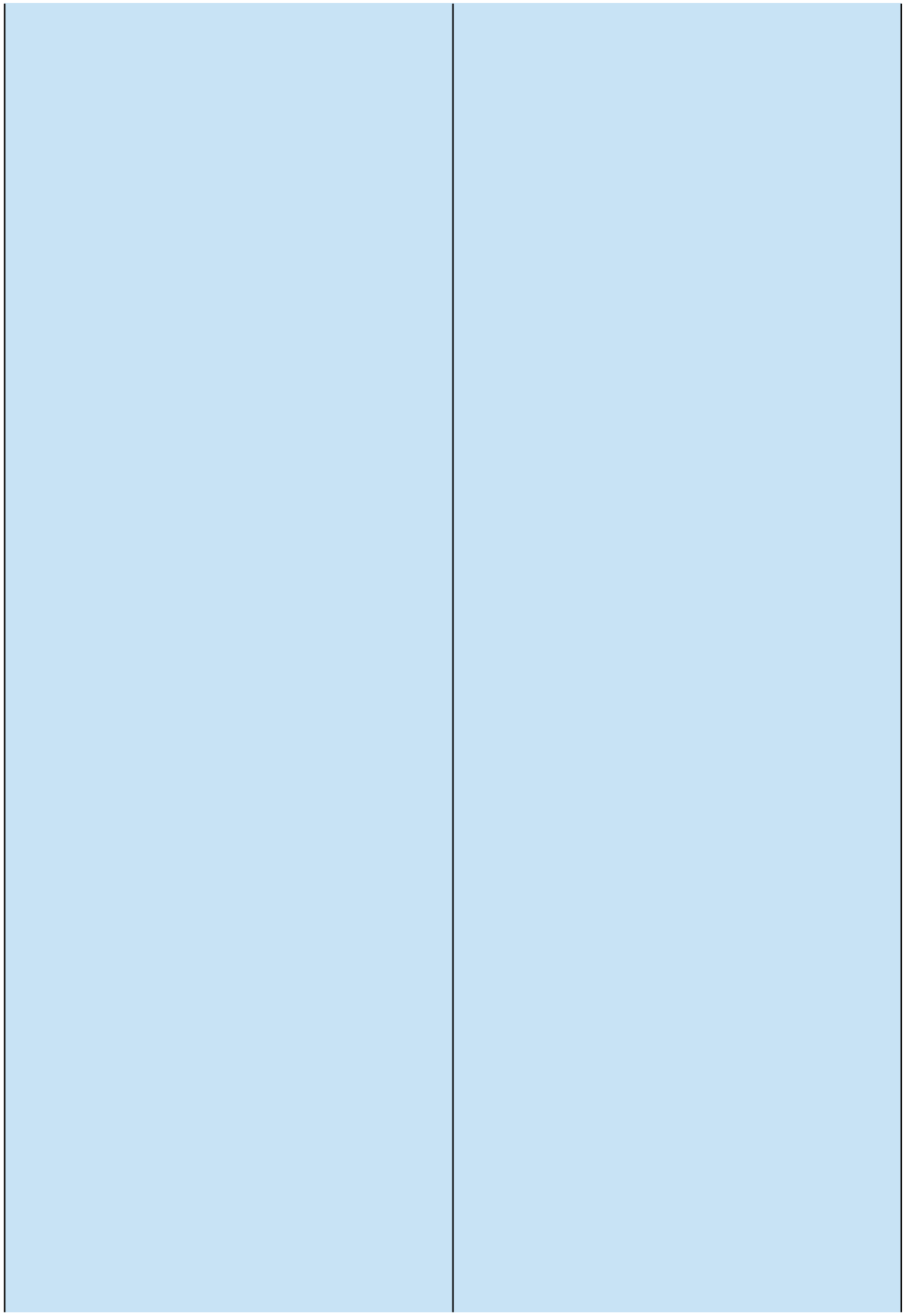


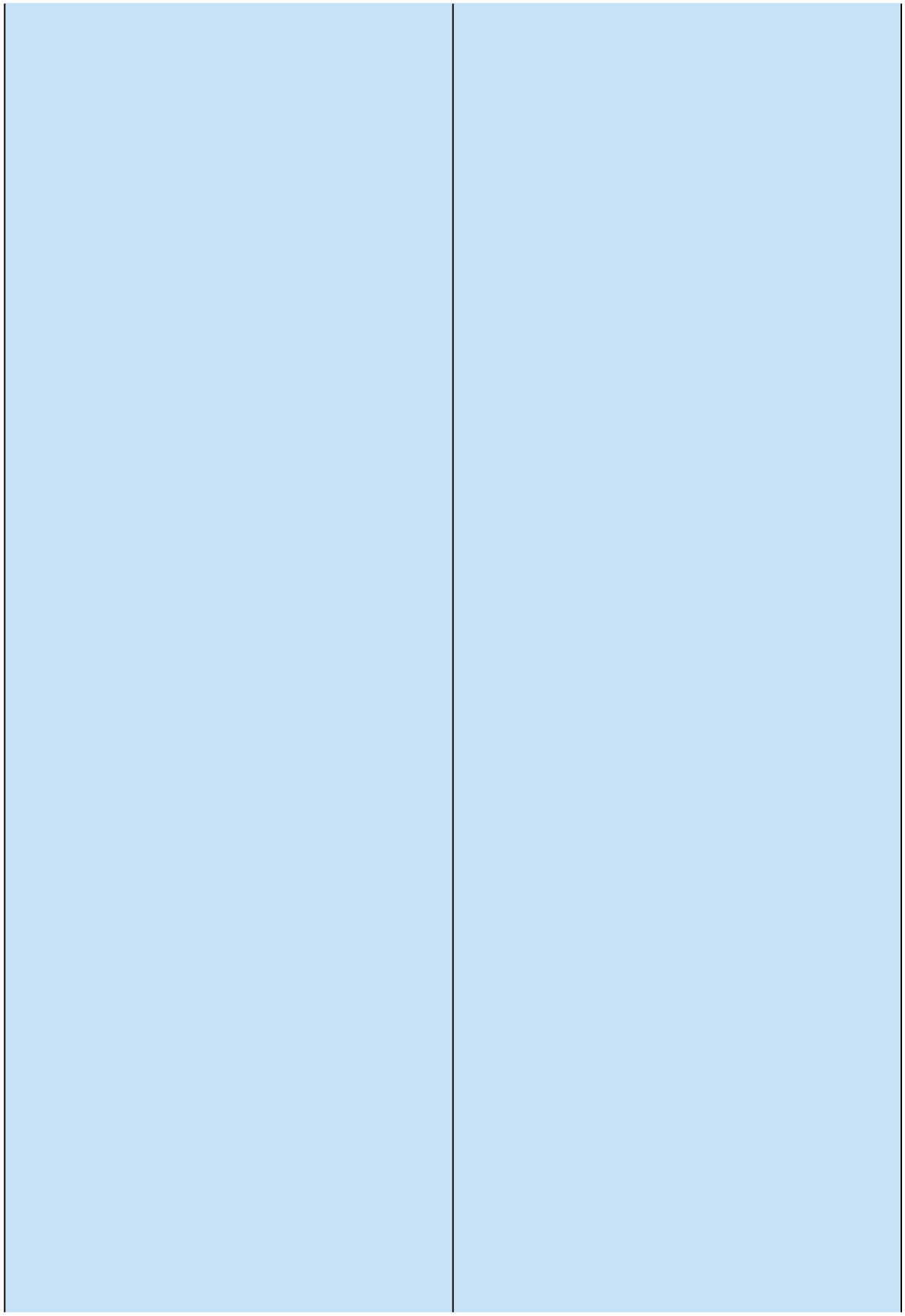


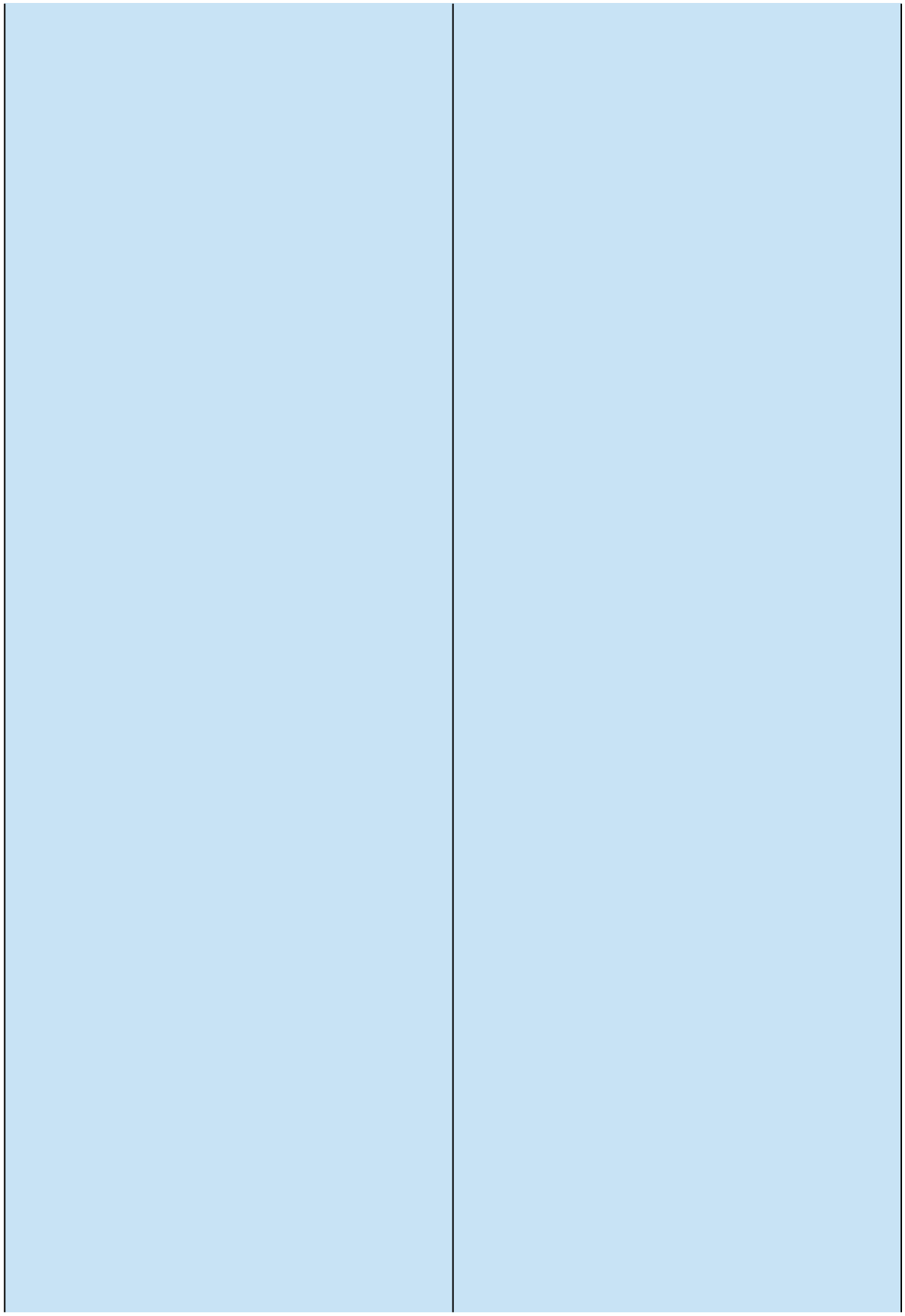


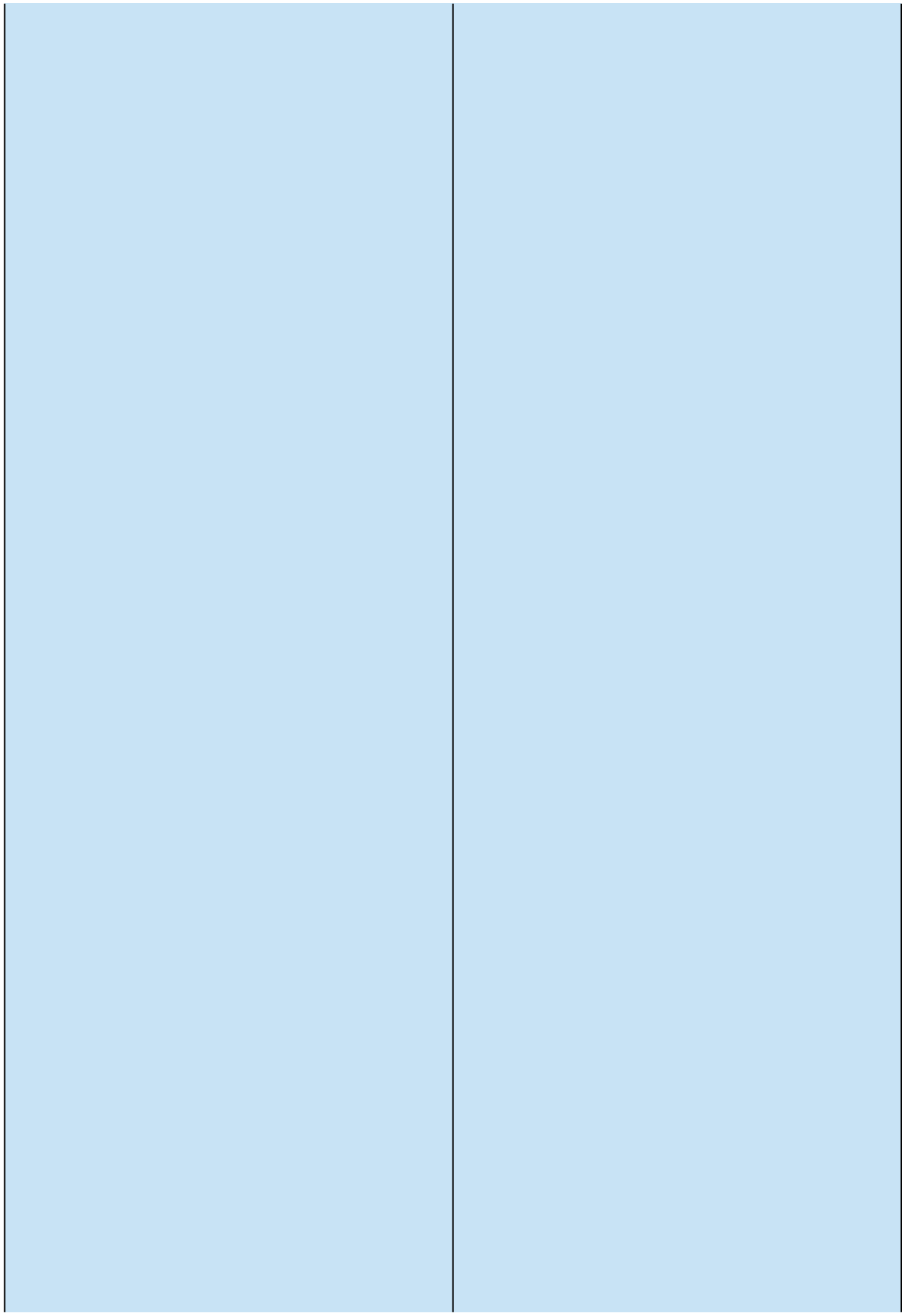


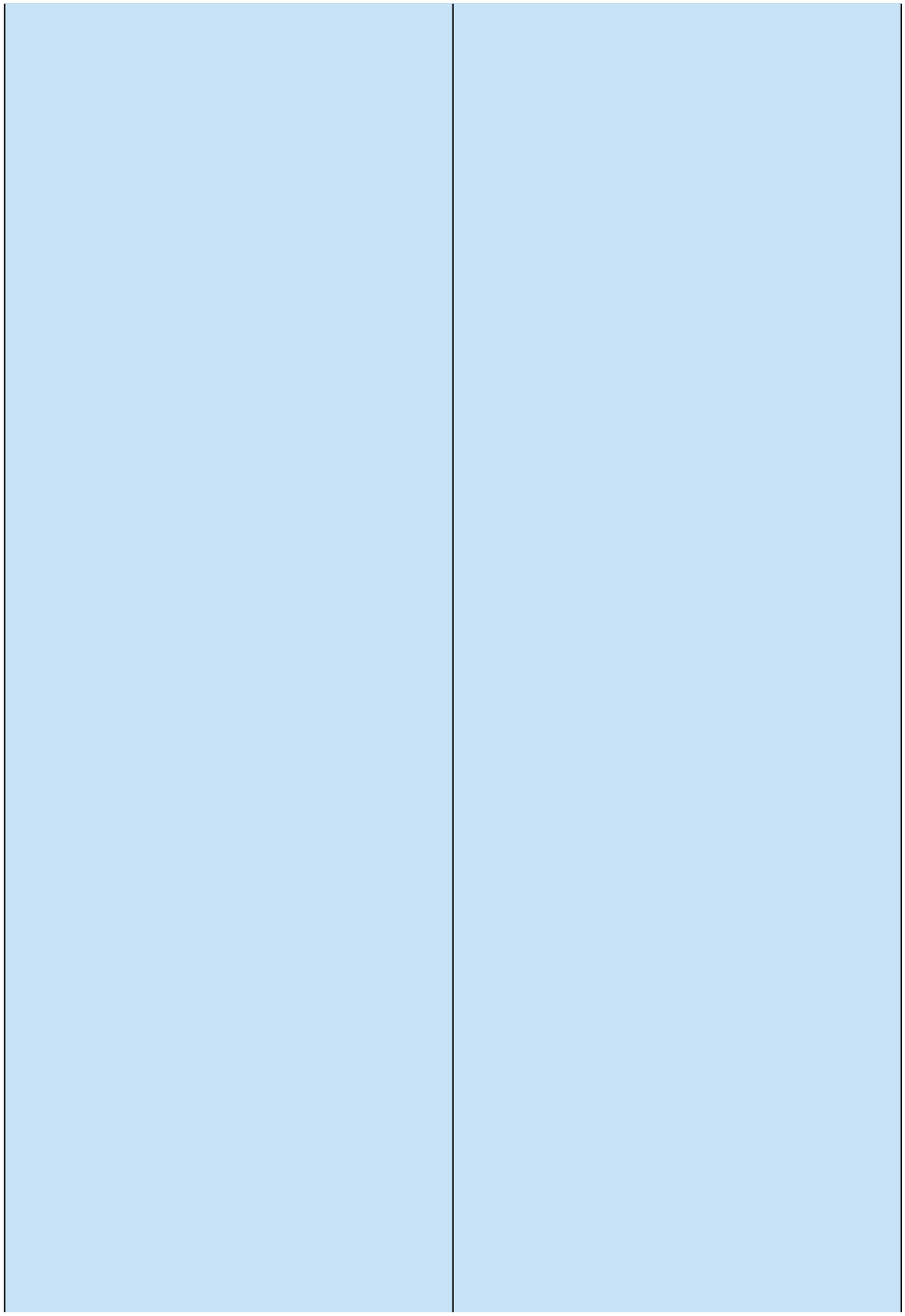
Other	What percent of employed participants reported their salaries?
ployment.	
Provide the median (e.g., $25.00)	*(Example: 60%)*

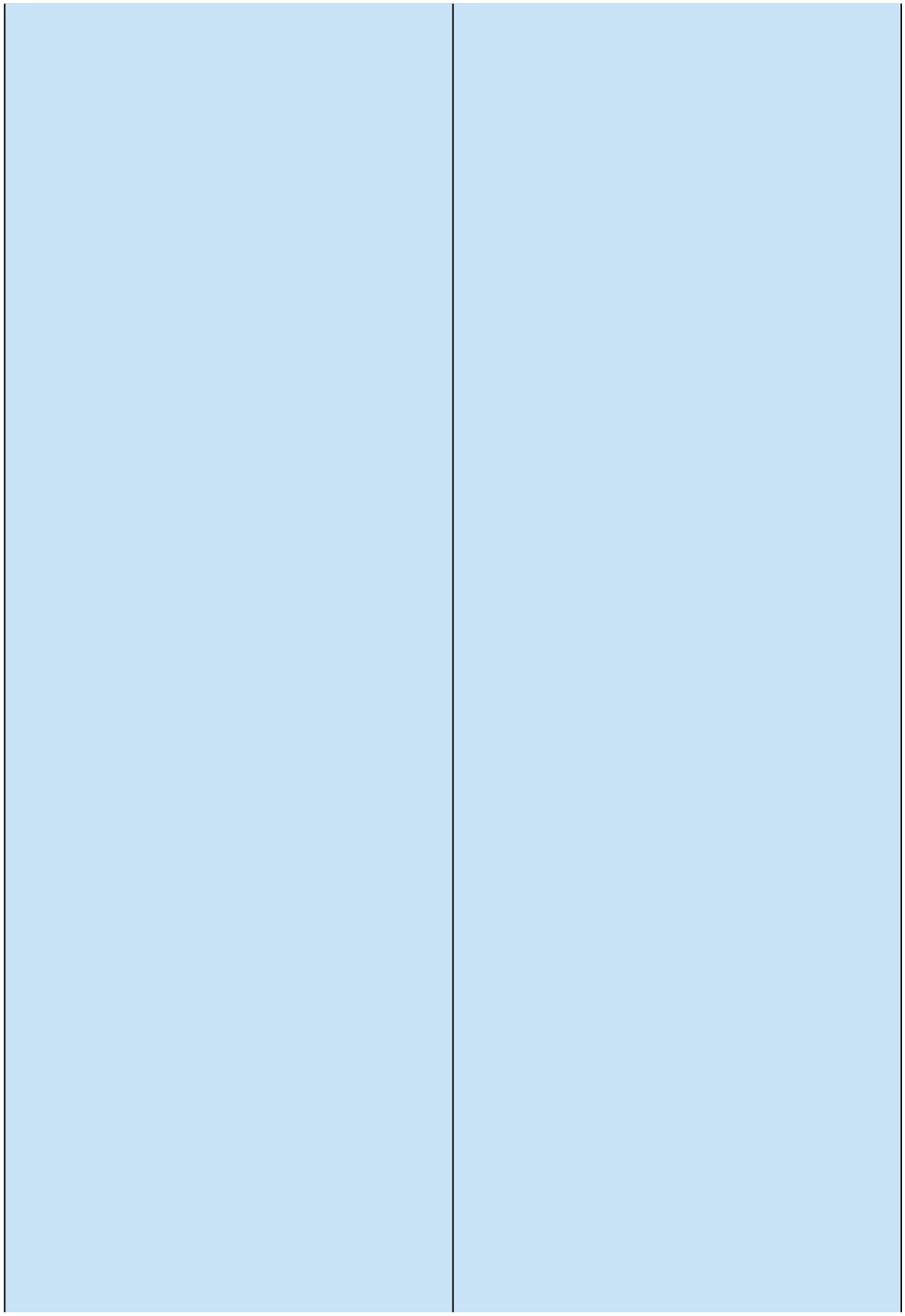


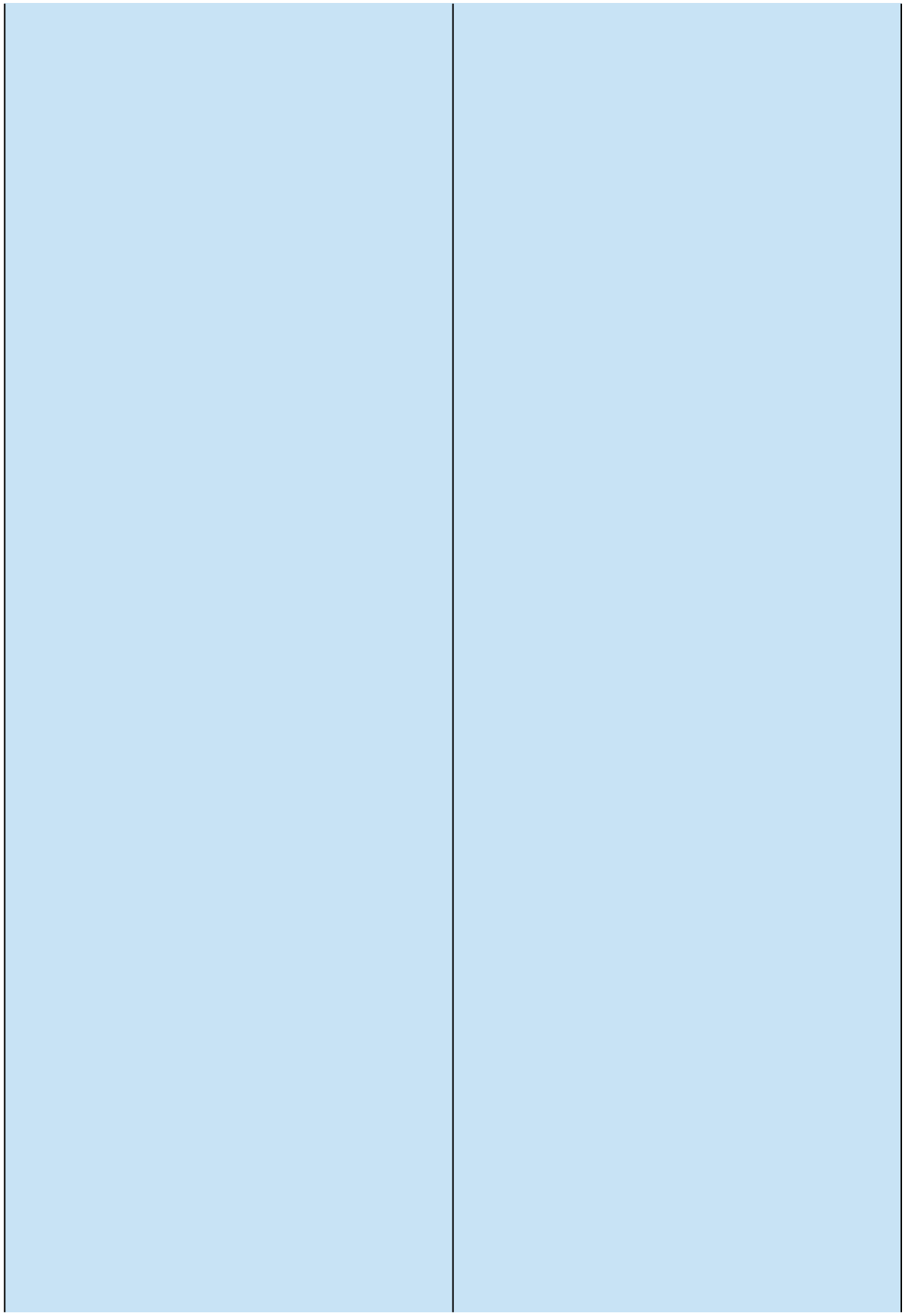


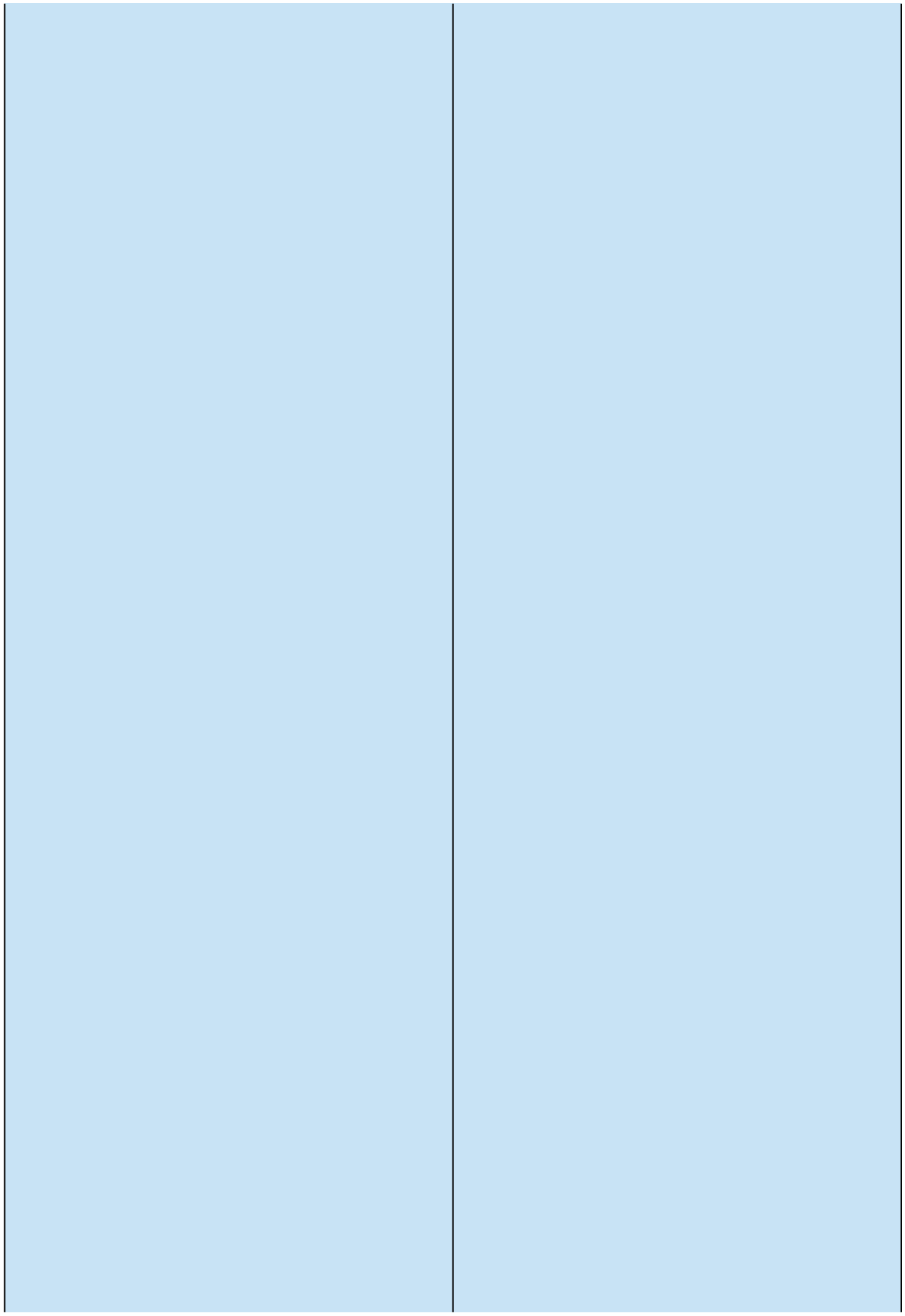


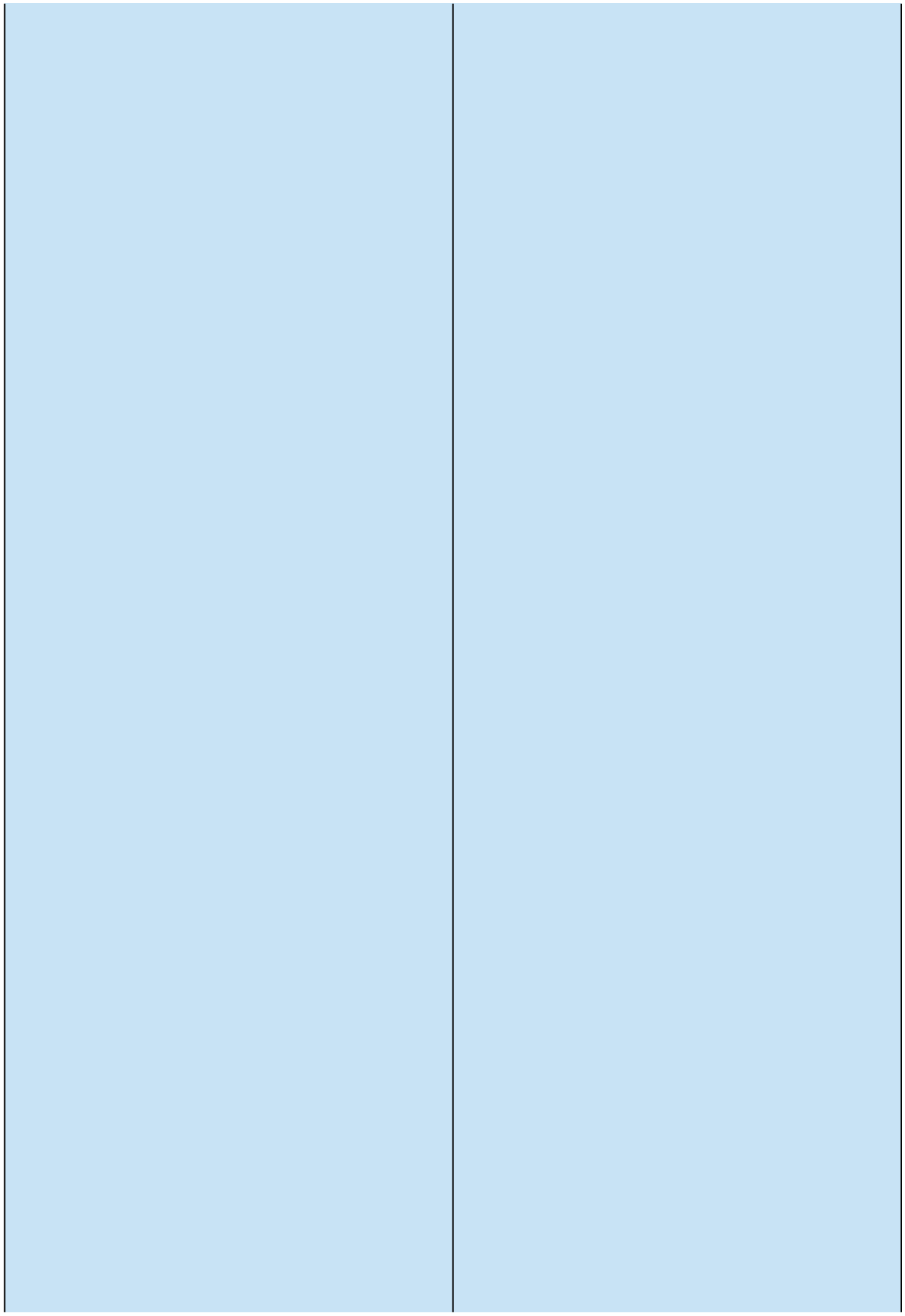


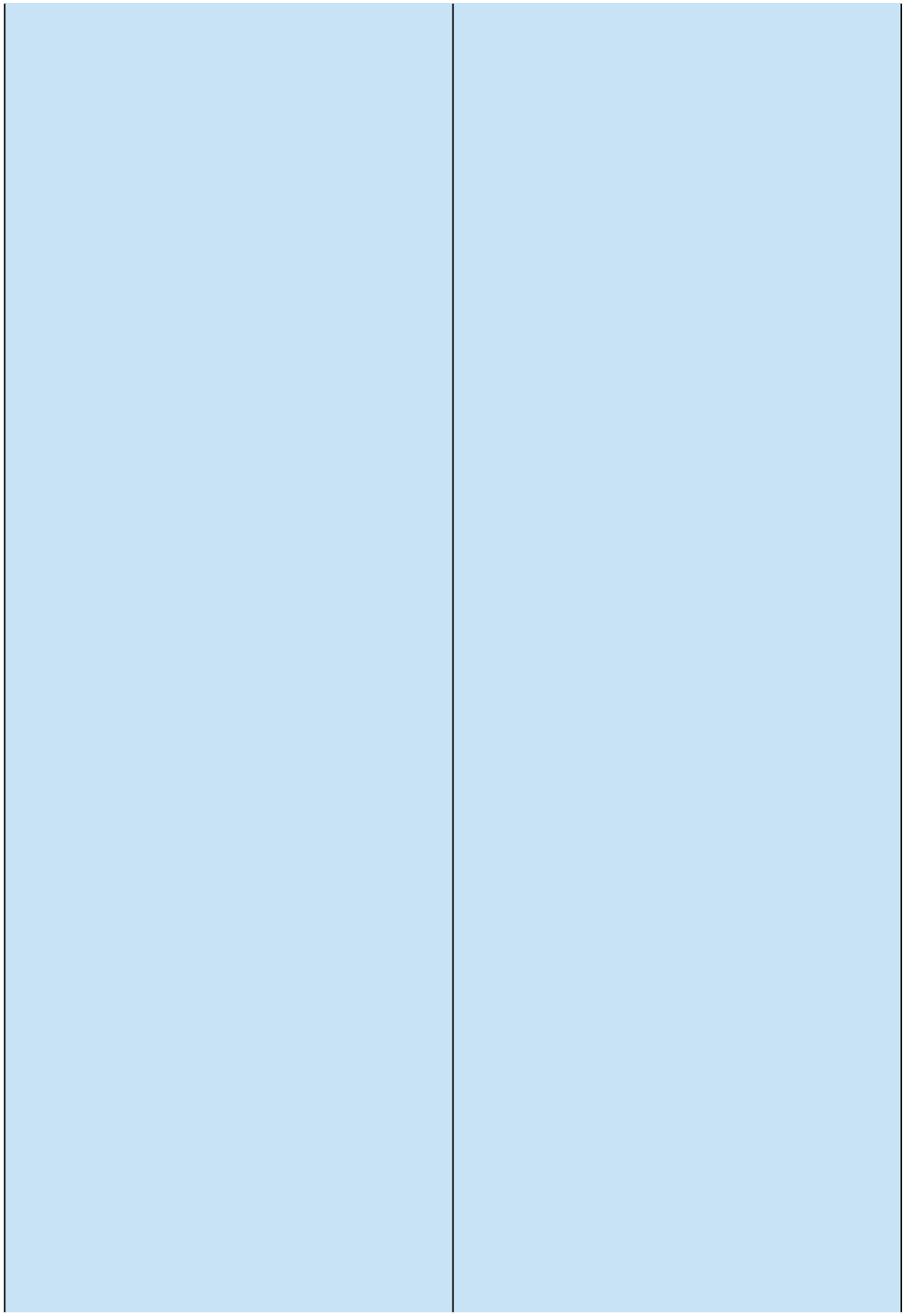


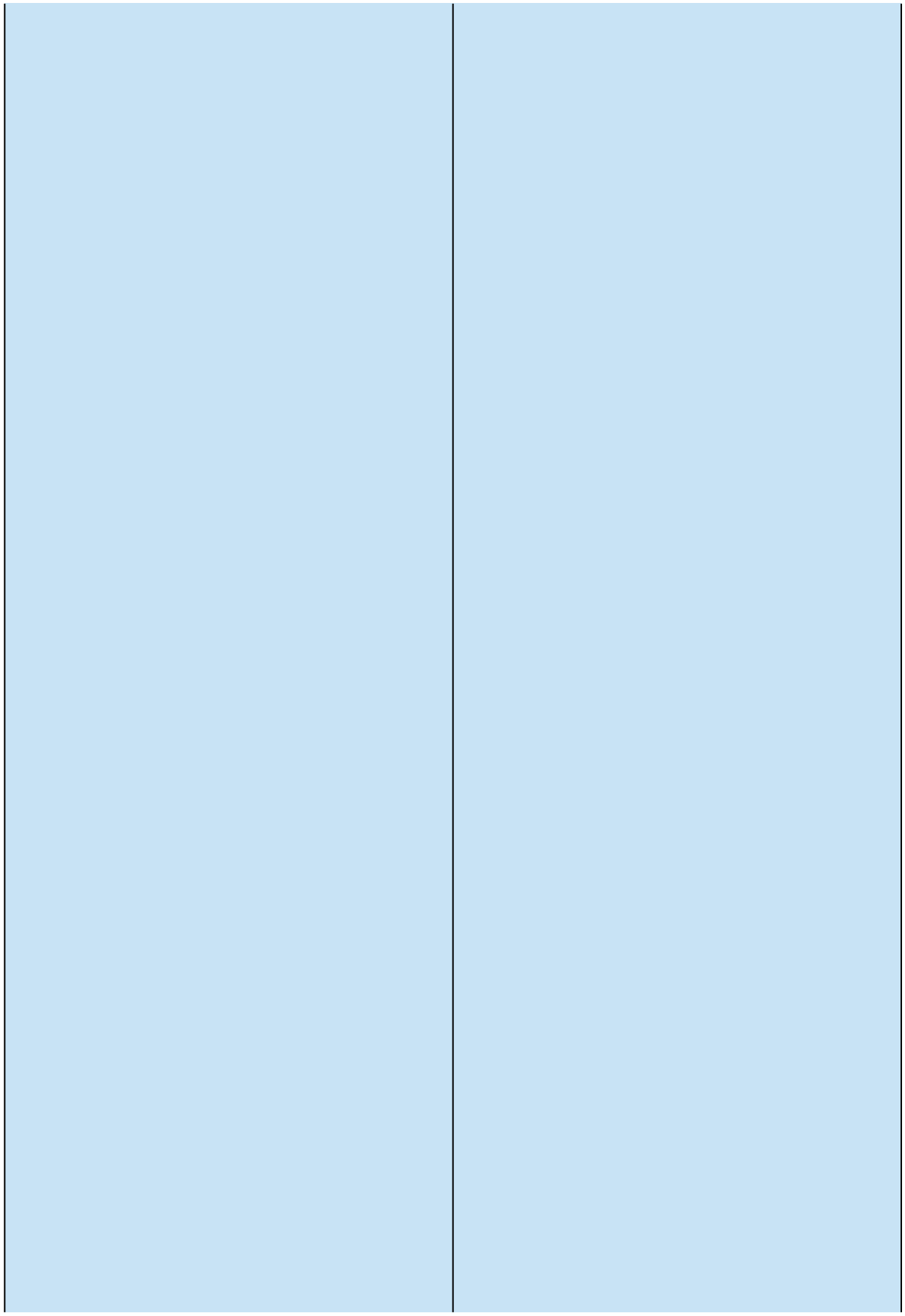




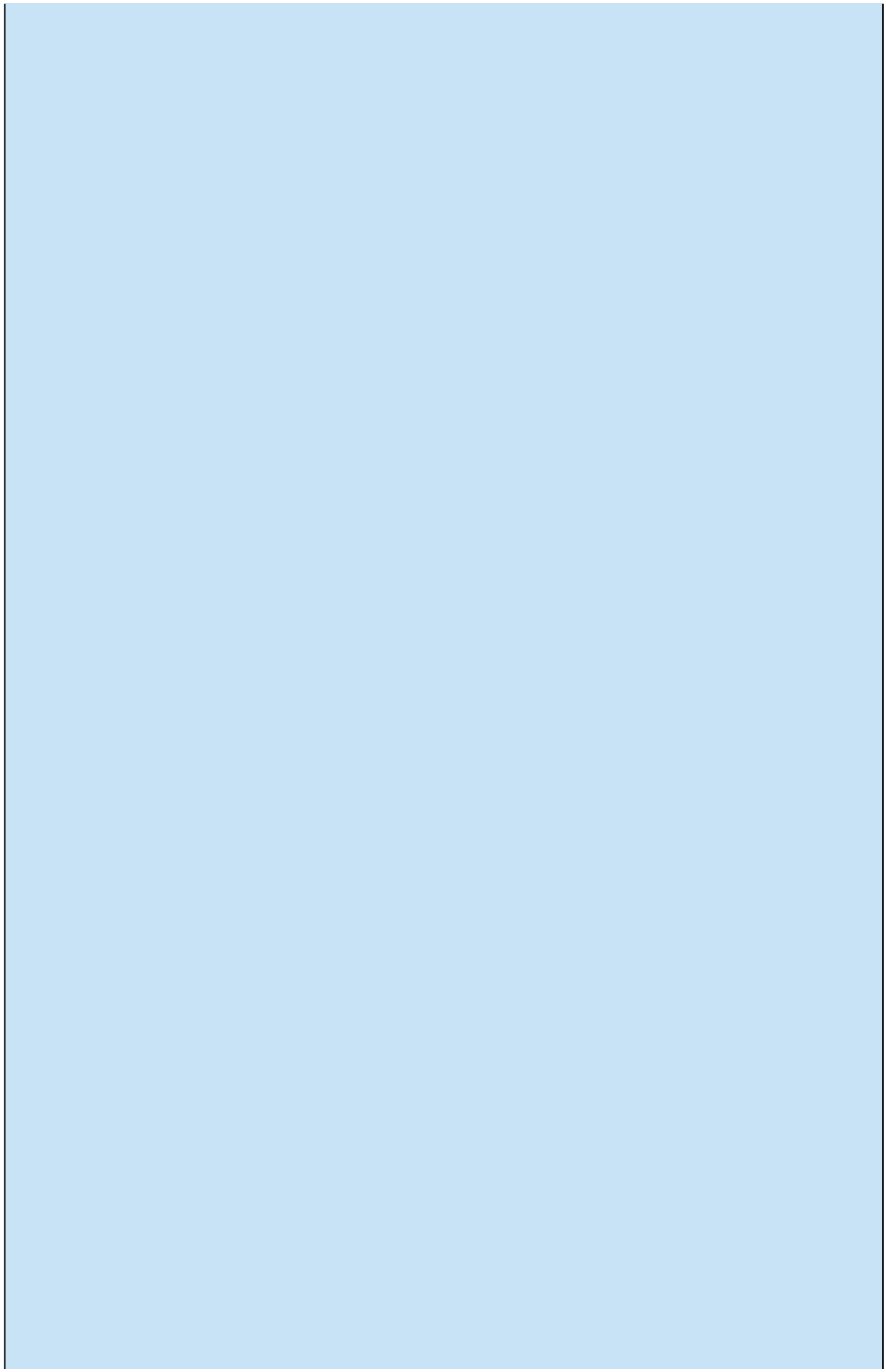


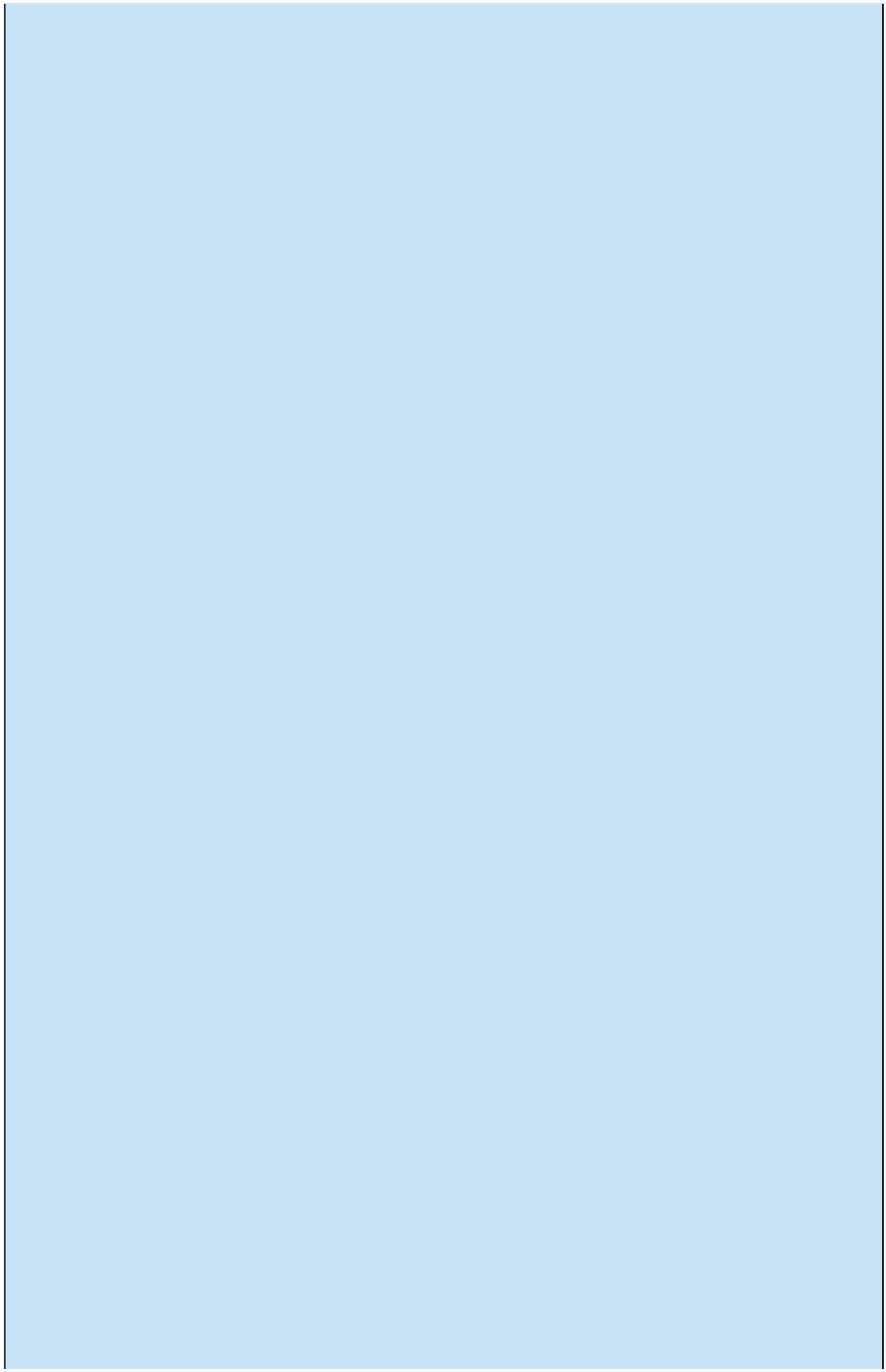


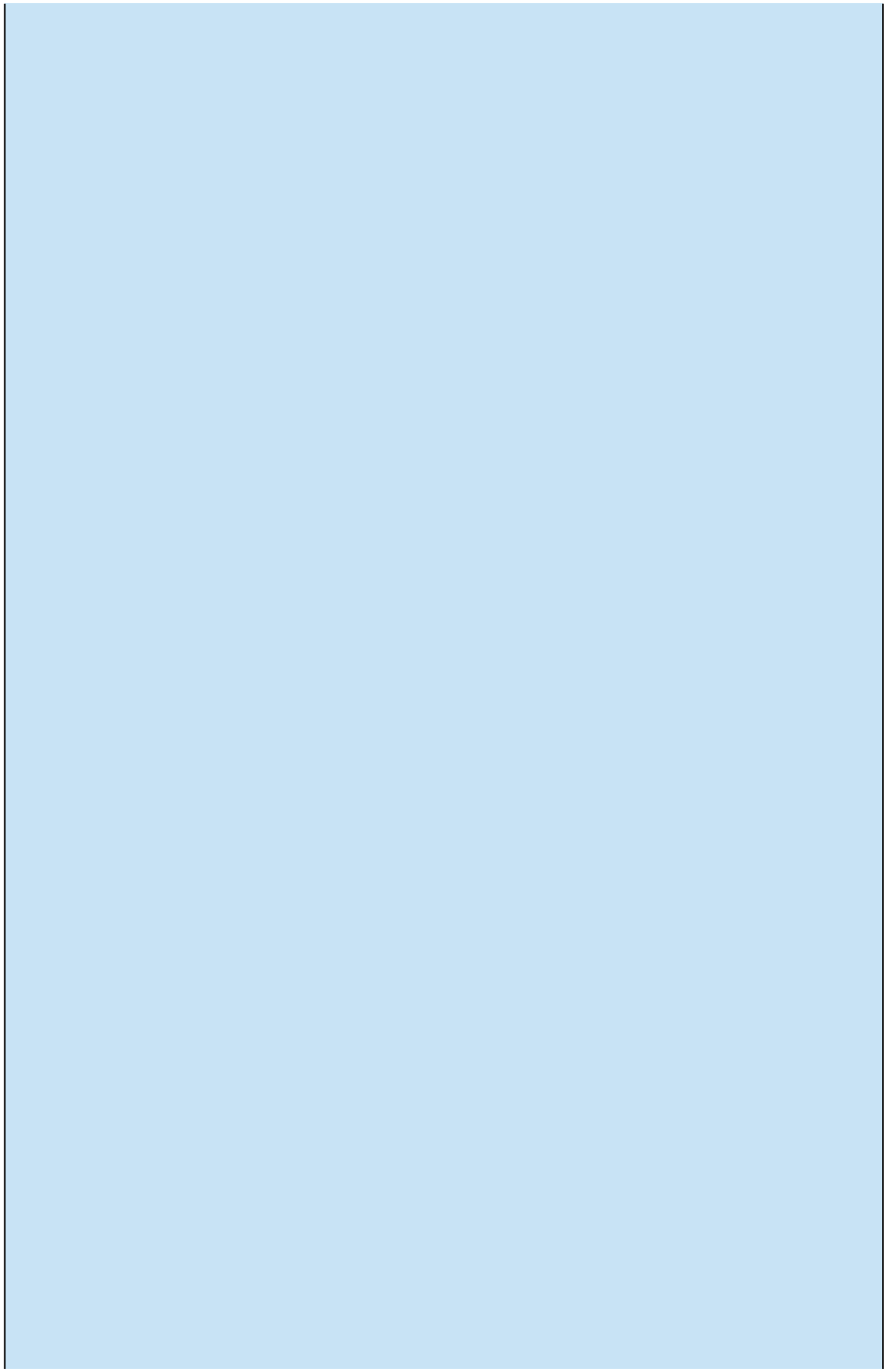


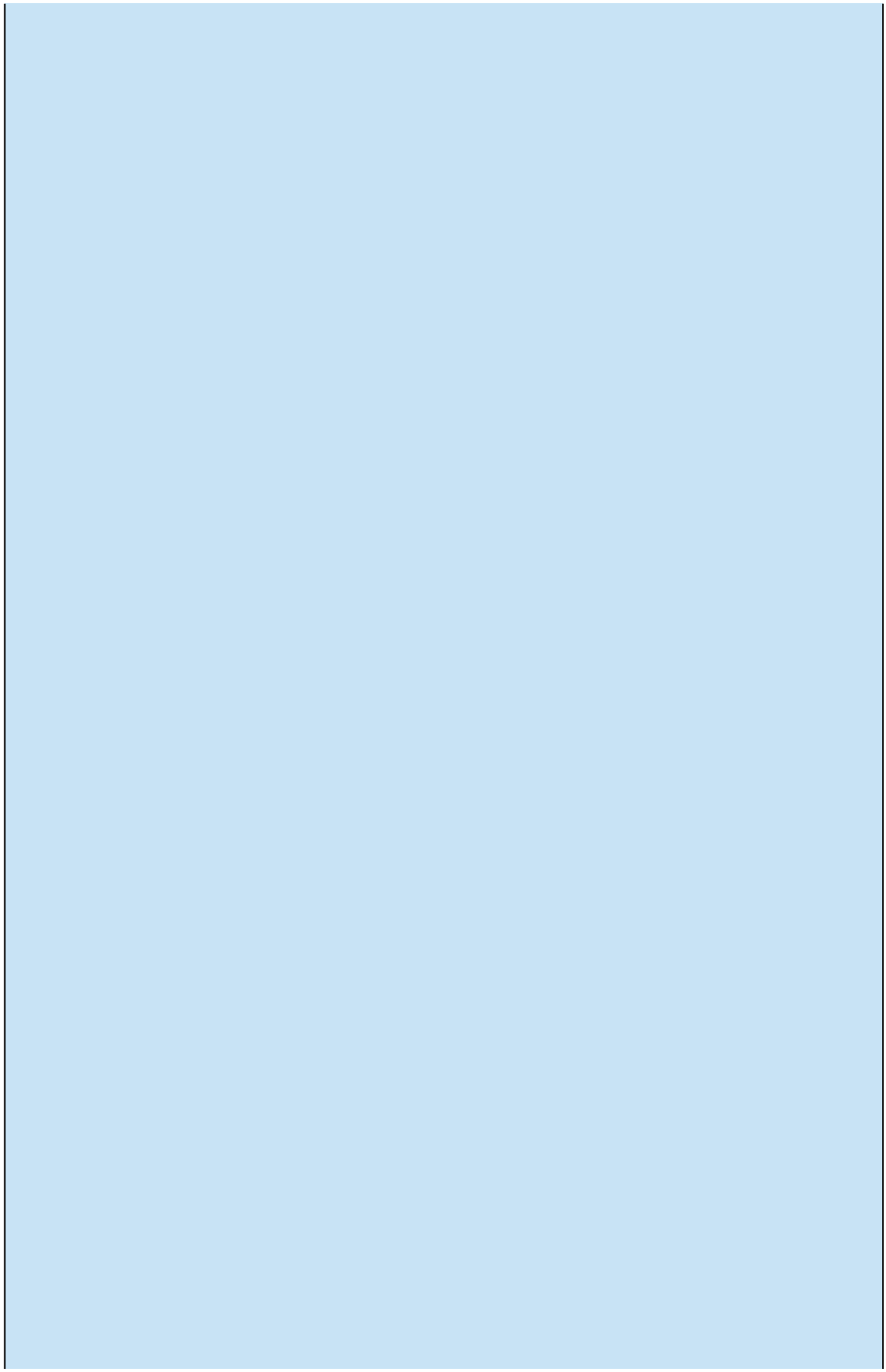


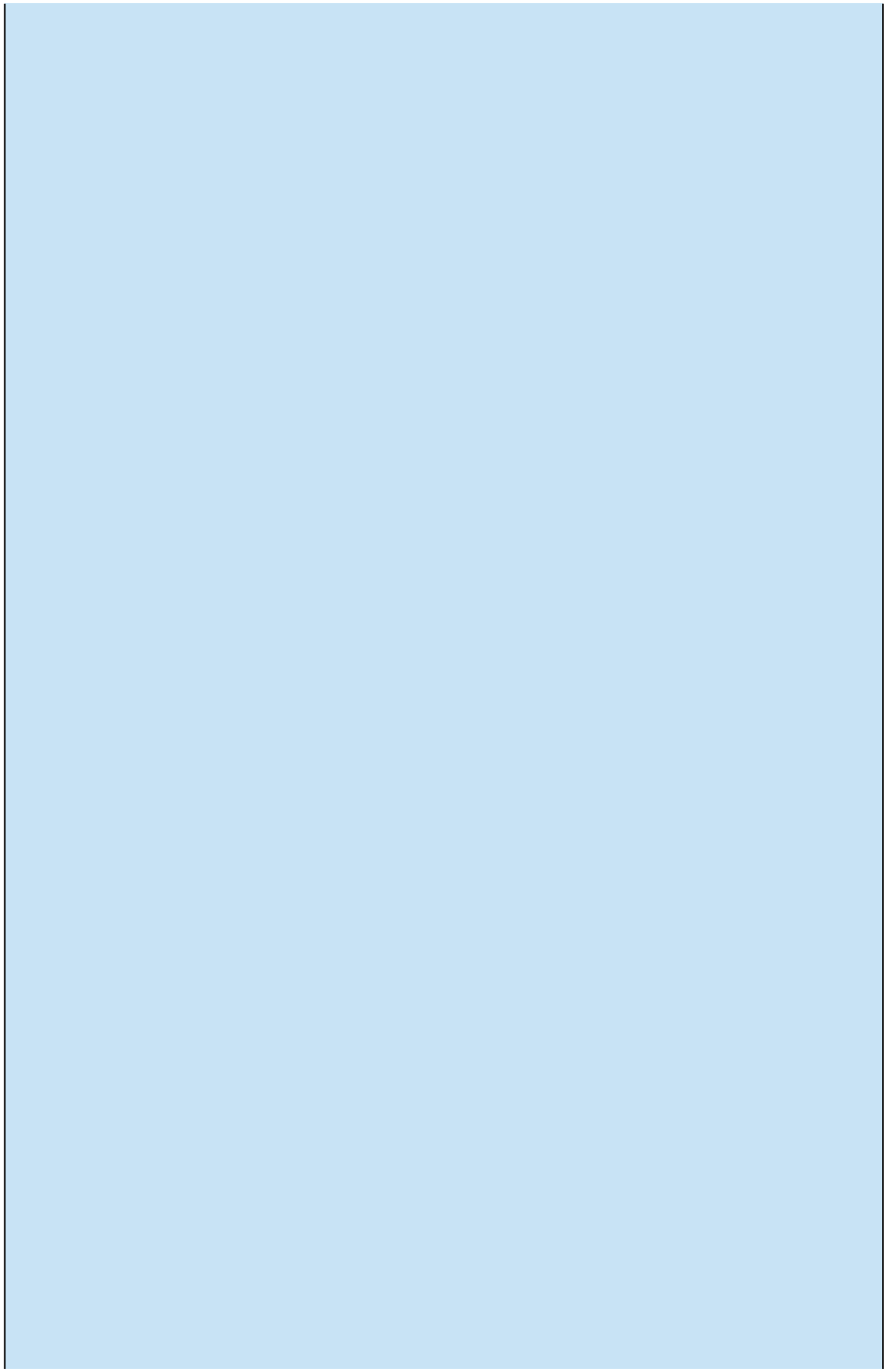
Name of Training Provider	Name of Training Program

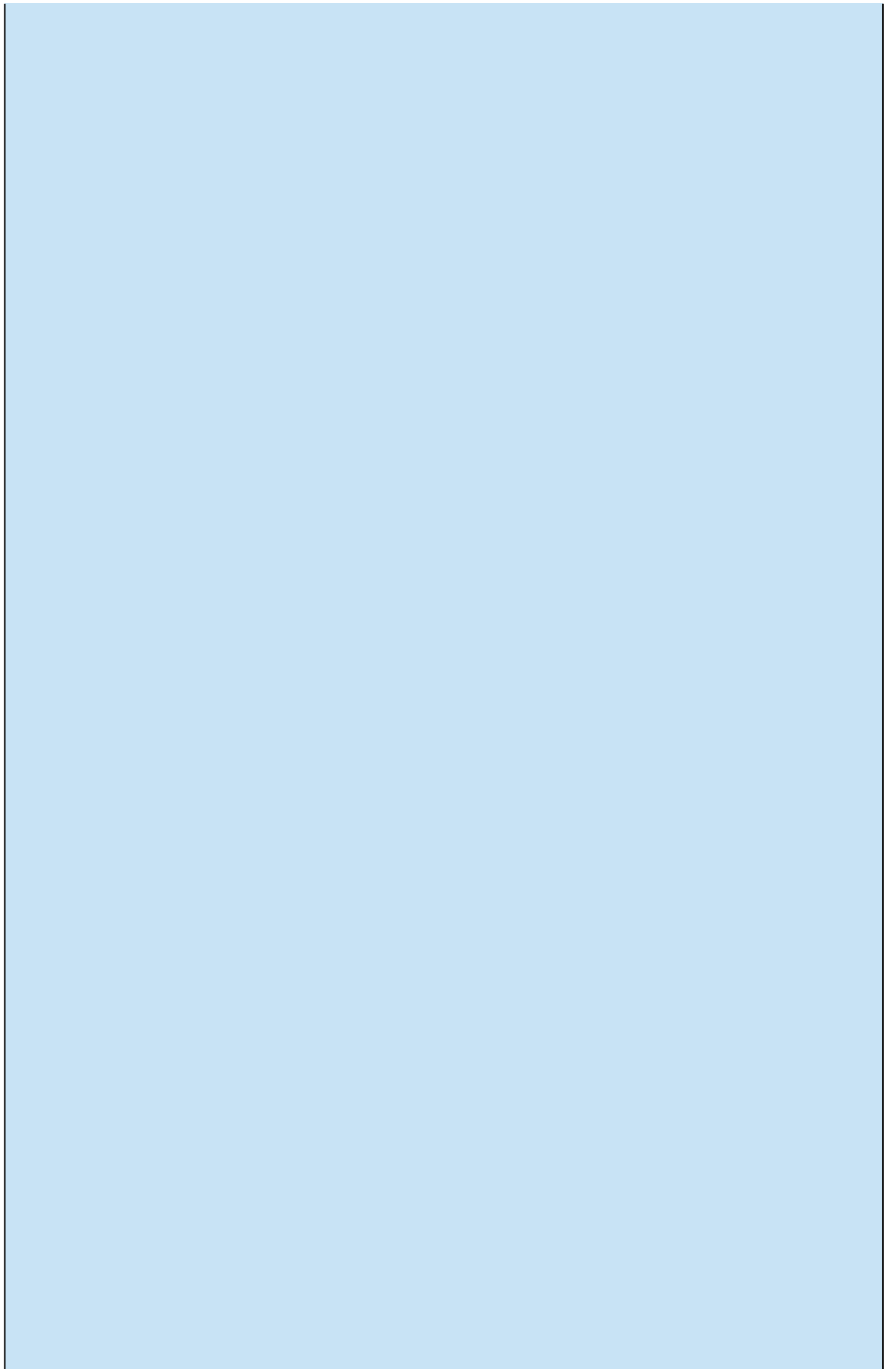


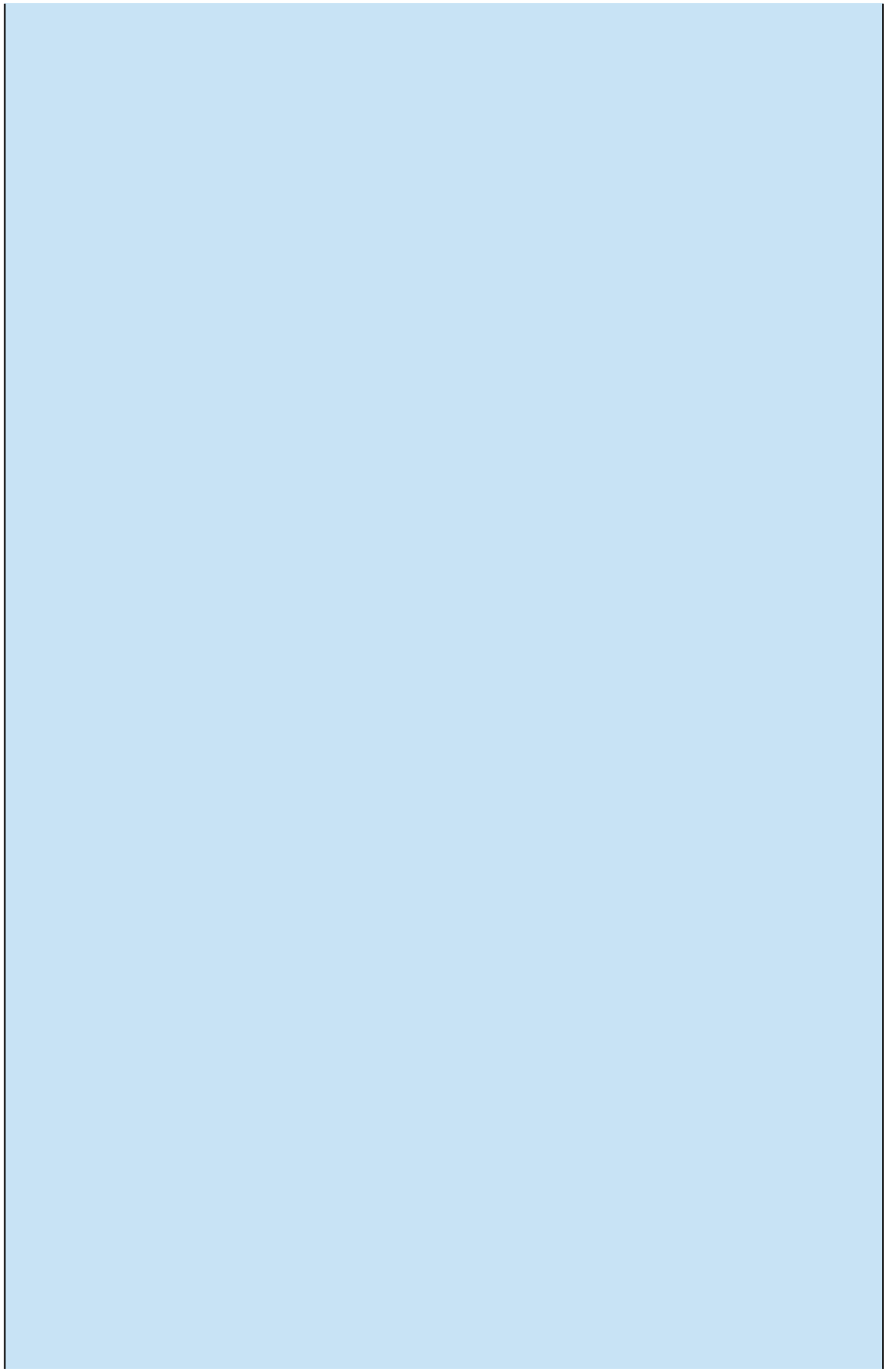


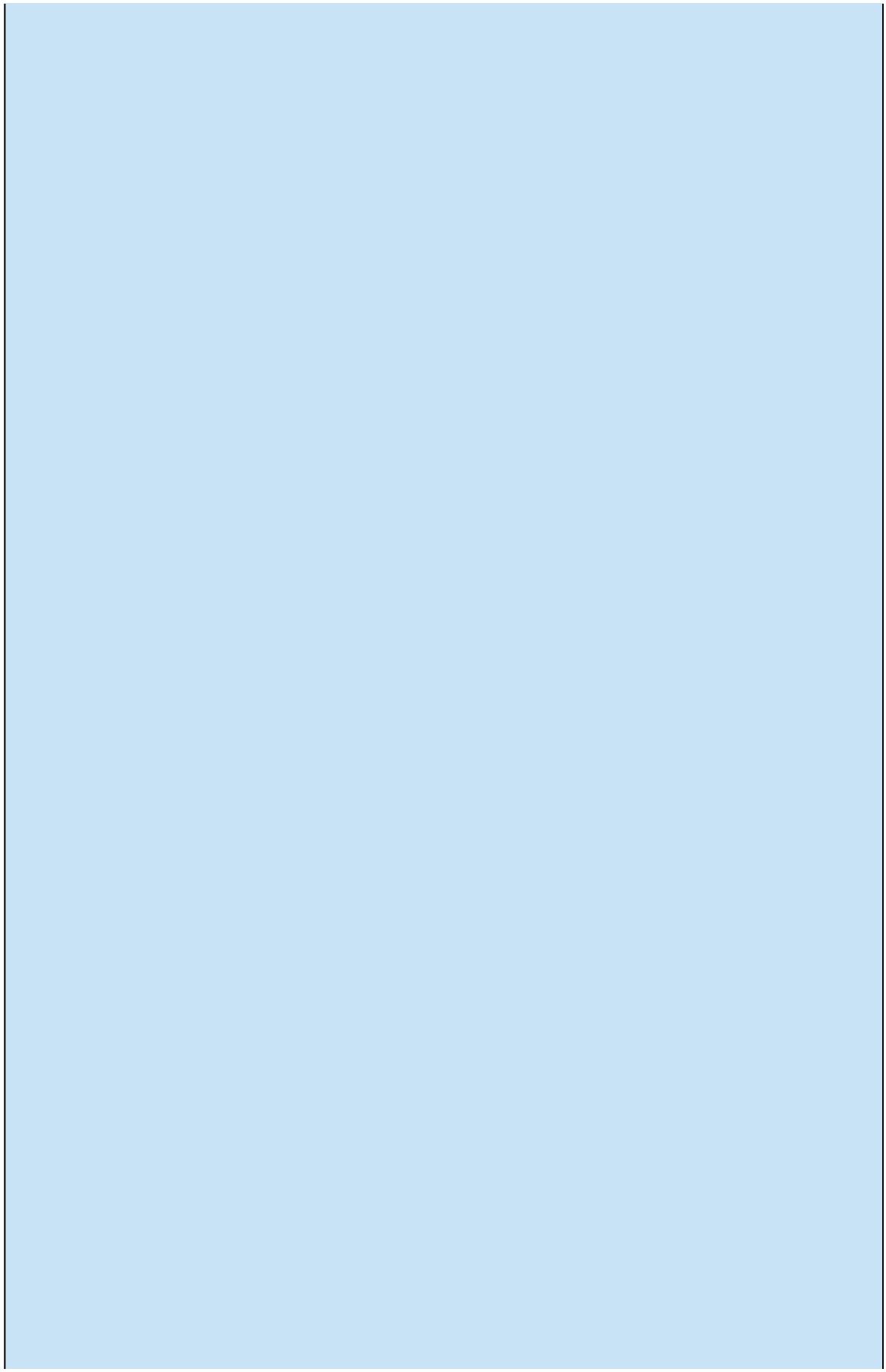


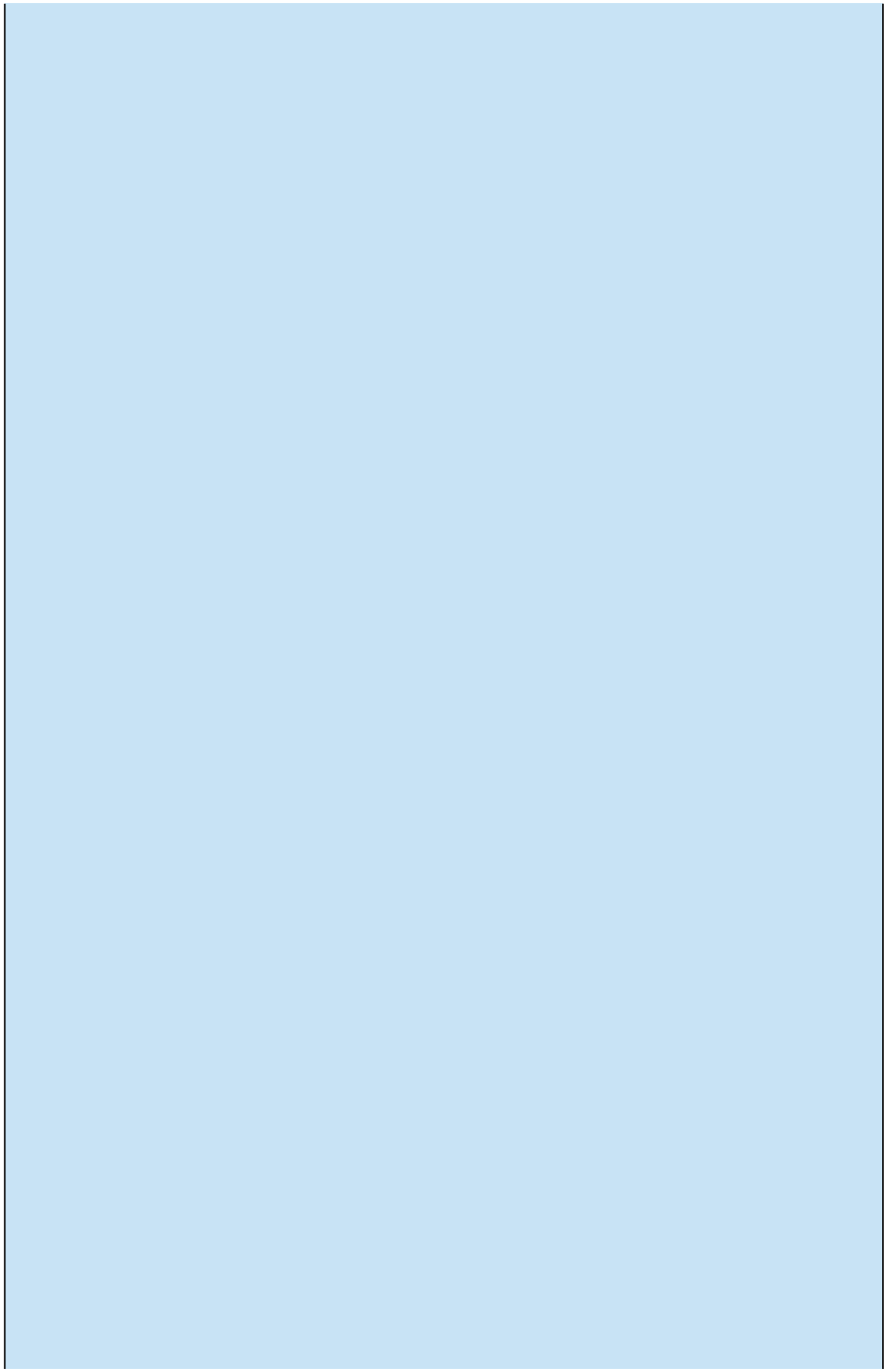


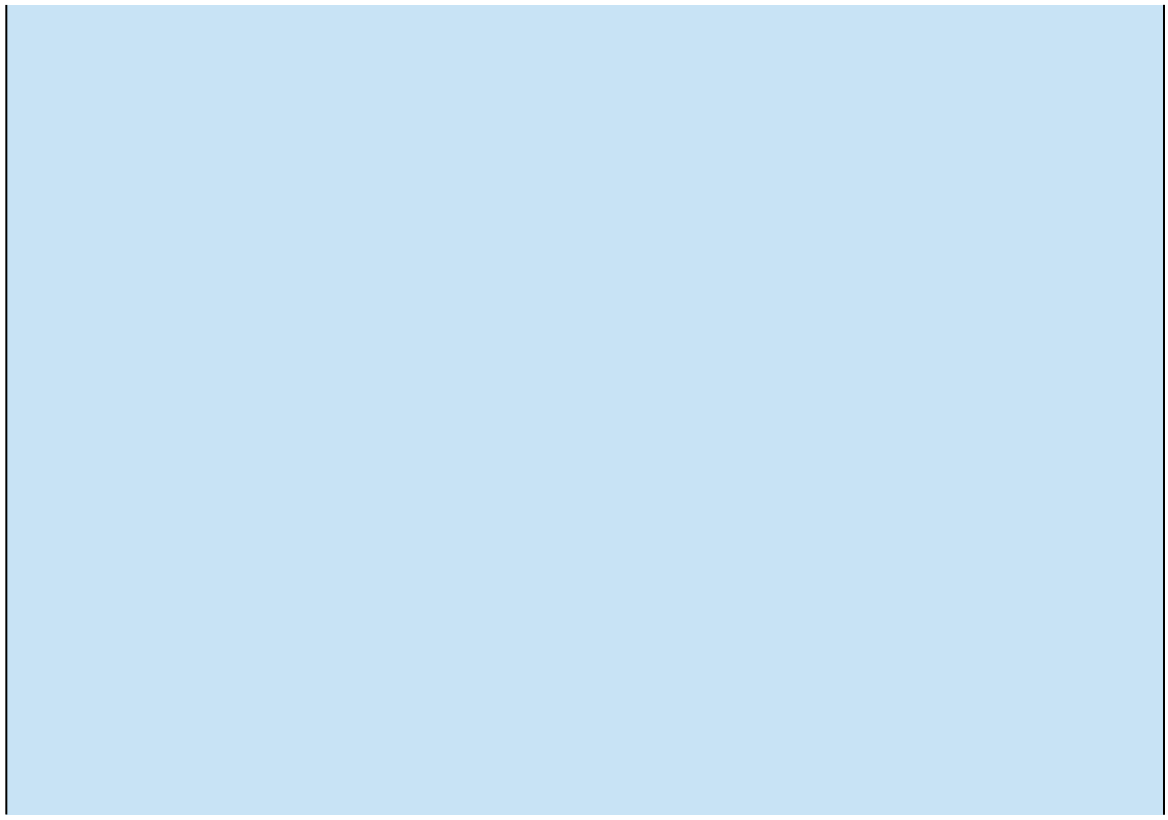












What career and job preparation does y

Select the services you provide to participants seeking employment DURING the training program.

Select all that apply

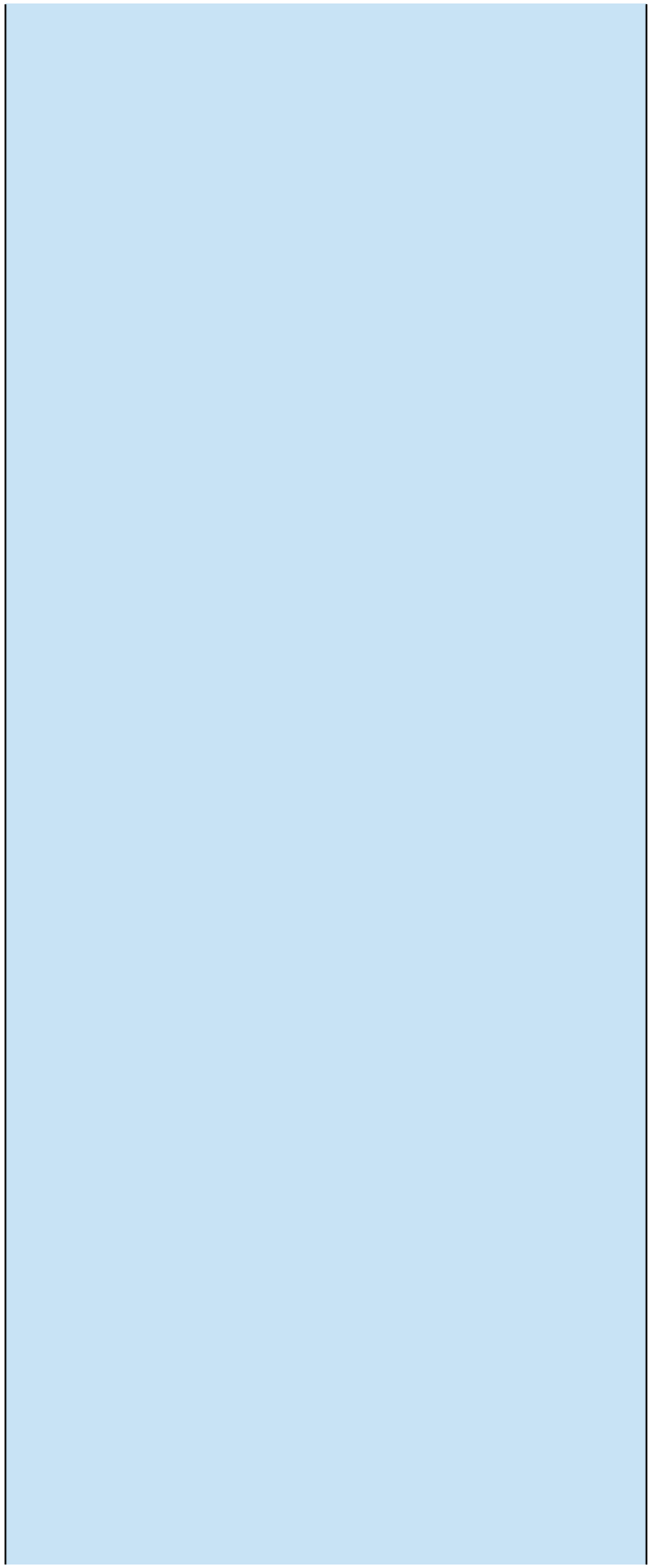
- Mock Interviews
- Mentors
- Coaching
- Job Referrals
- Networking Opportunities
- Direct employment onramps/pathways to hire
- Resume and Portfolio Support
- Job Shadow Opportunities
- Other

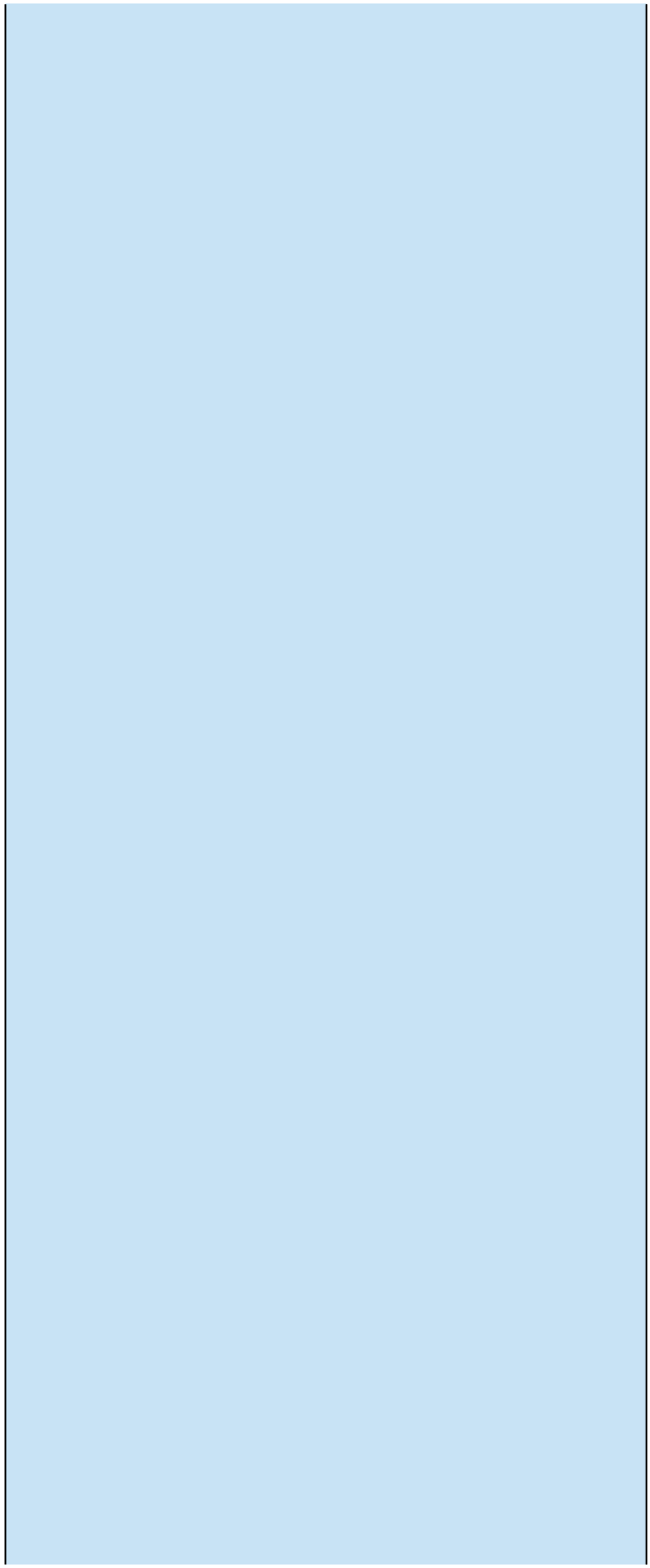
your program provide DUR

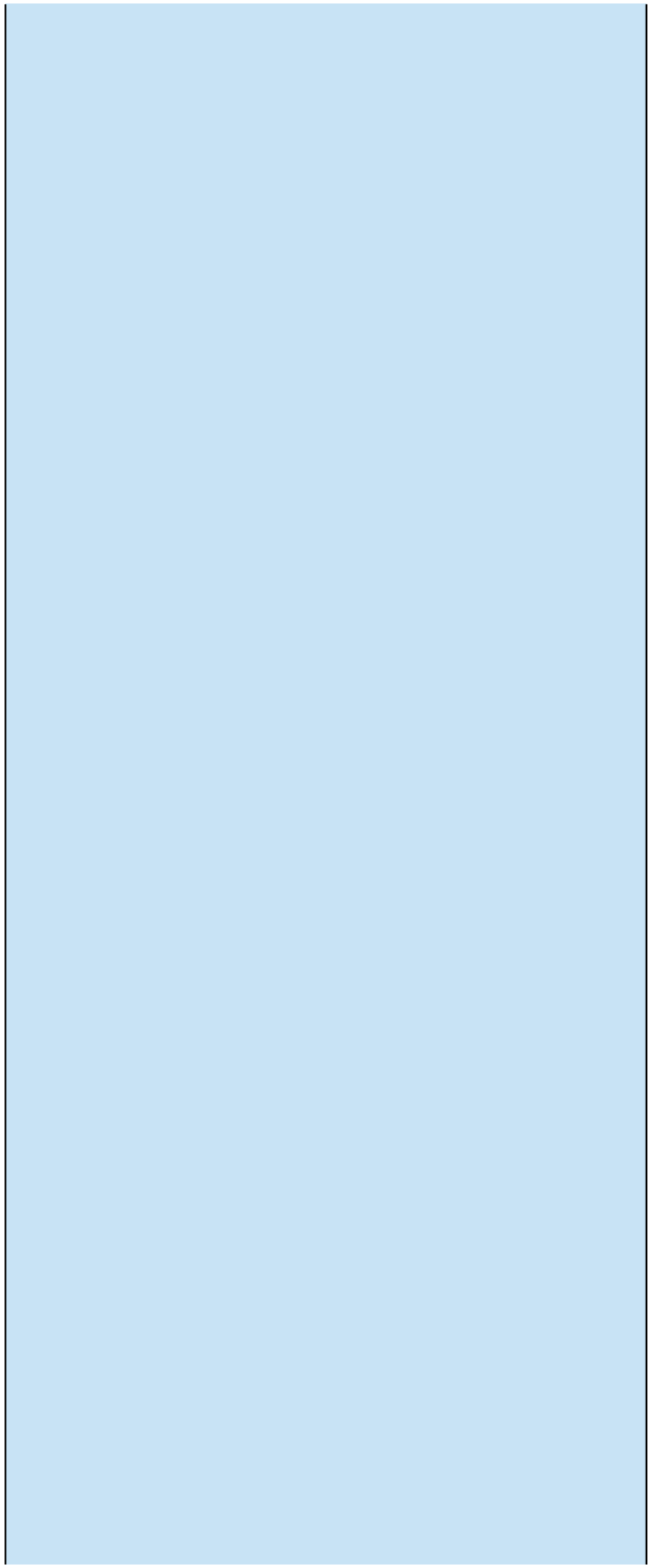
MOST effective (DURING)

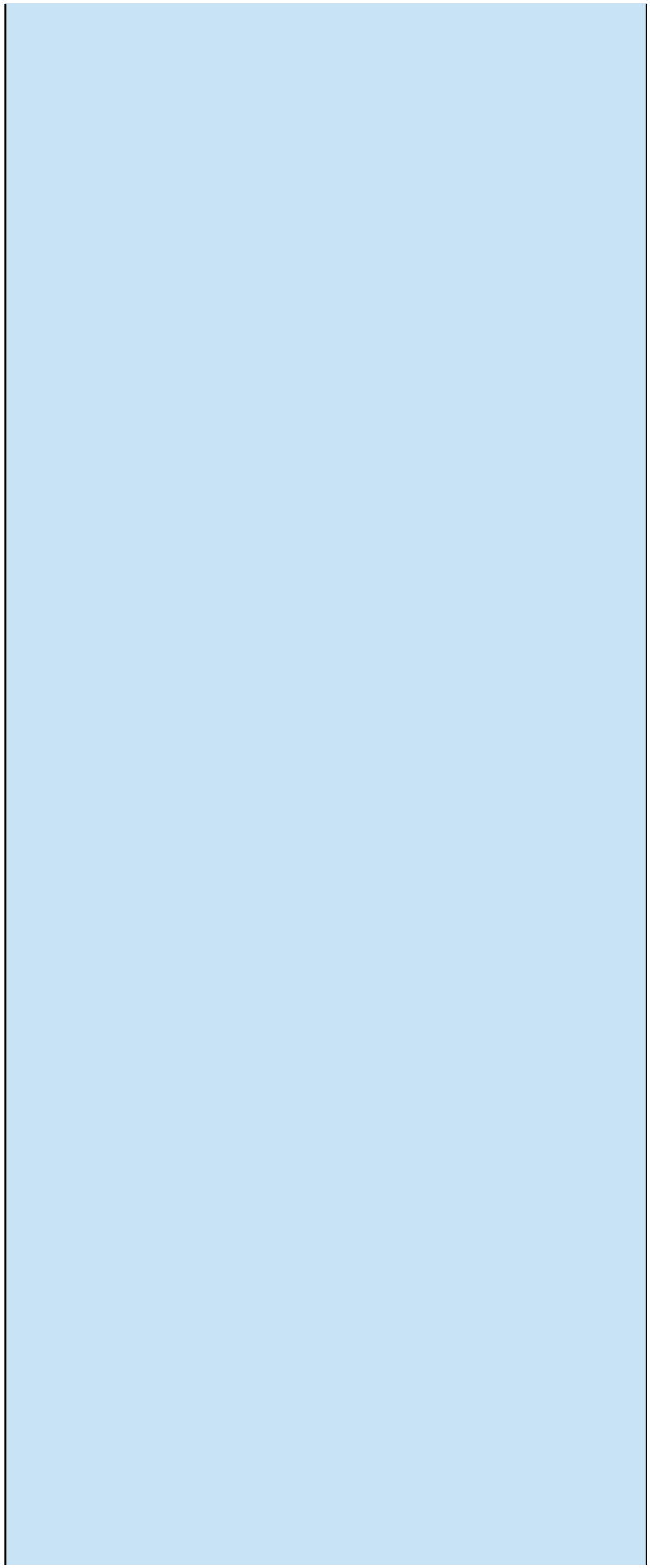
Rank the effectiveness of the services you provide to participants seeking employment DURING the training program.

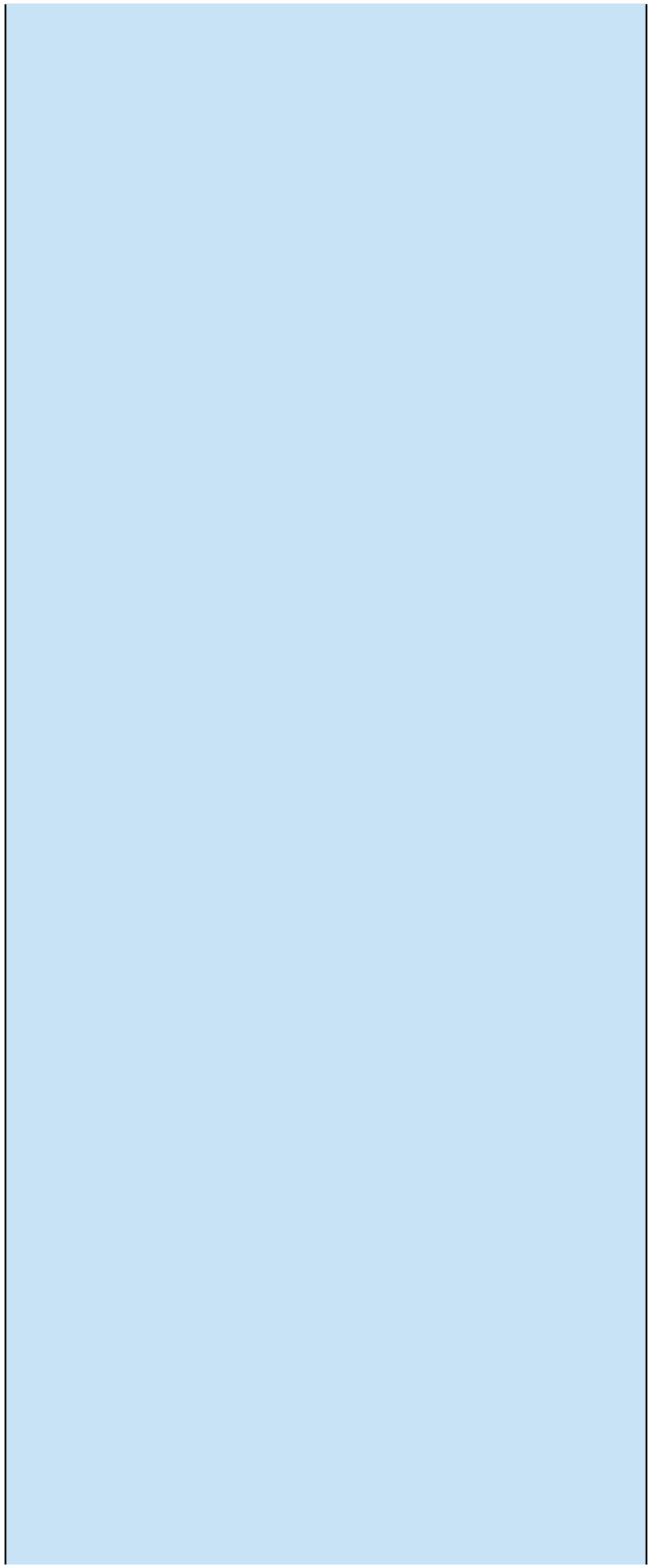
Select the **MOST** effective service

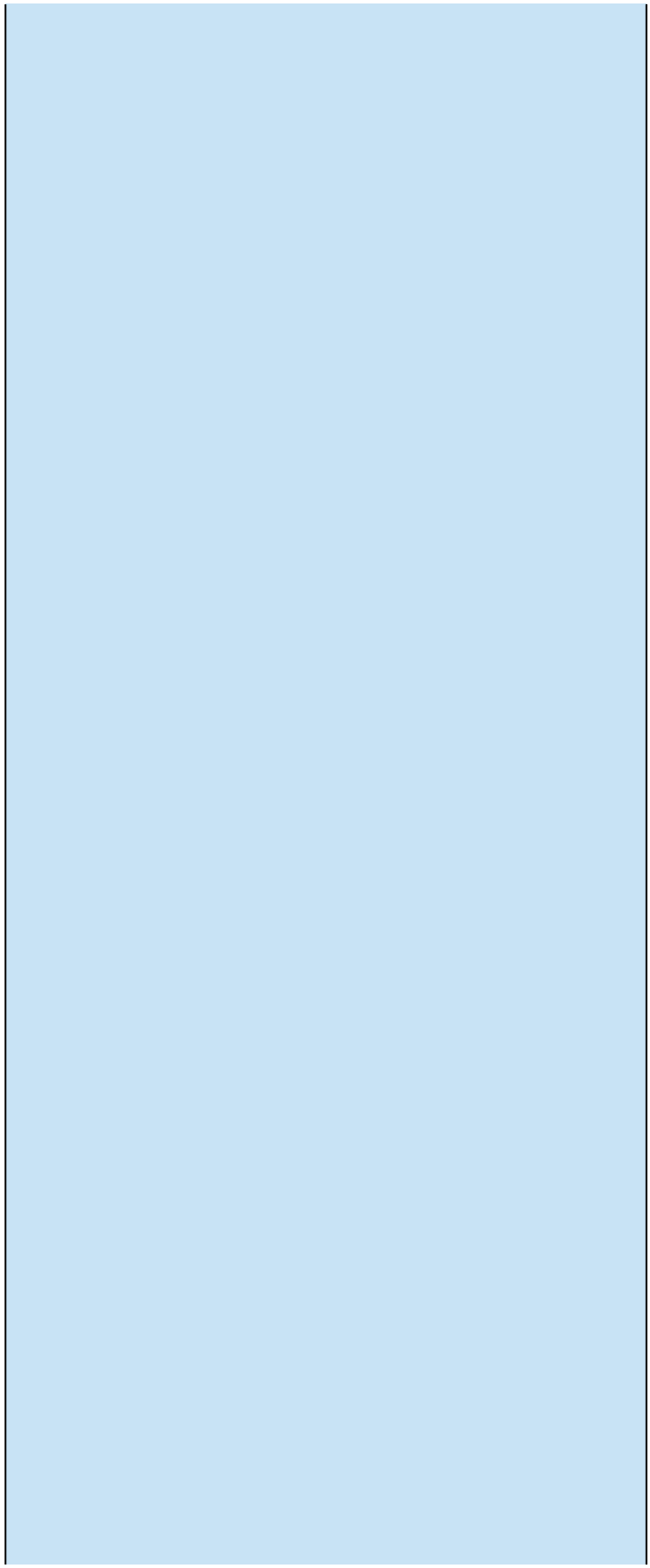


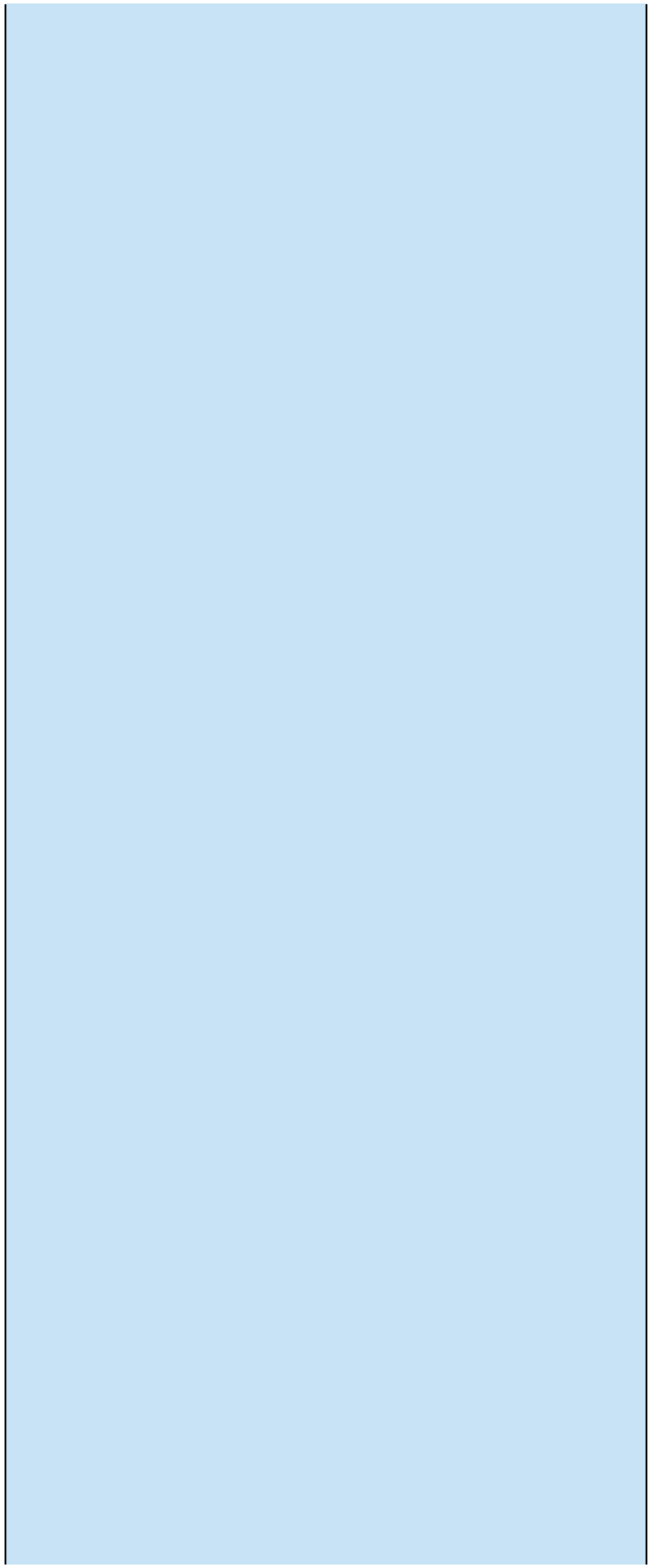


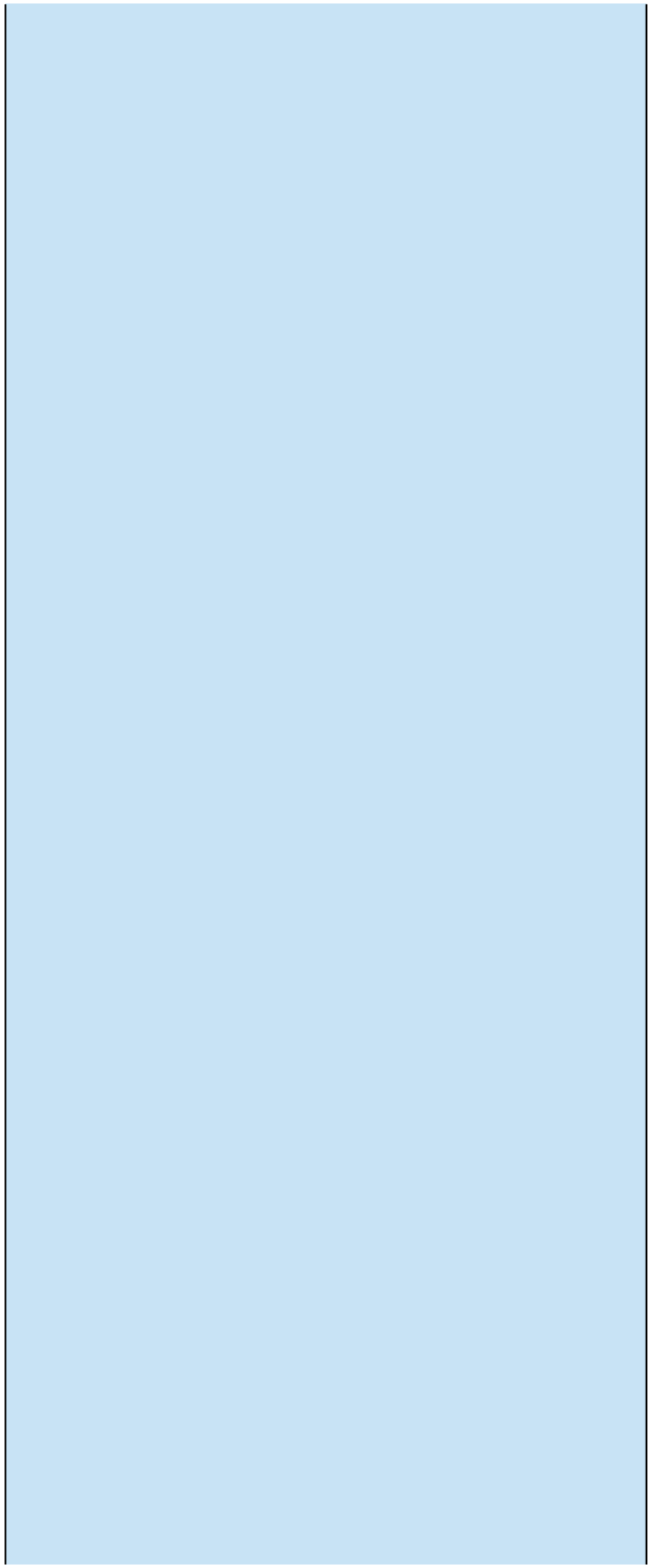


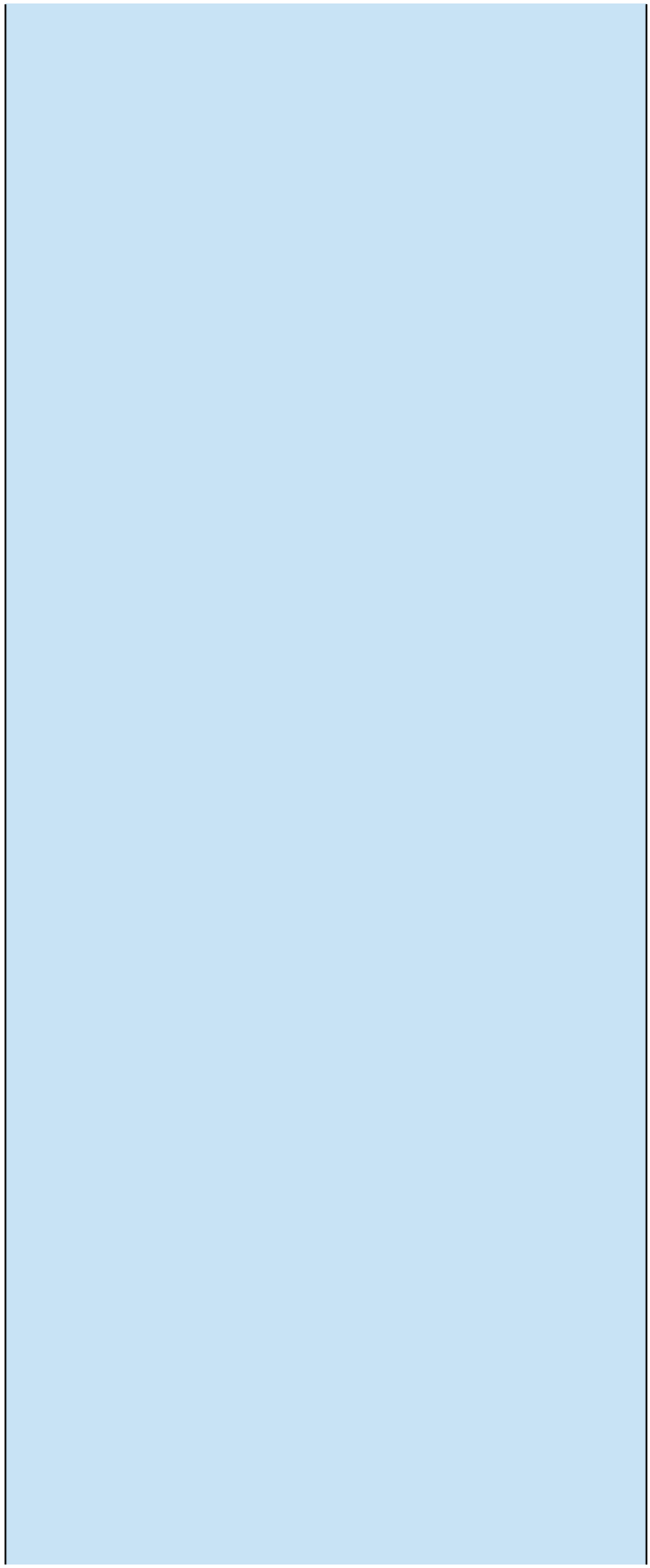


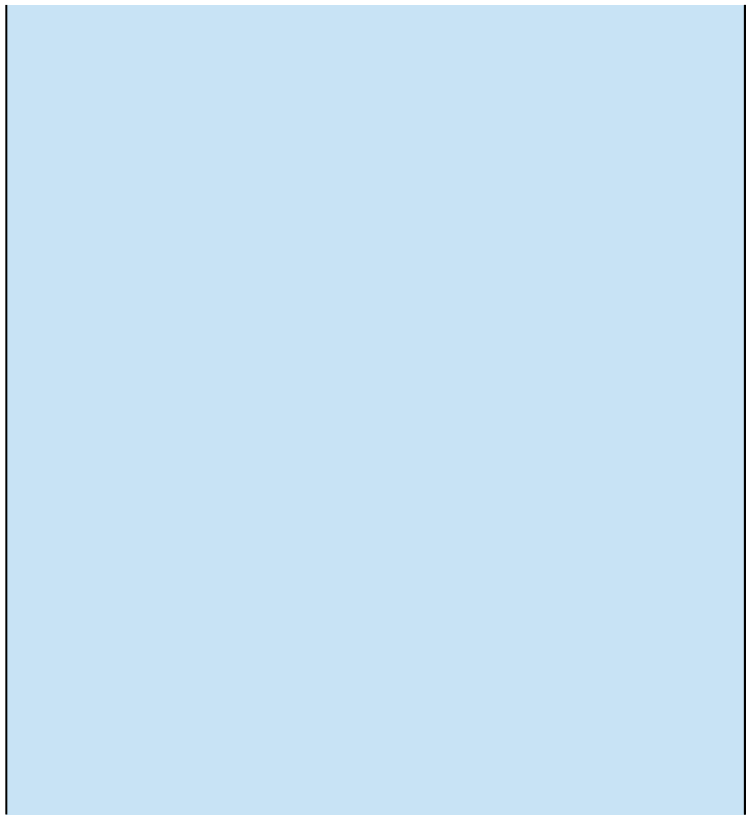












RING the training program

SECOND most effective (DURING)

Rank the effectiveness of the services you provide to participants seeking employment DURING the training program.

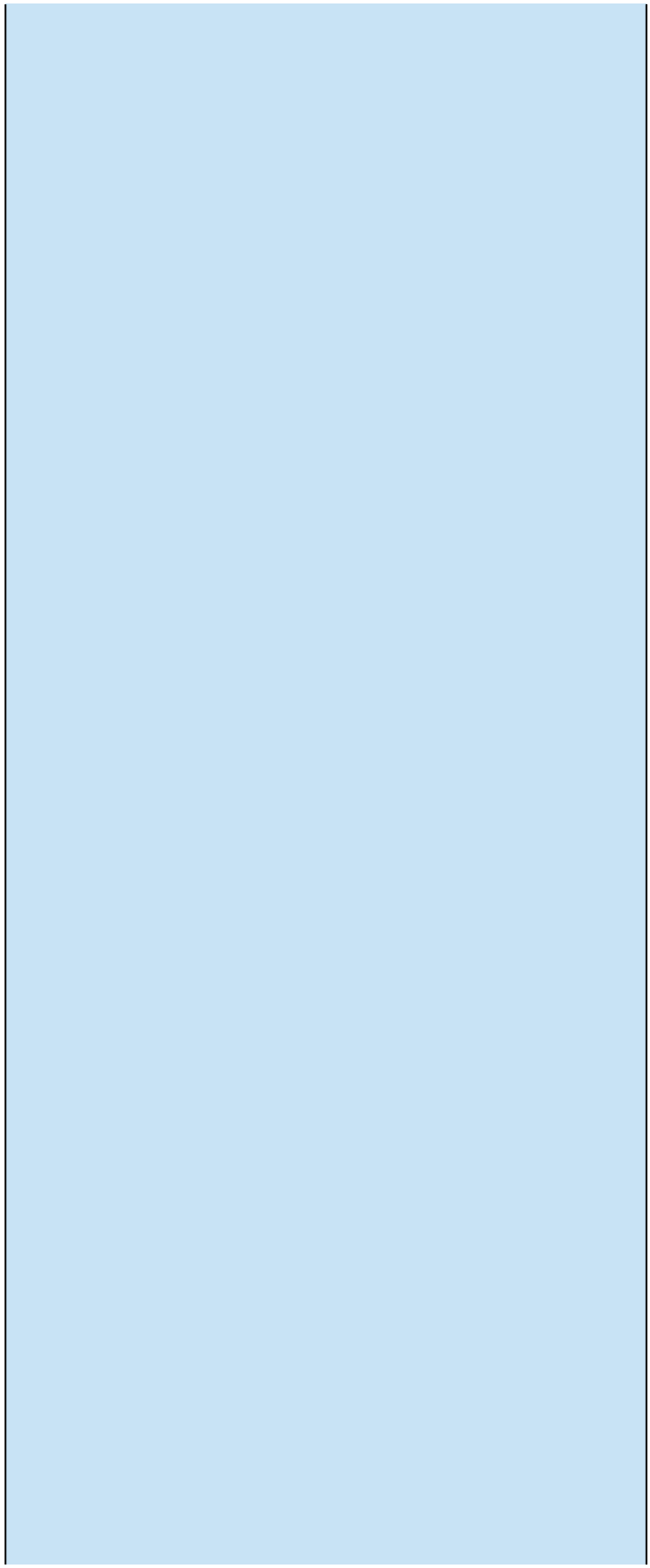
Select the **SECOND most** effective service

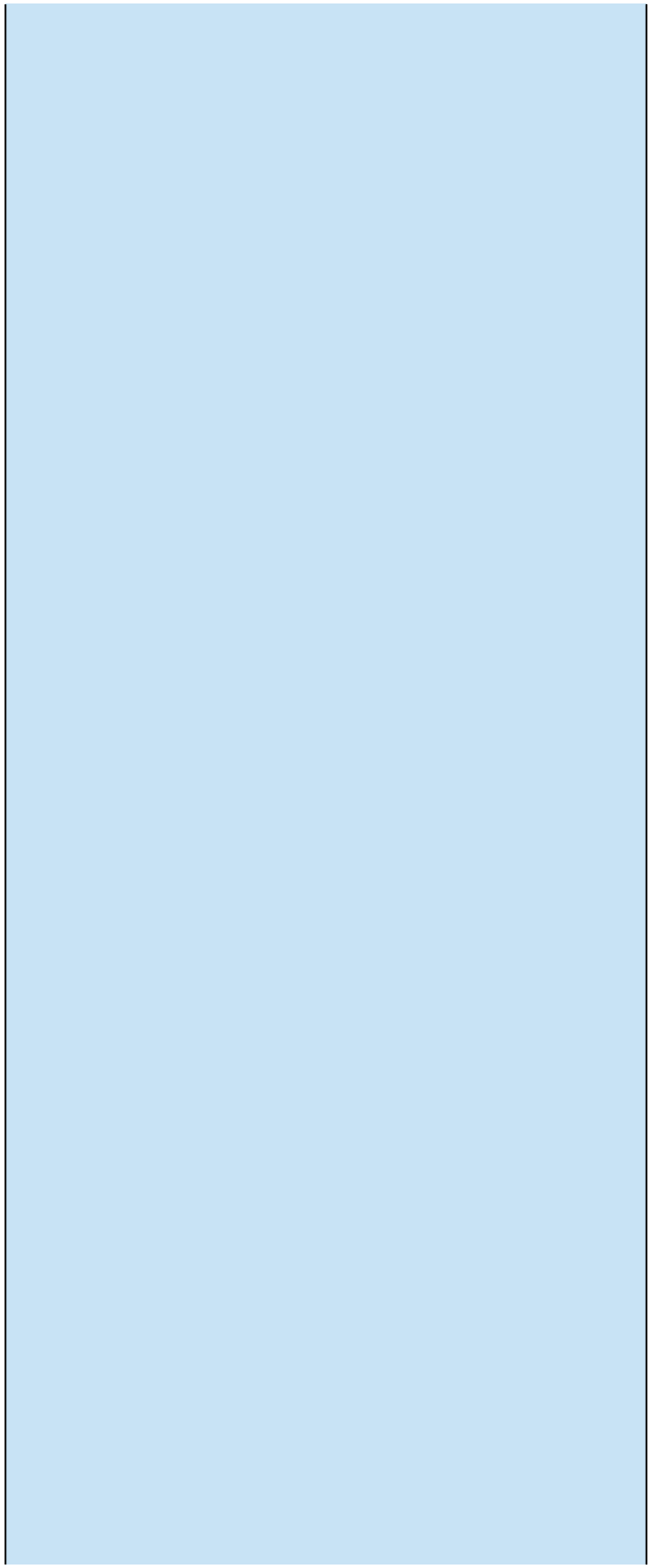
?

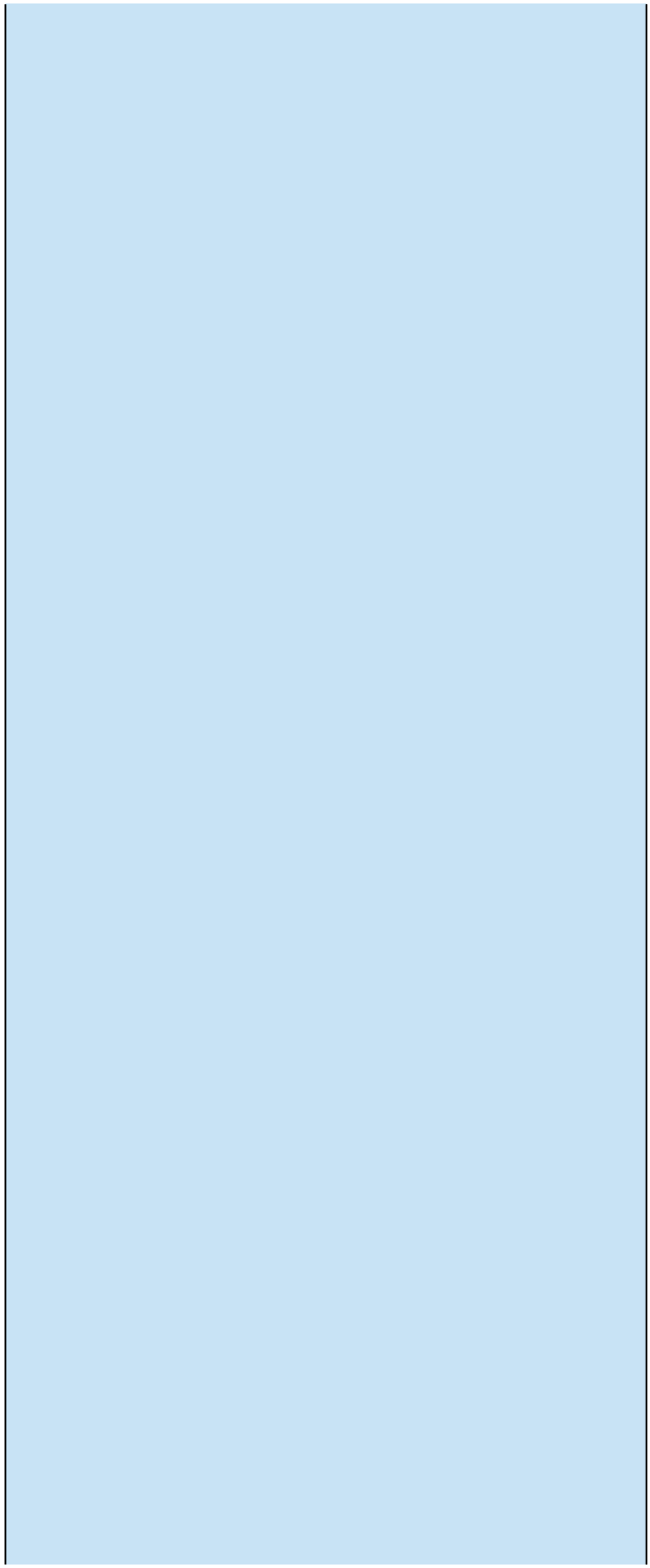
THIRD most effective (DURING)

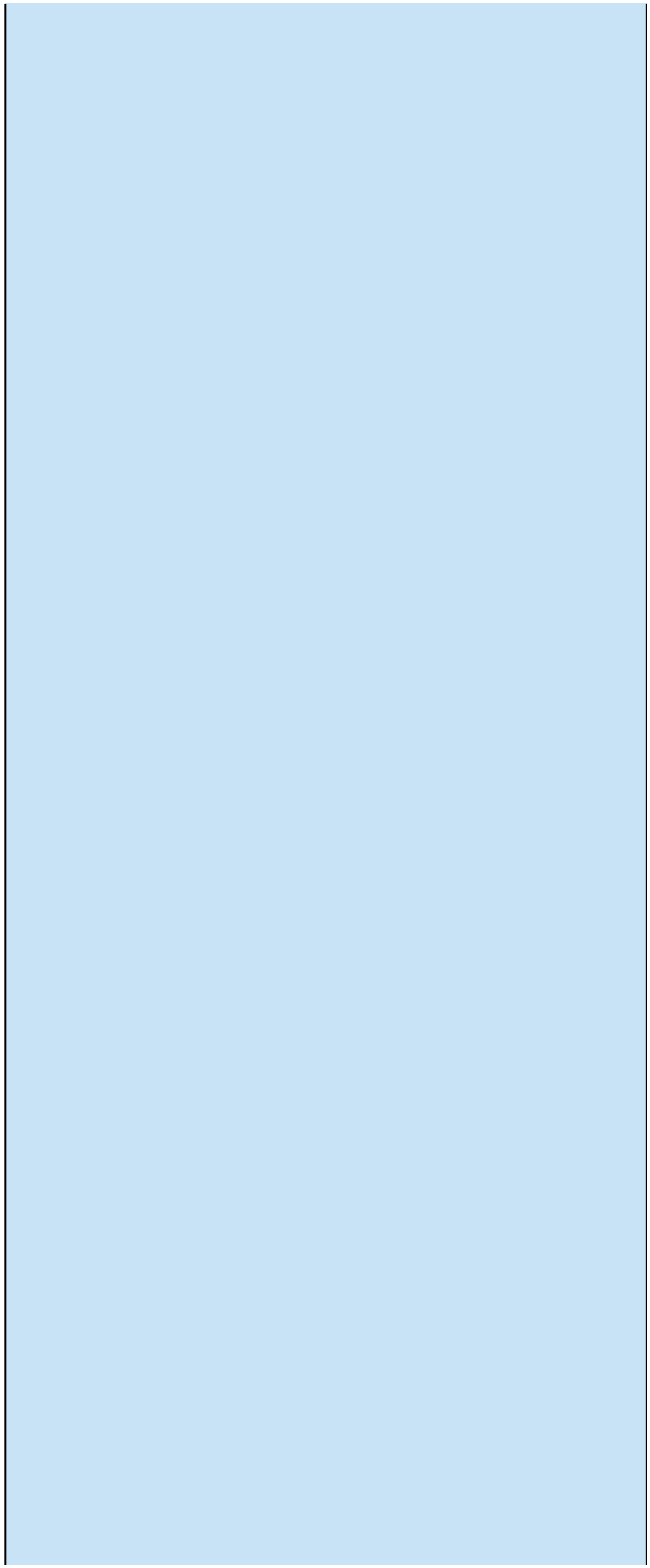
Rank the effectiveness of the services you provide to participants seeking employment DURING the training program.

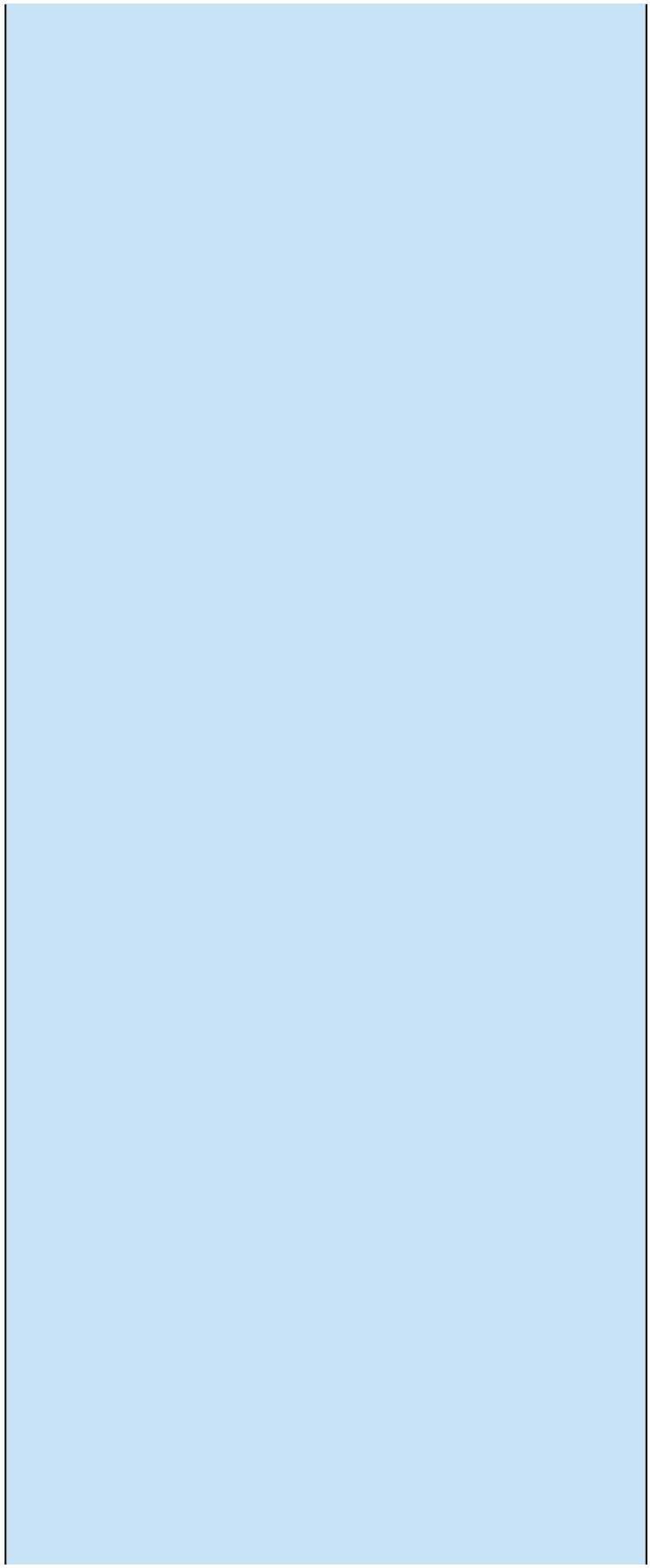
Select the **THIRD most** effective service

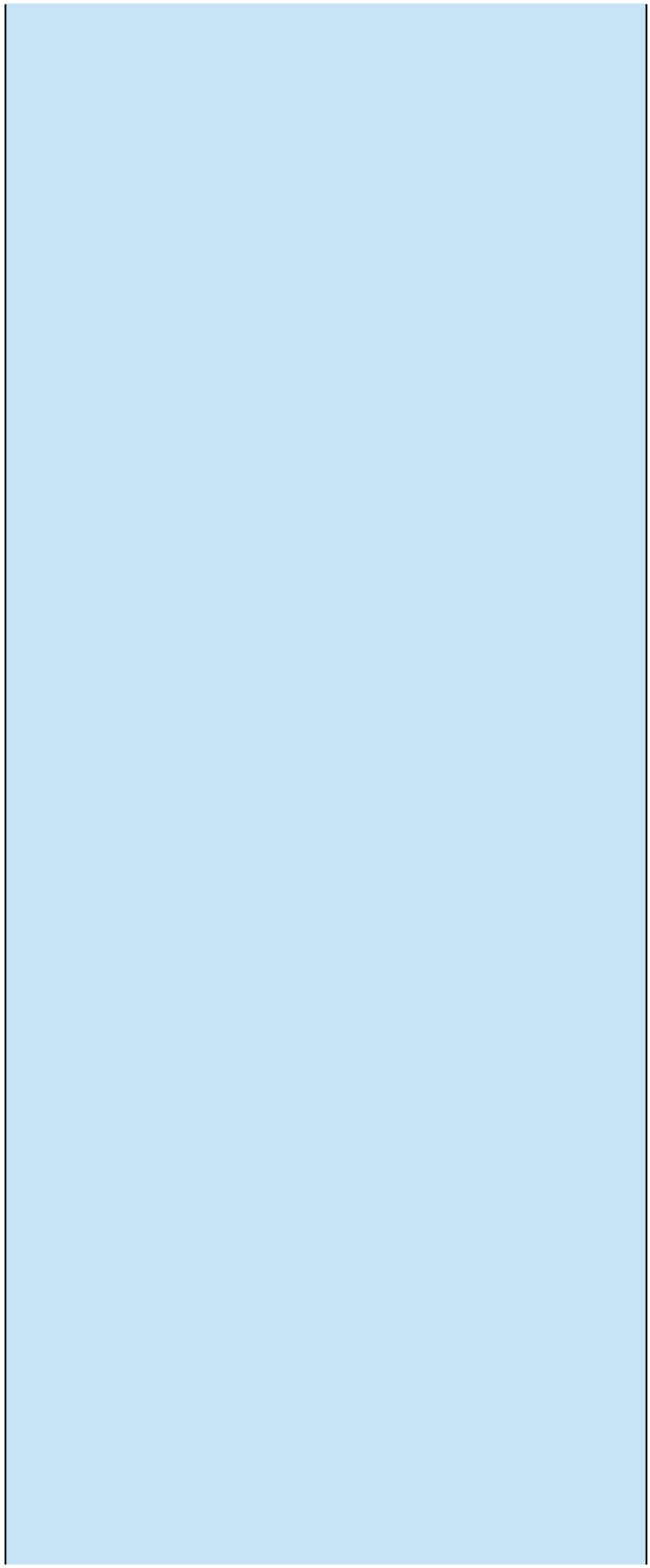


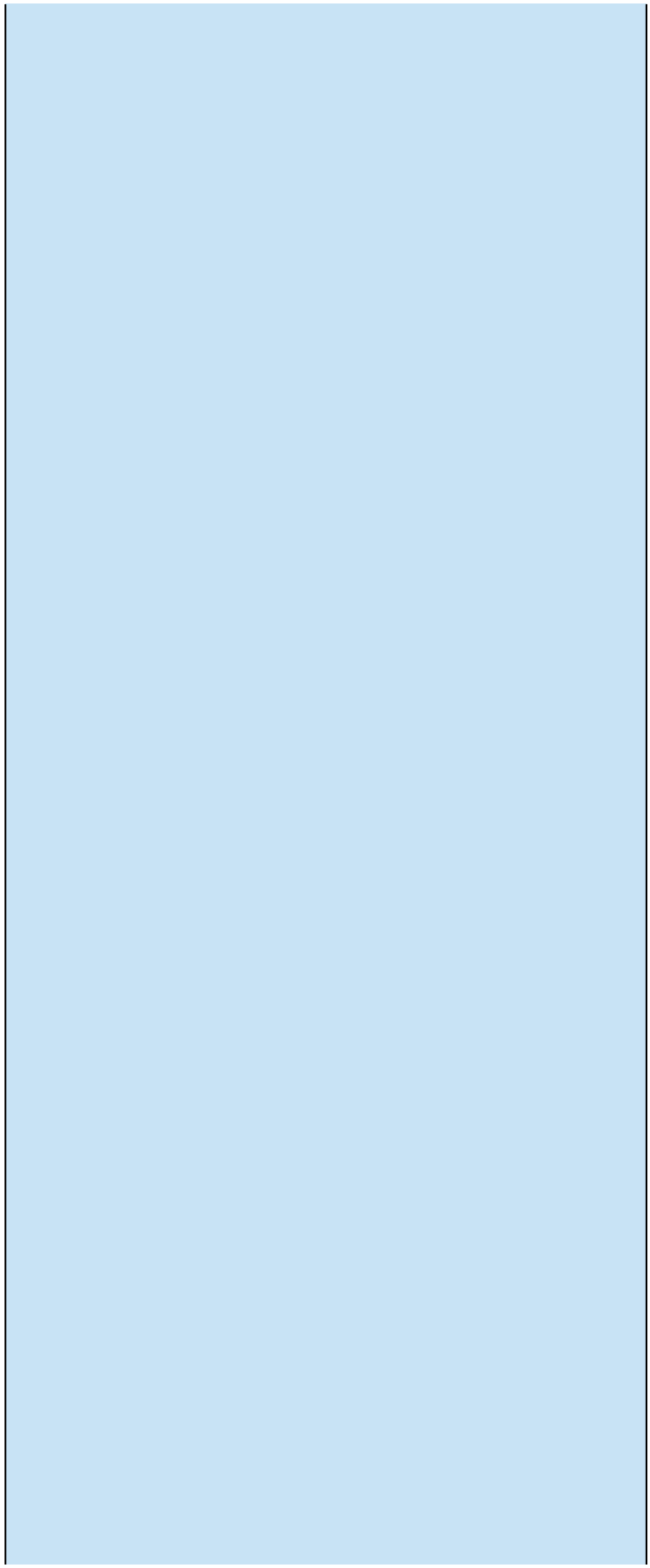


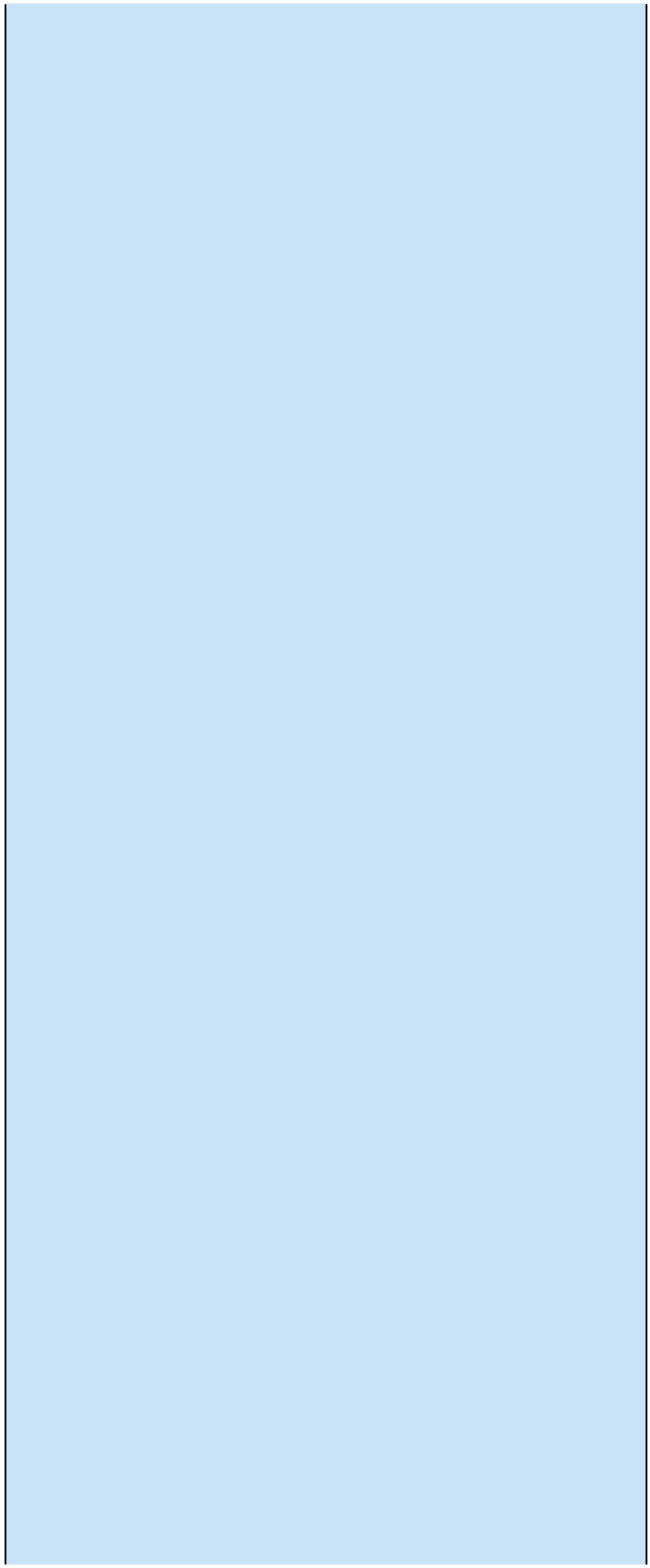


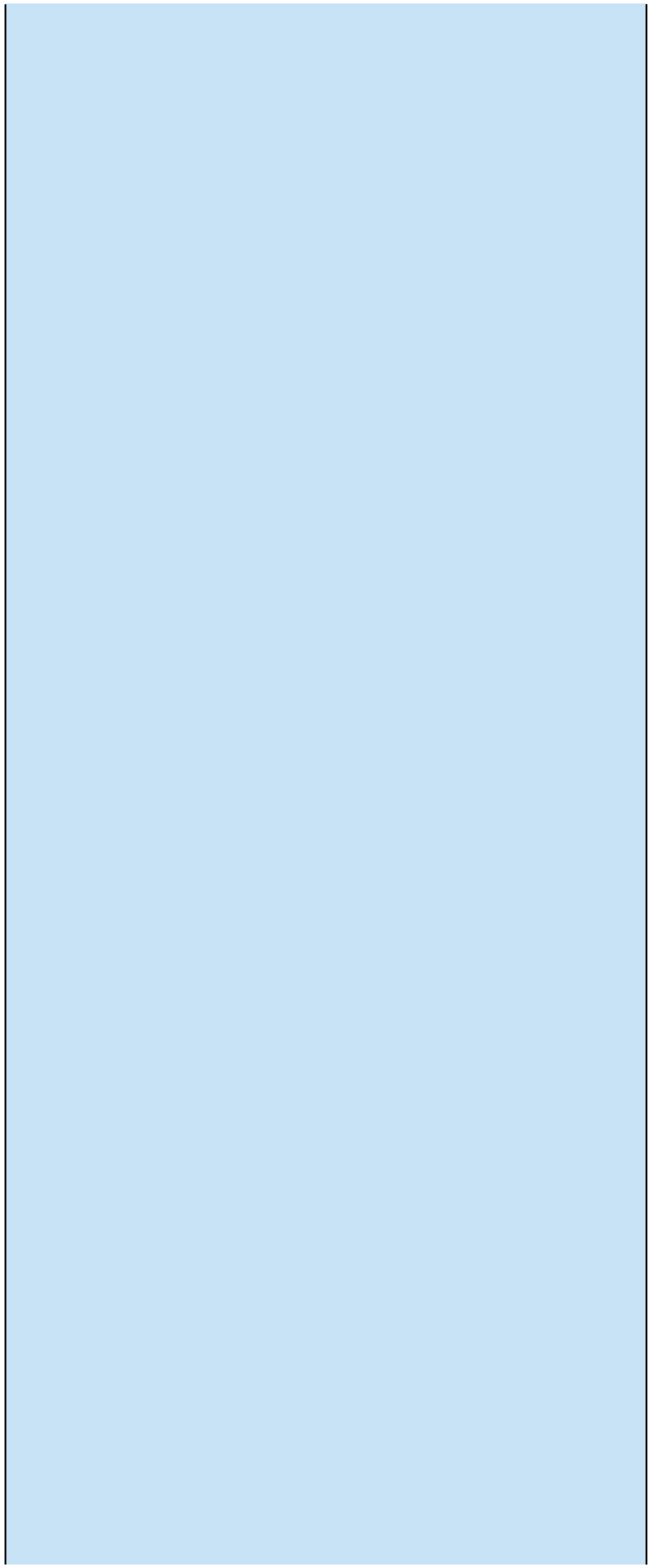


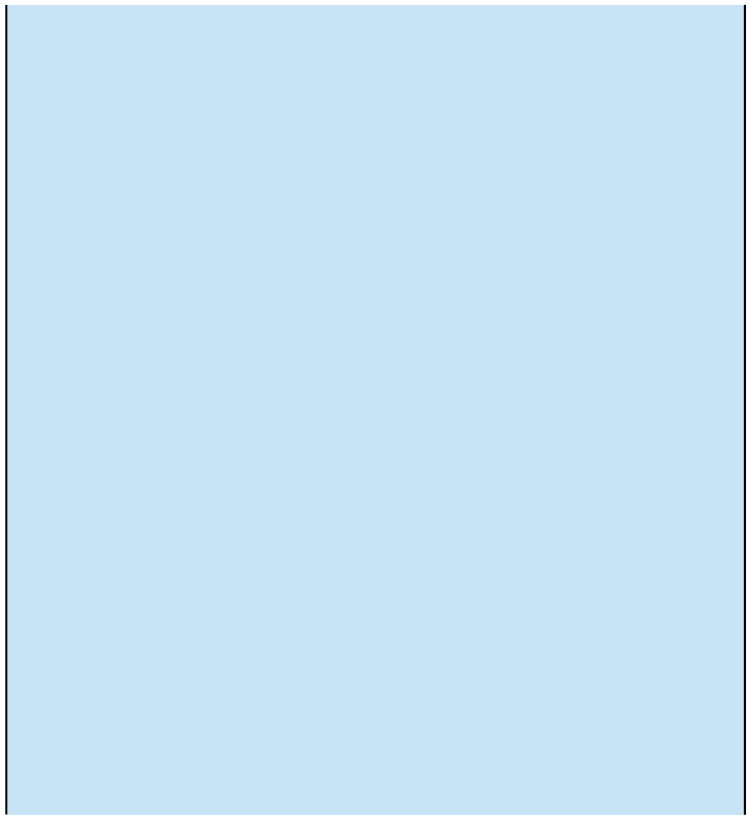












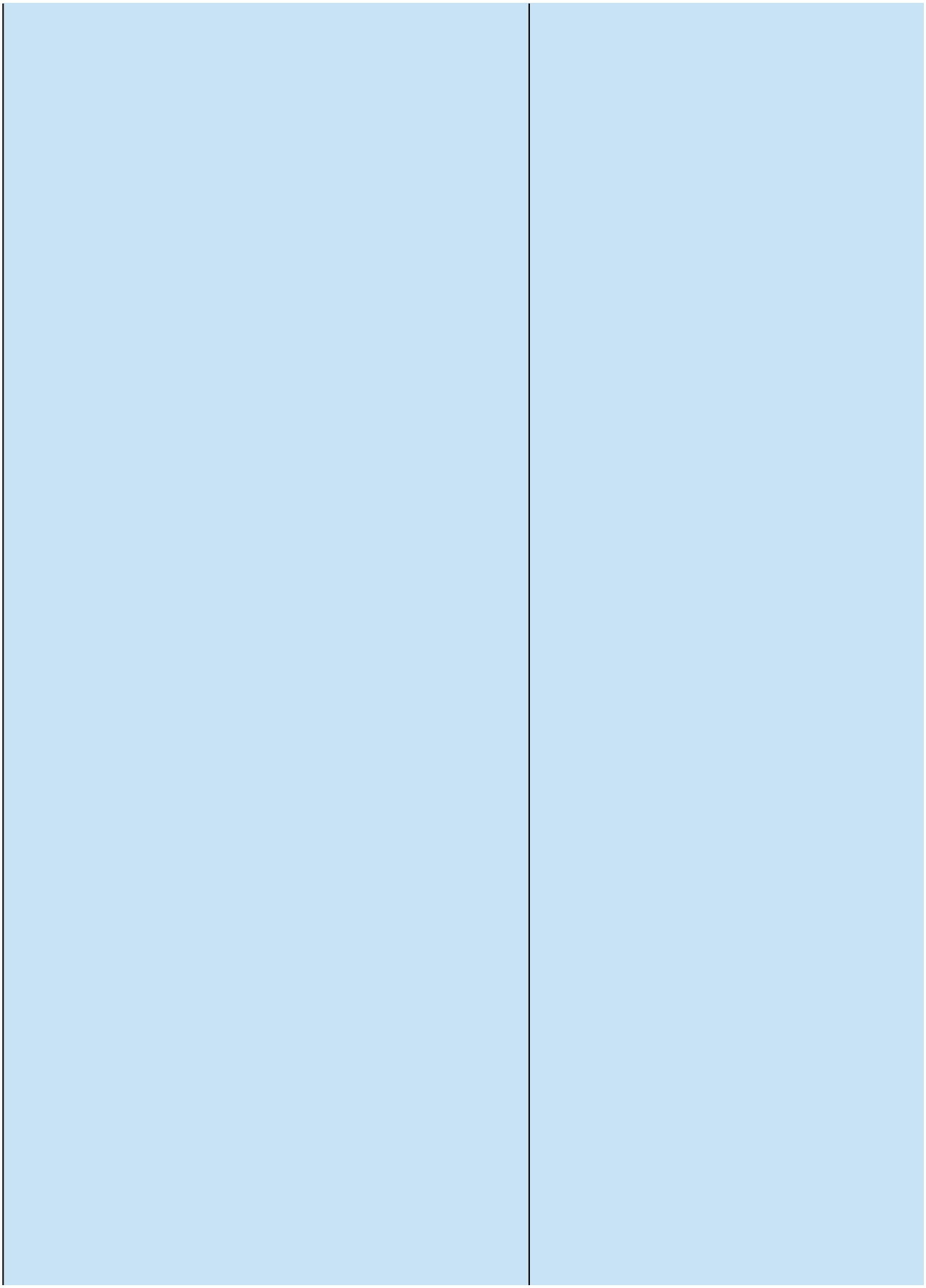
FOURTH most effective (DURING)

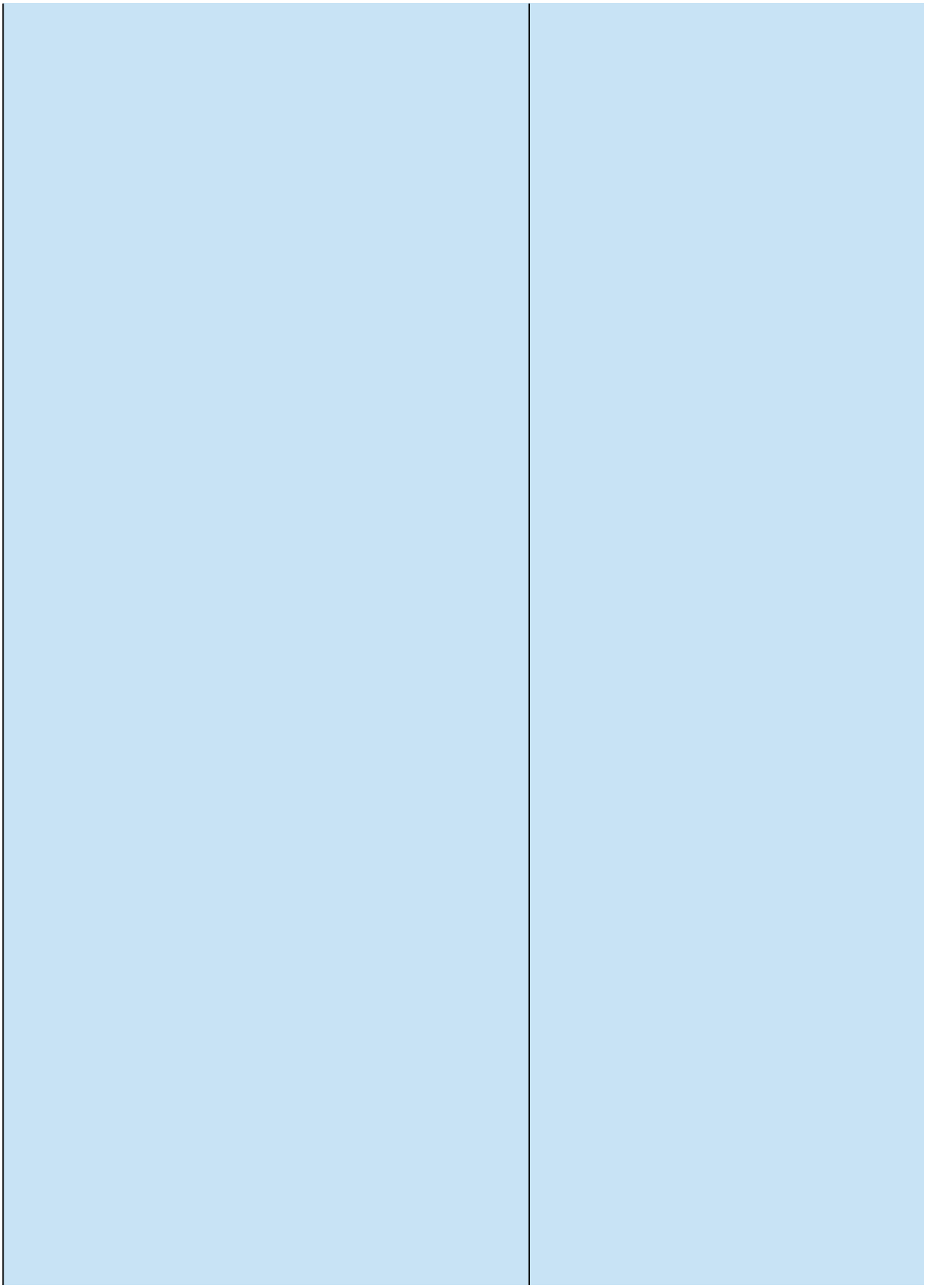
Rank the effectiveness of the services you provide to participants seeking employment DURING the training program.

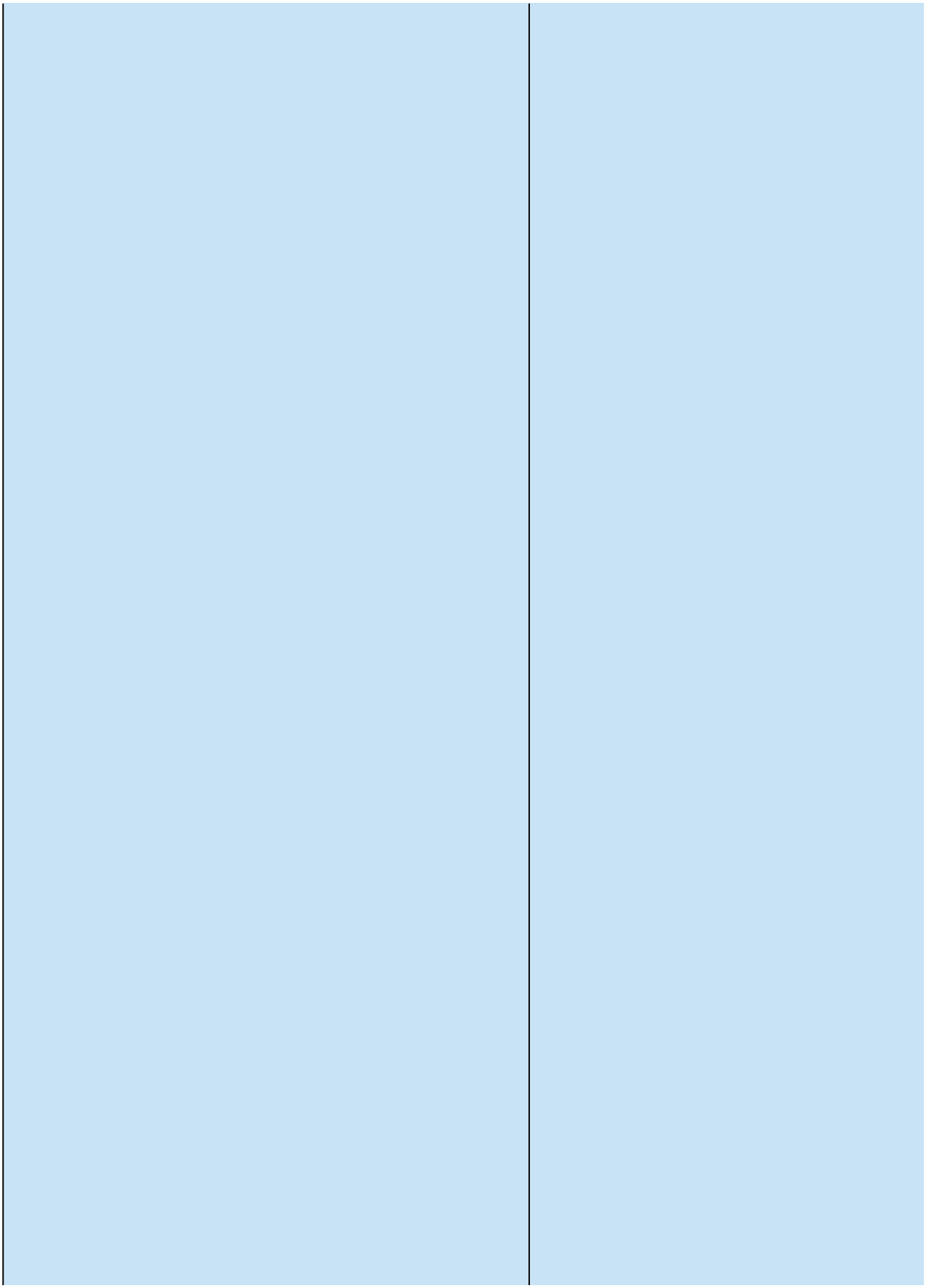
Select the **FOURTH most** effective service

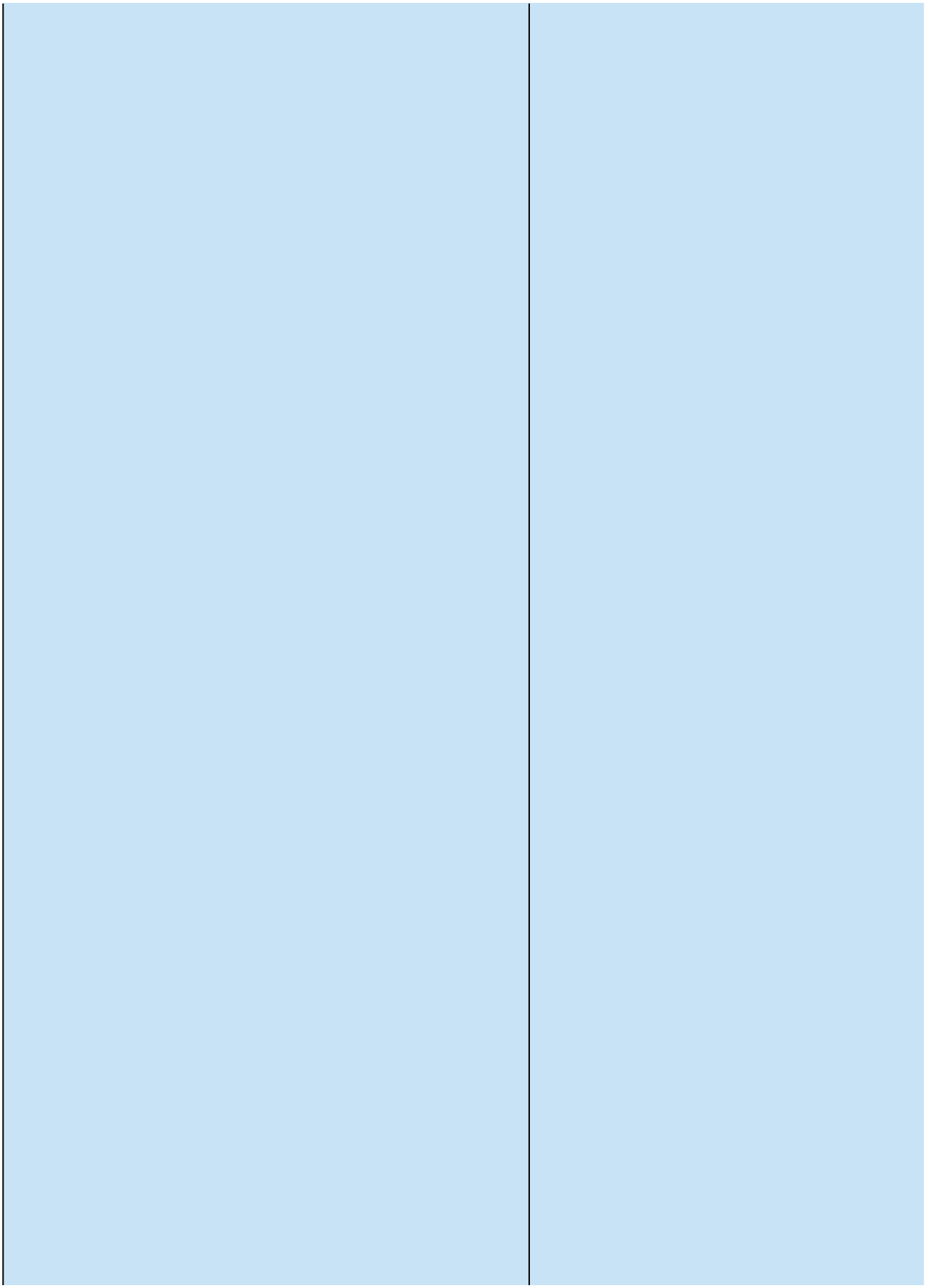
FIFTH most effective (DURING)	Other (DURING)
Rank the effectiveness of the services you provide to participants seeking employment DURING the training program. Select the **FIFTH most** effective service	selected other, please specify

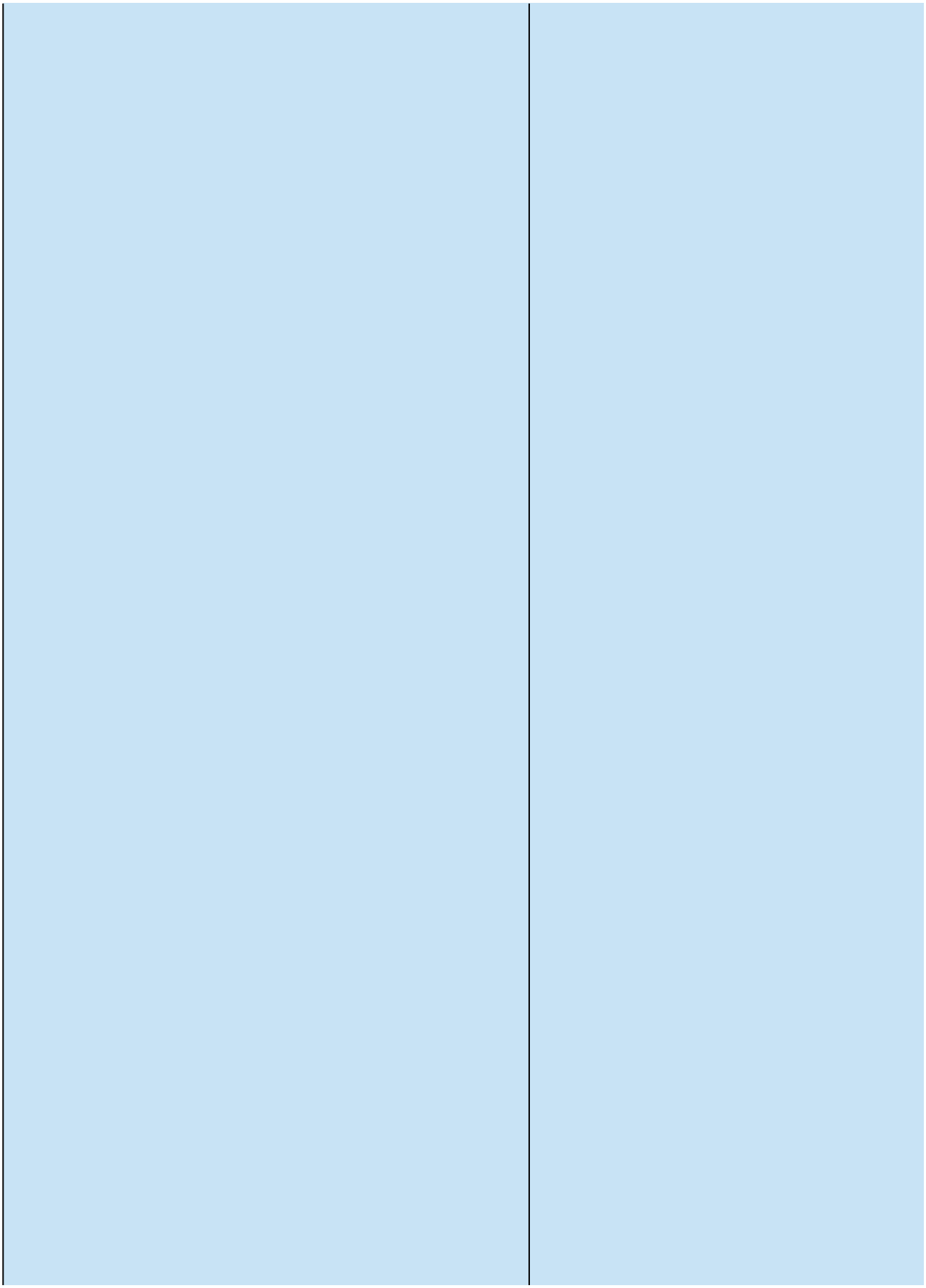
ployment. Select the [illegible]

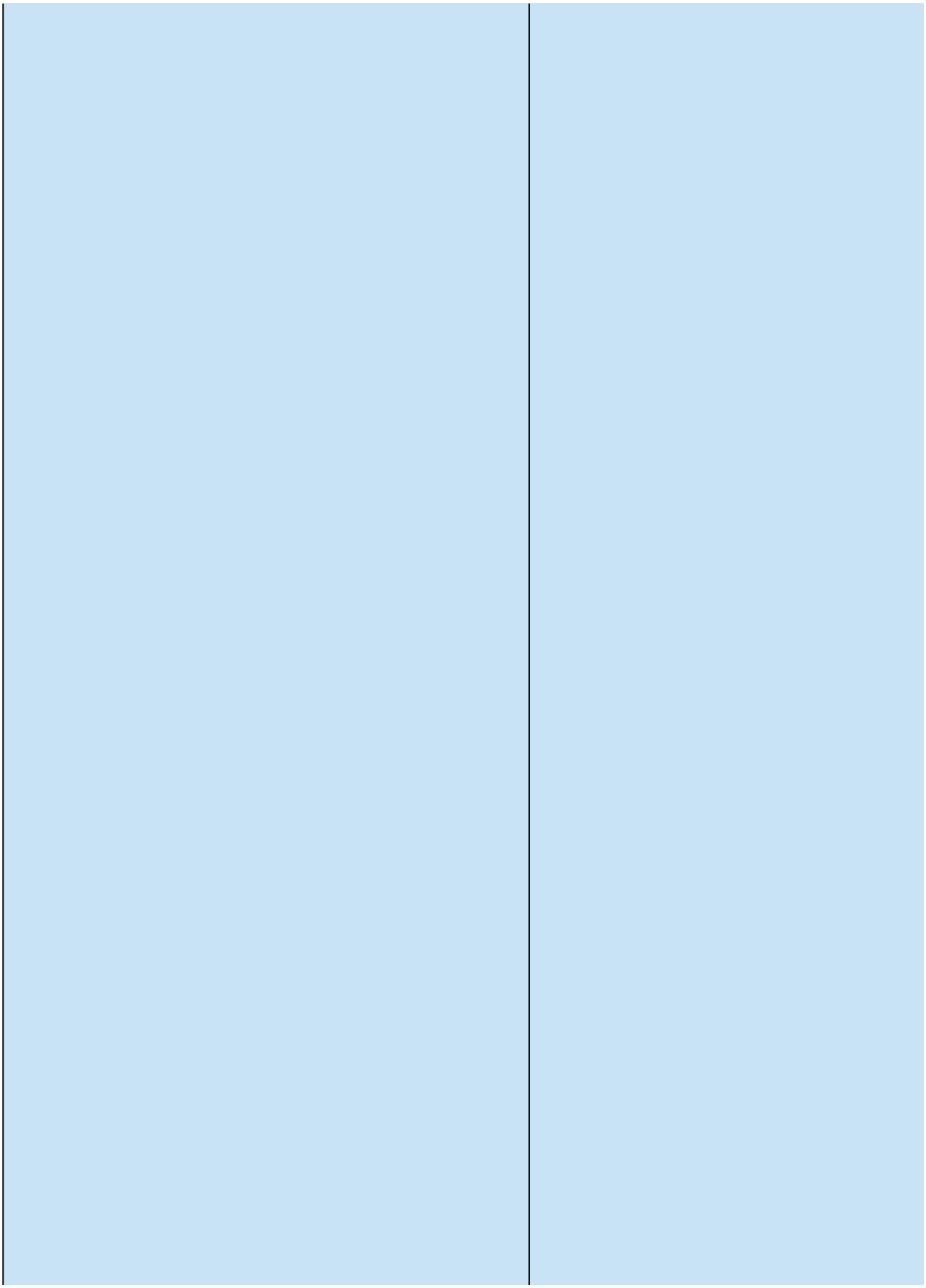


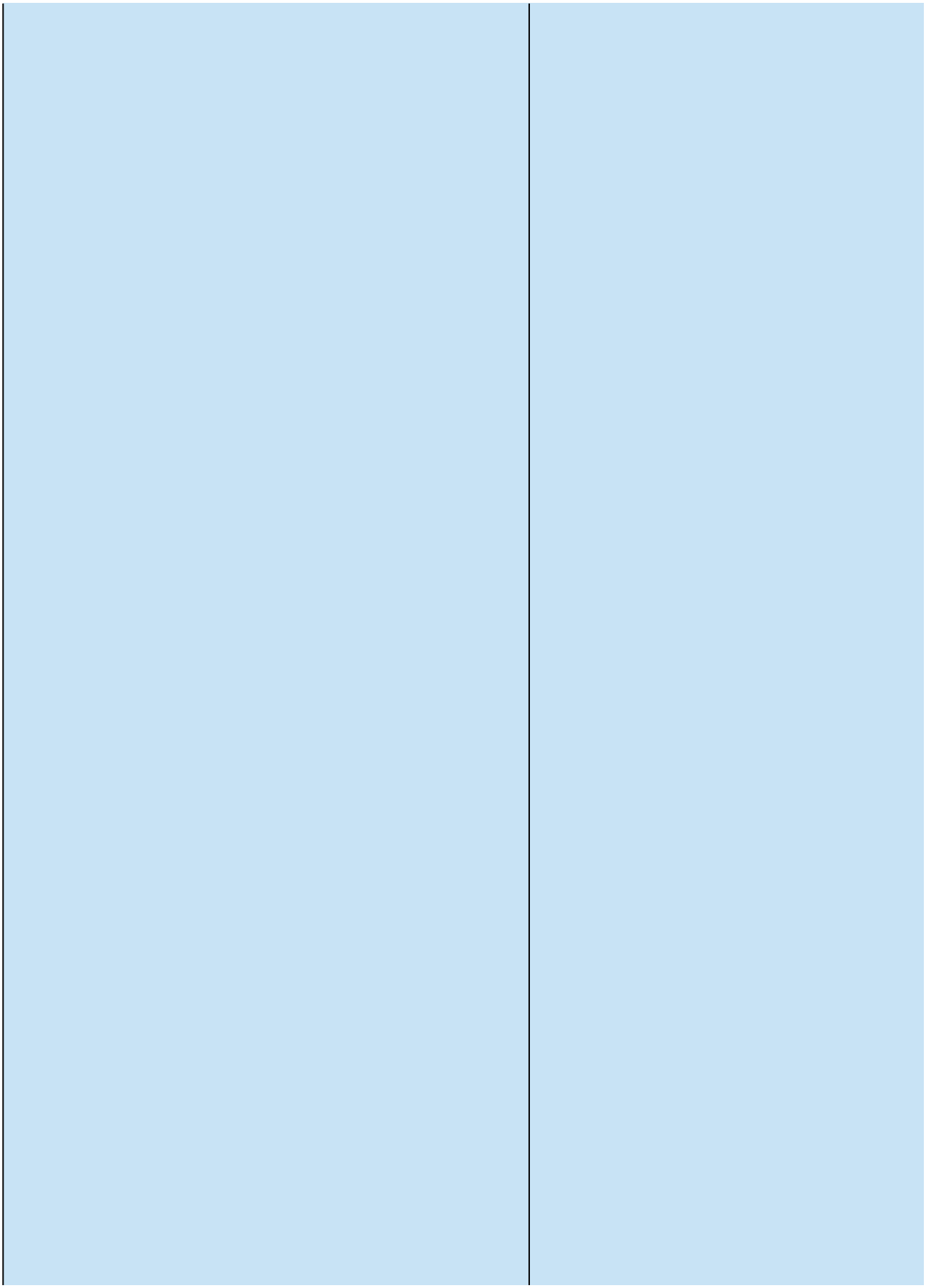


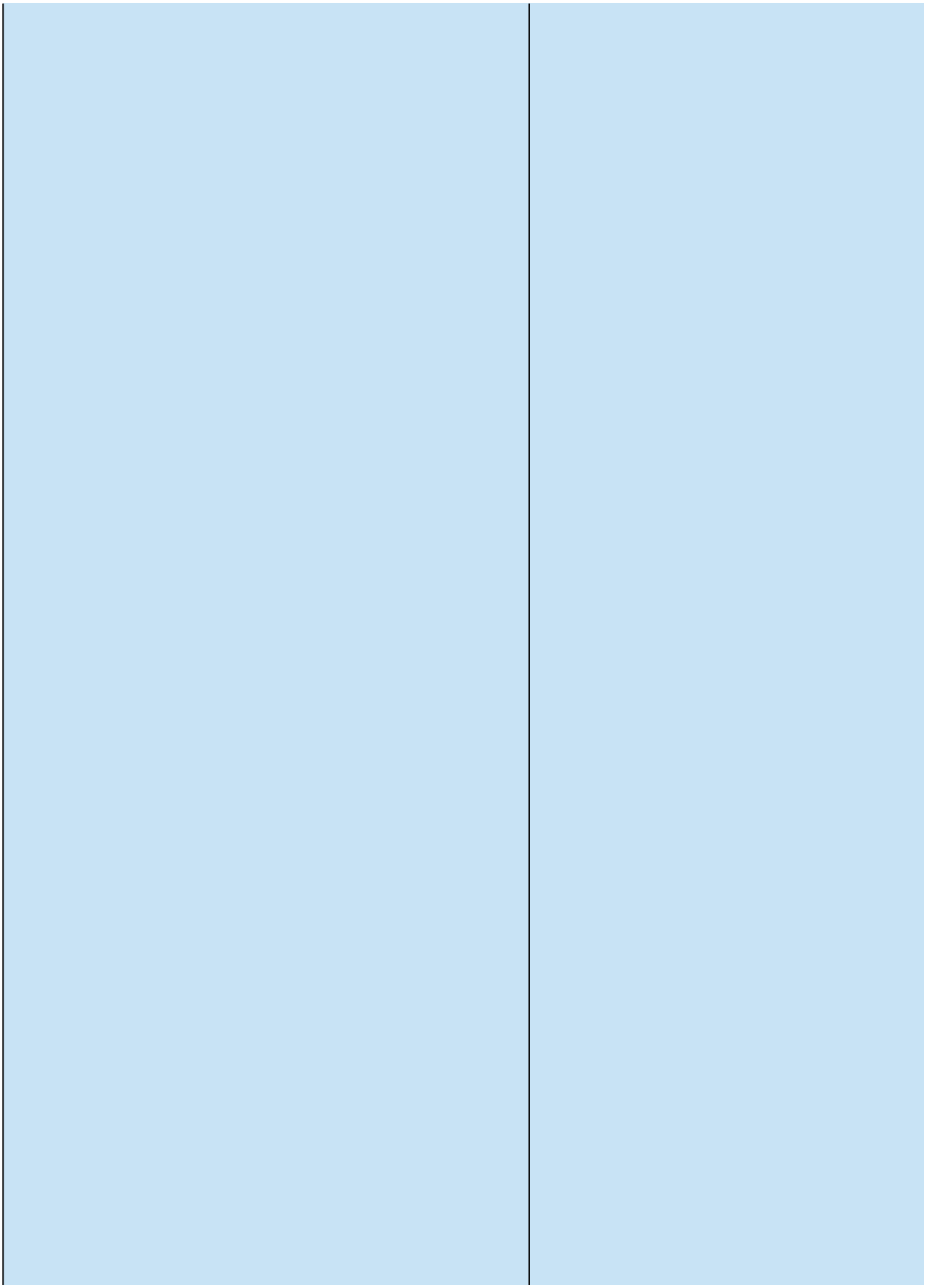


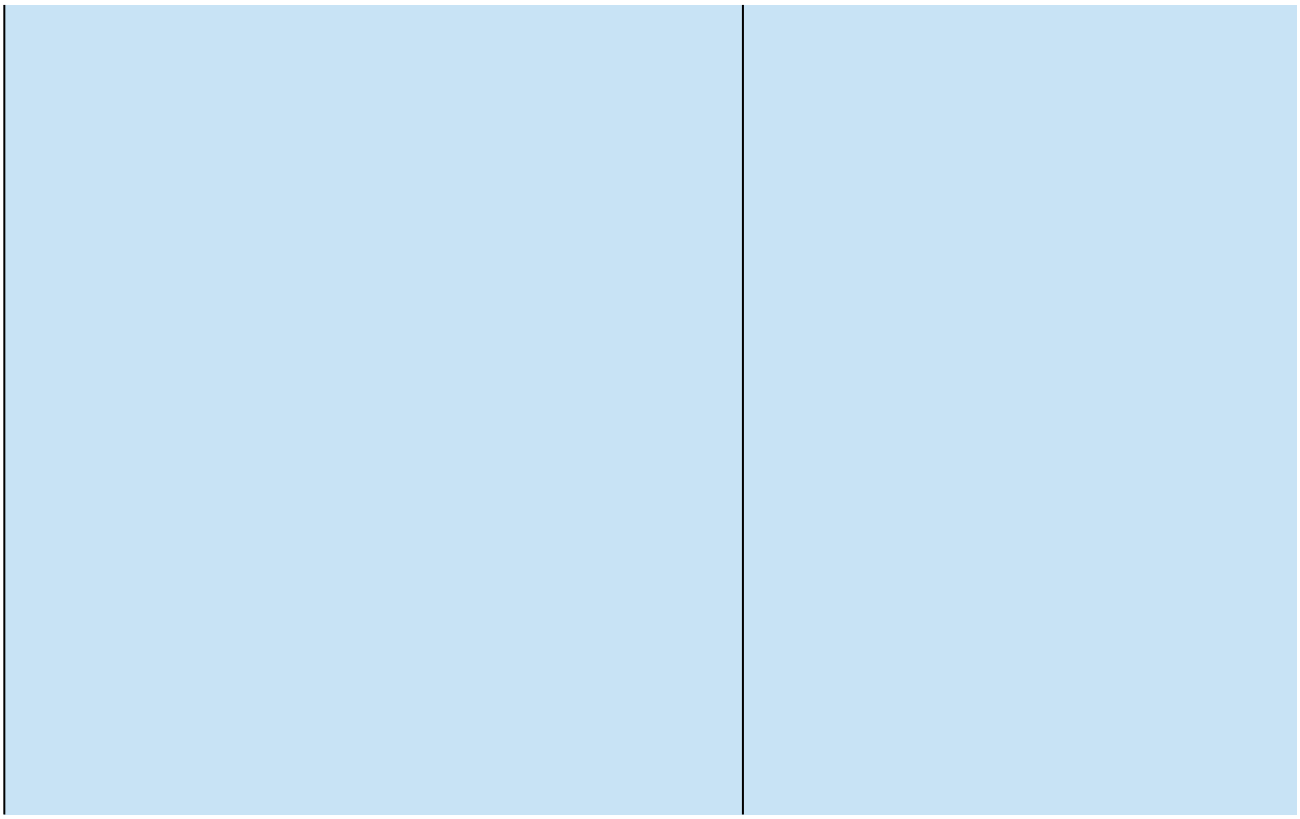










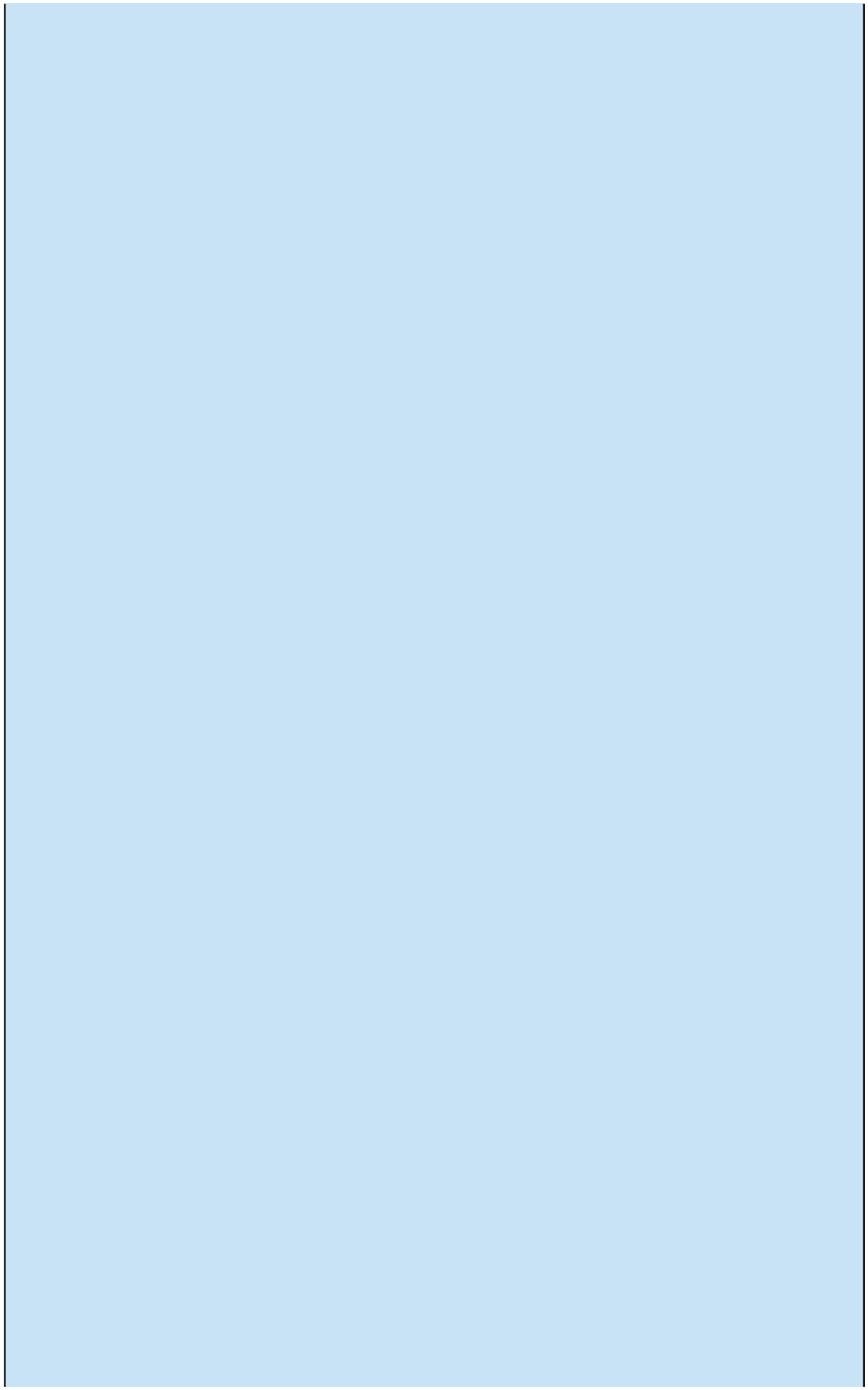


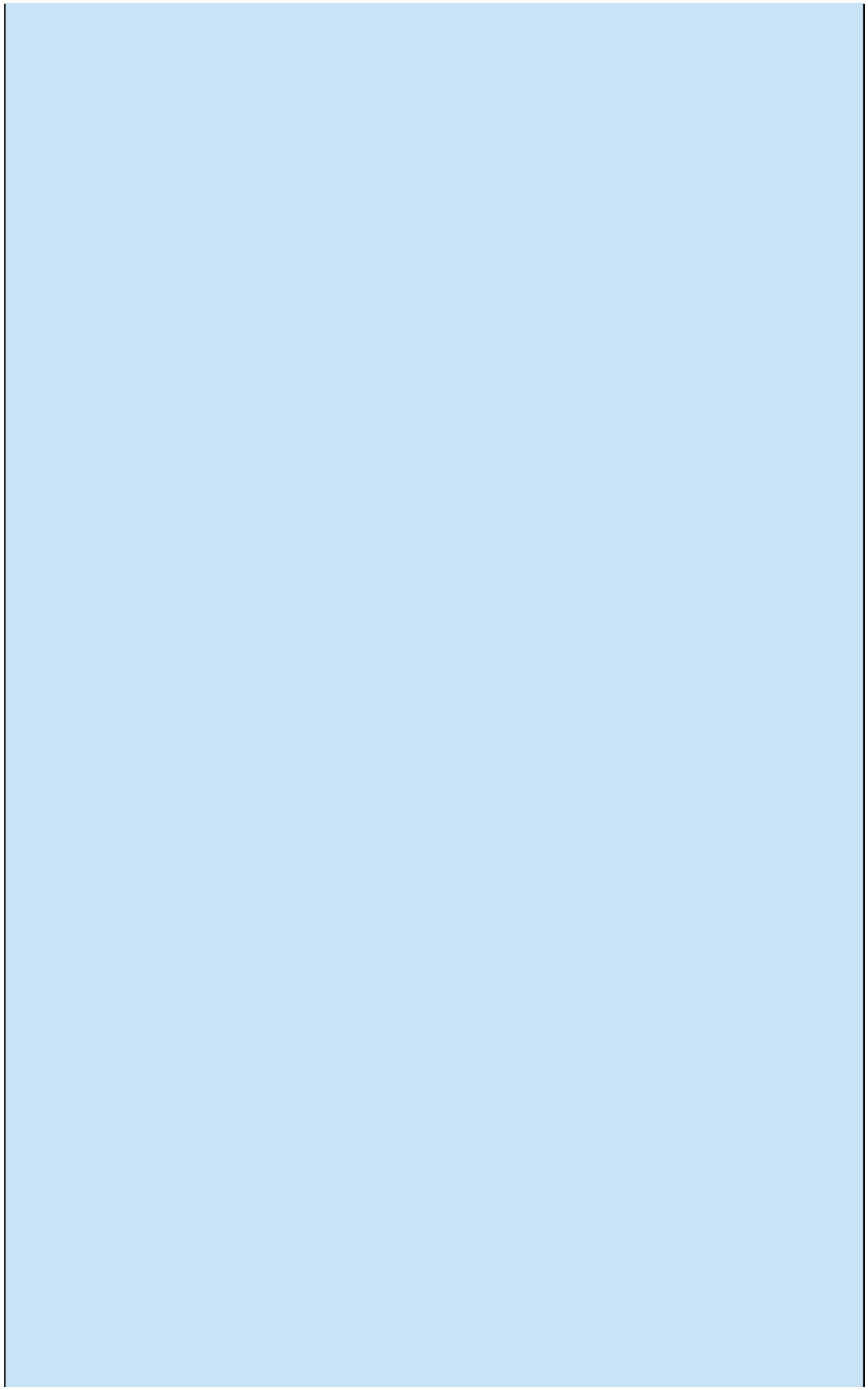
What career and job preparation does

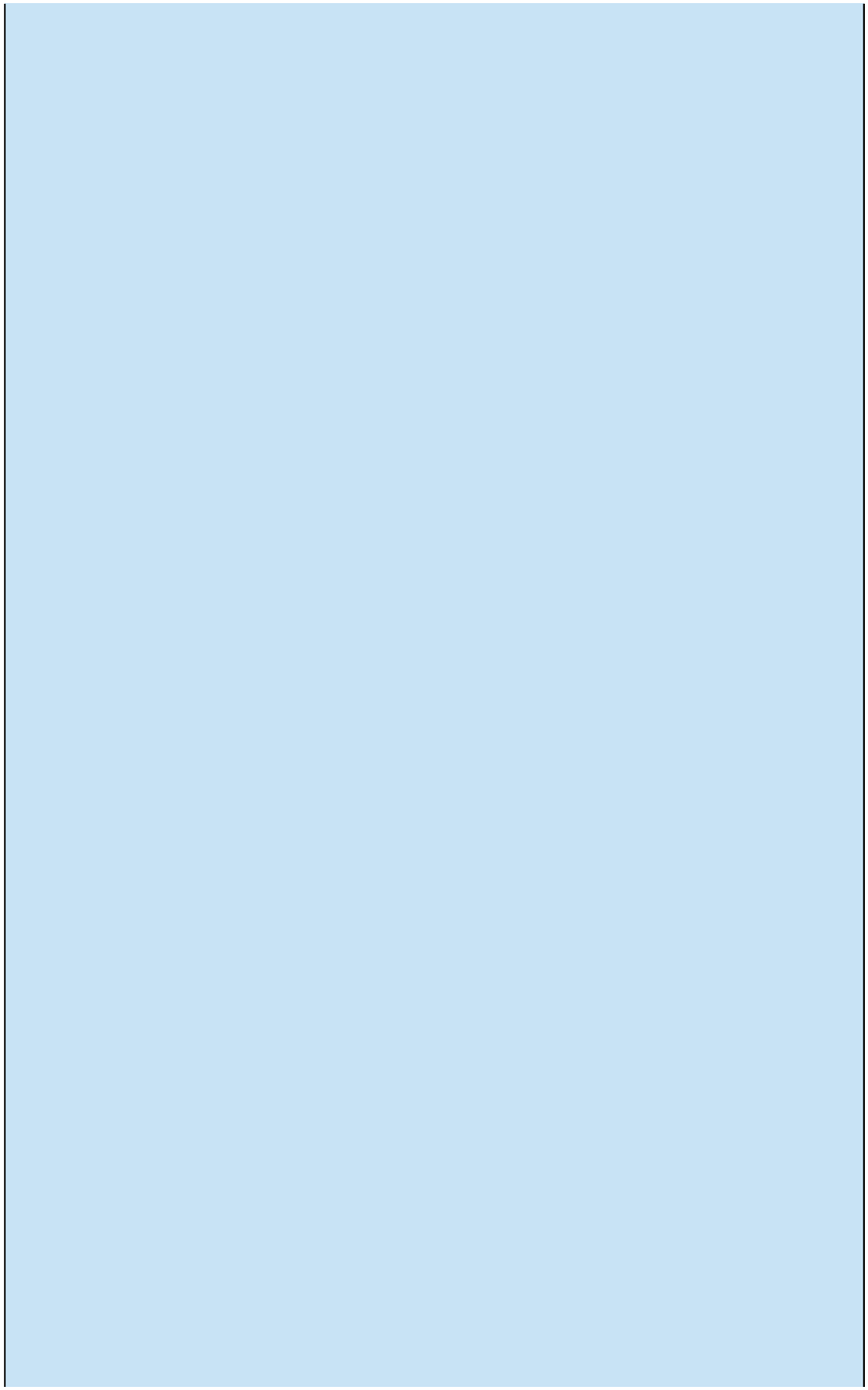
Select the services you provide to participants seeking employment AFTER completion of the program.

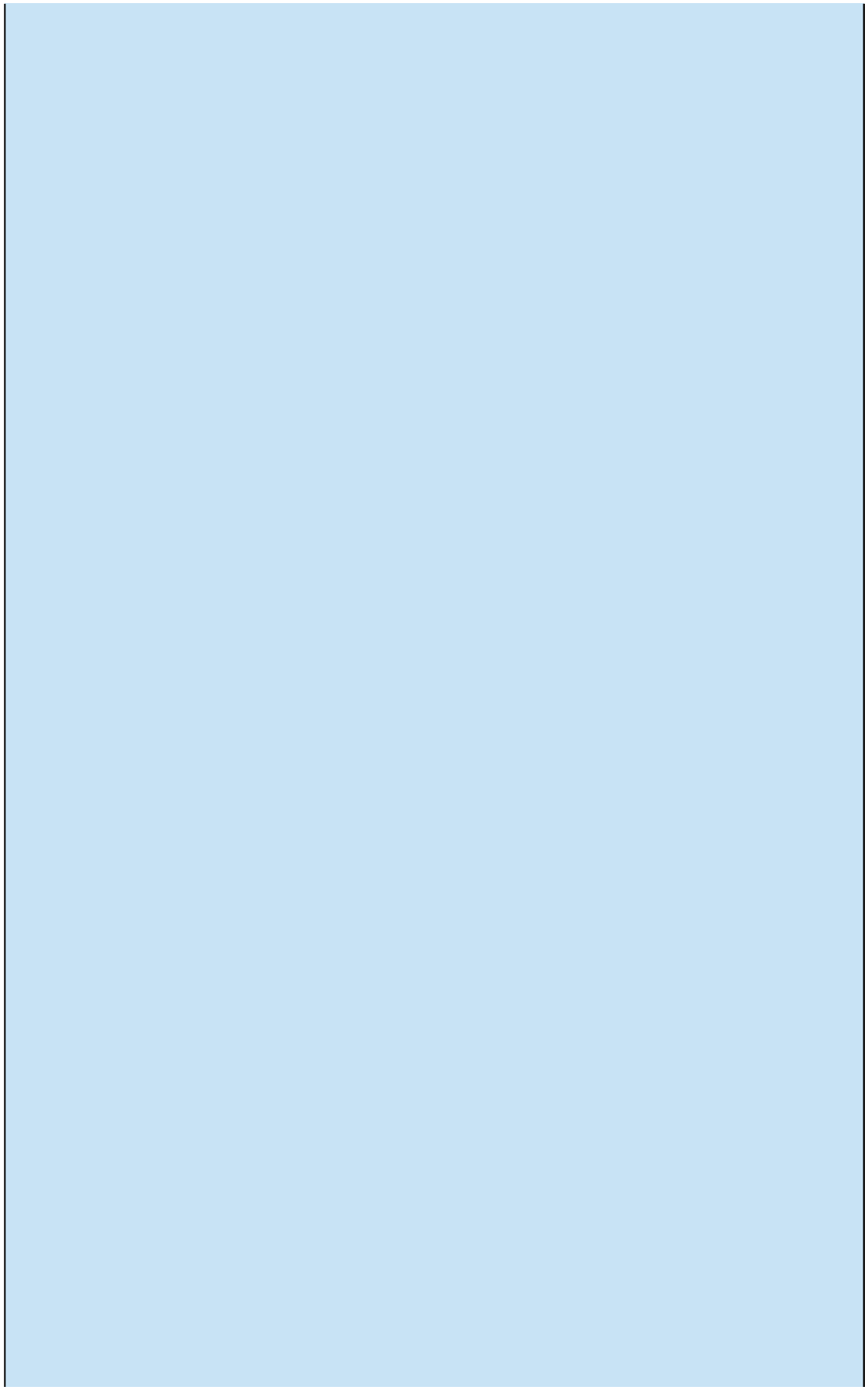
Select all that apply

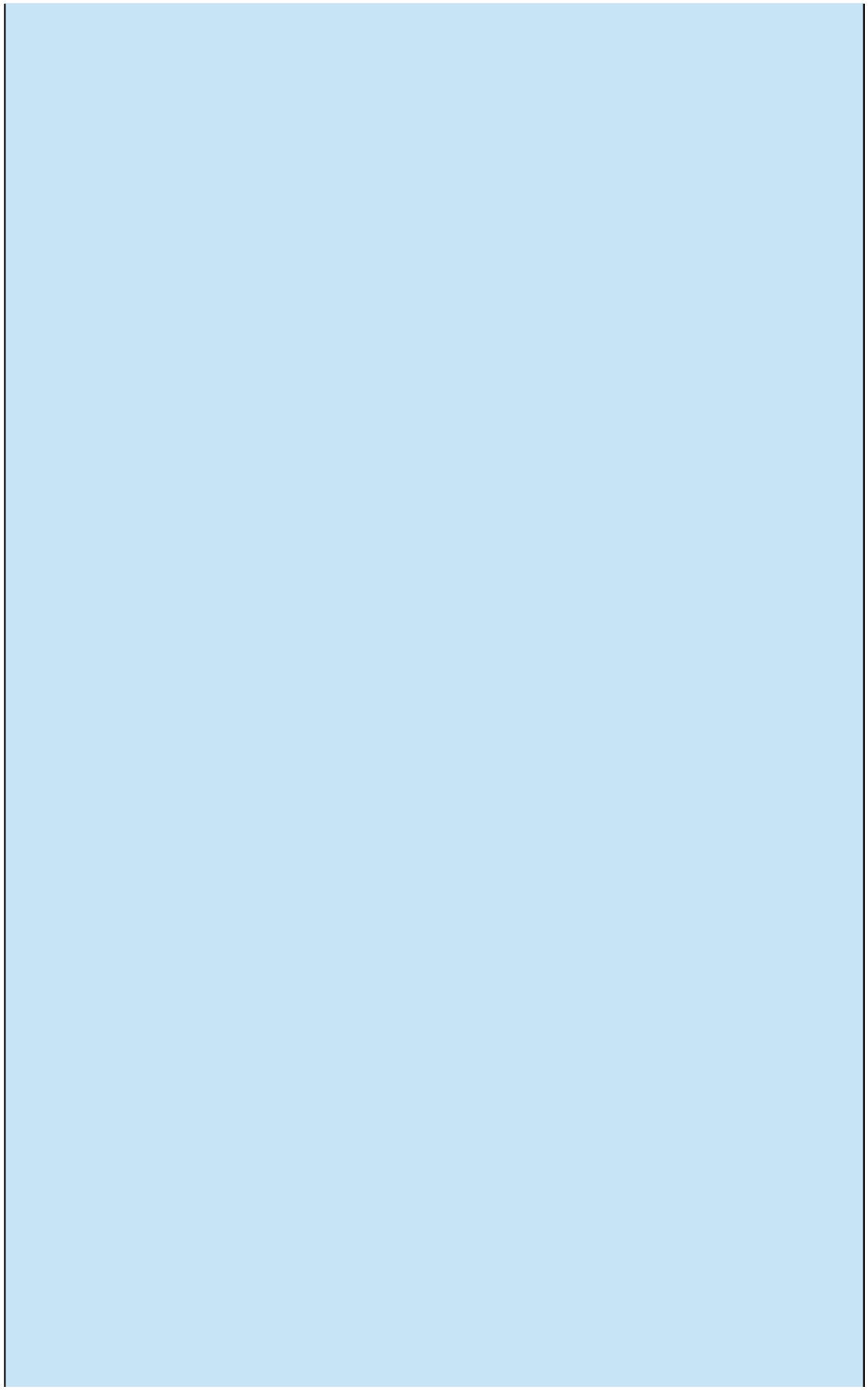
- Mock Interviews
- Mentors
- Coaching
- Job Referrals
- Networking Opportunities
- Direct employment onramps/pathways to hire
- Resume and Portfolio Support
- Job Shadow Opportunities
- Other

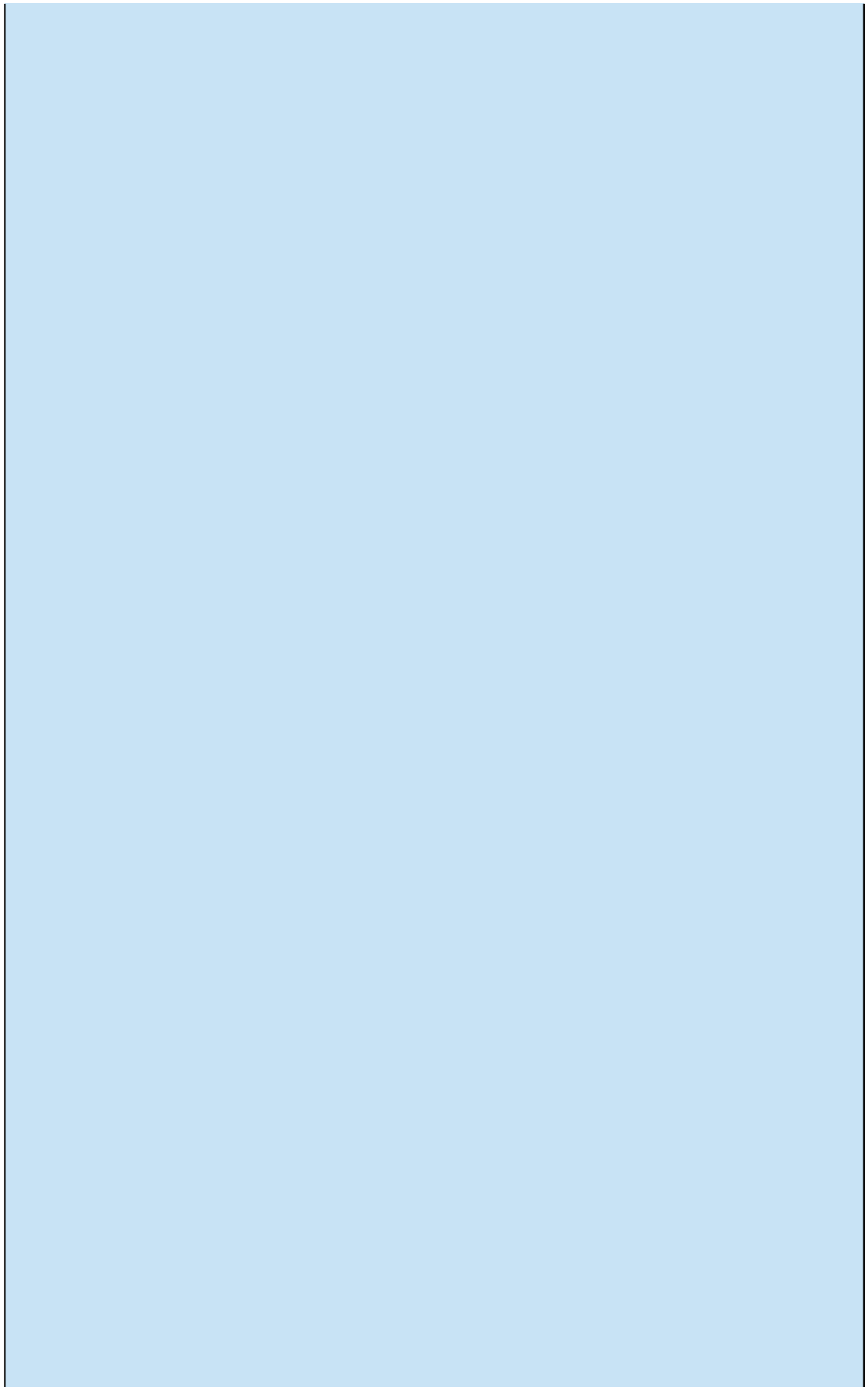


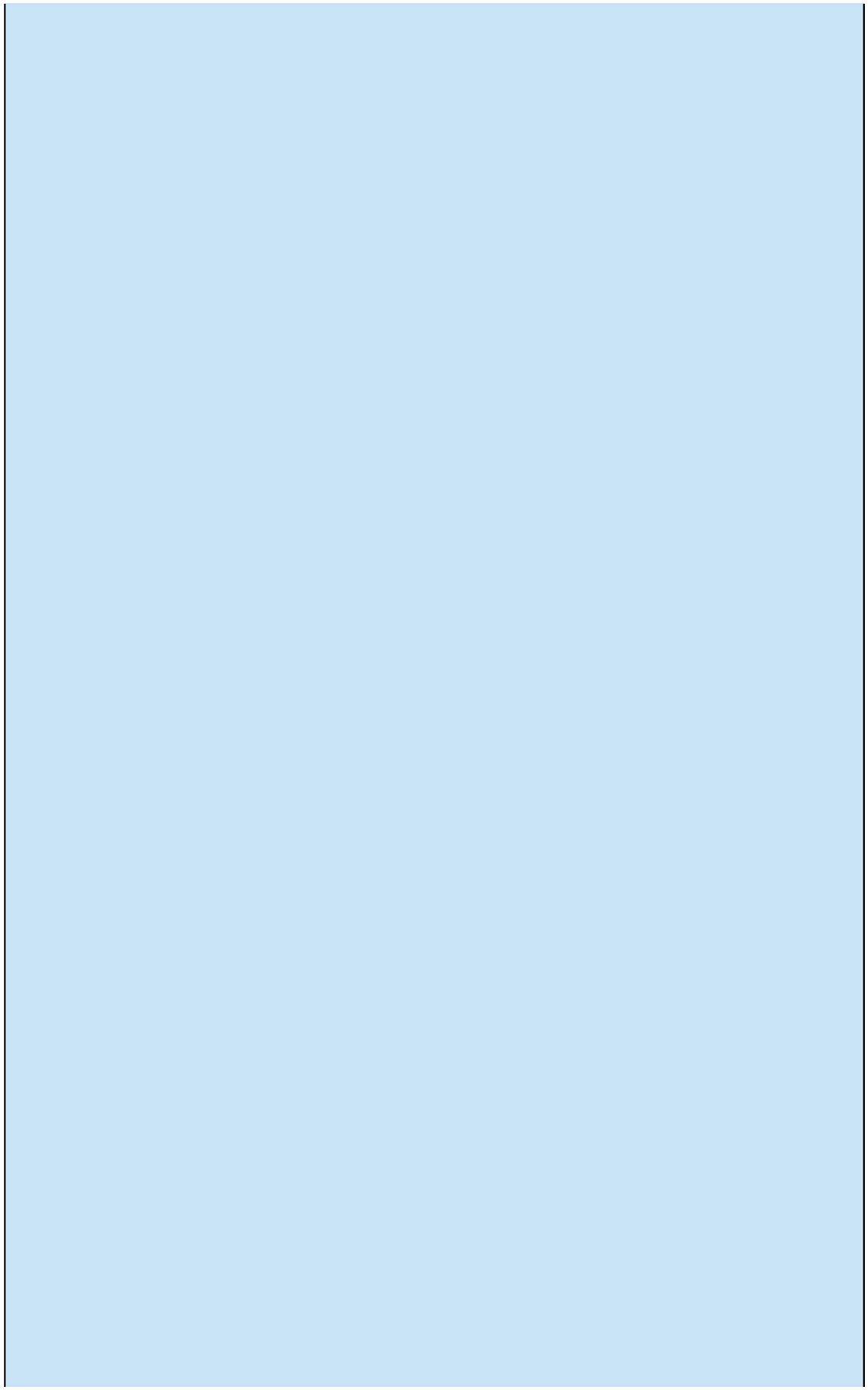


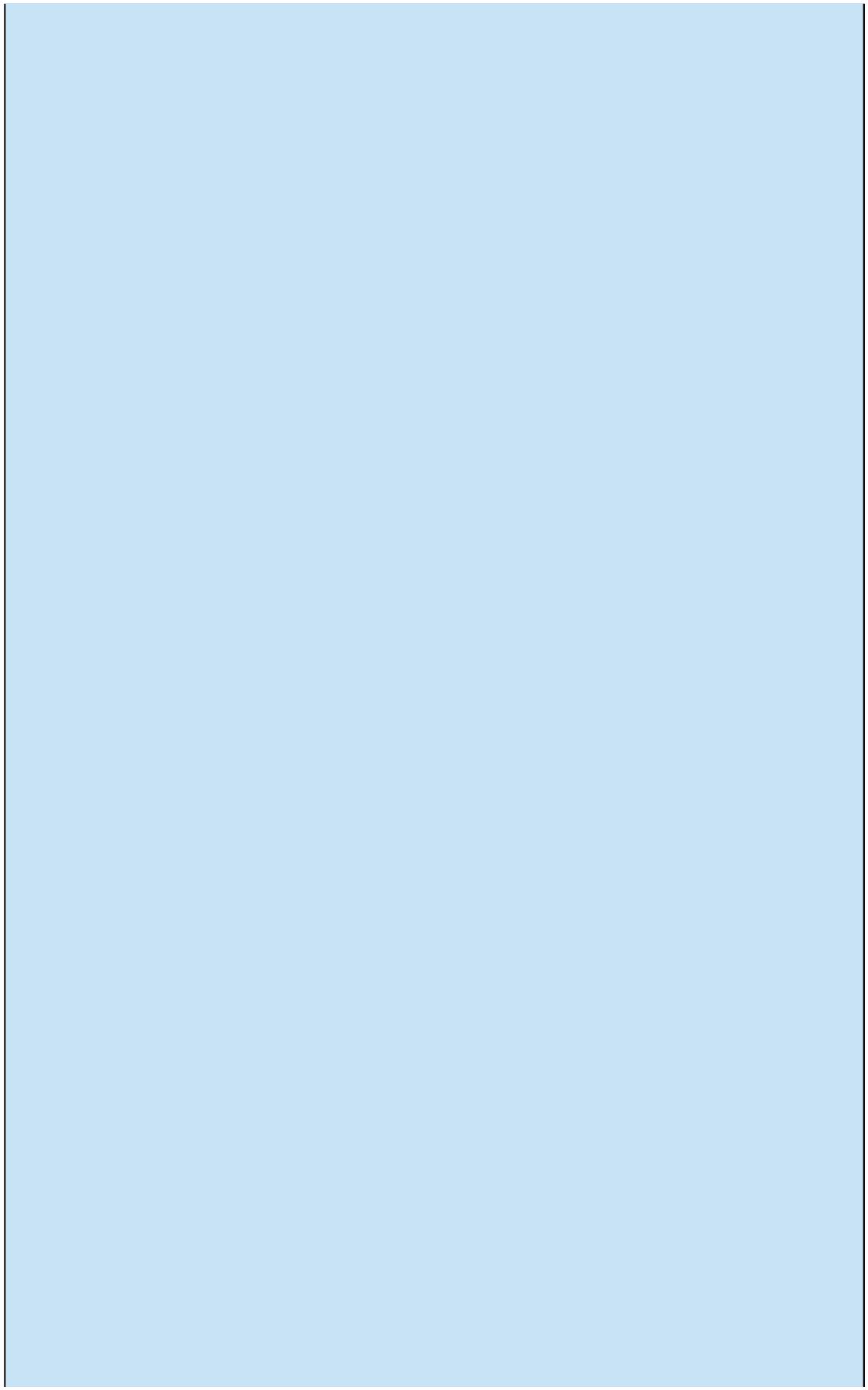


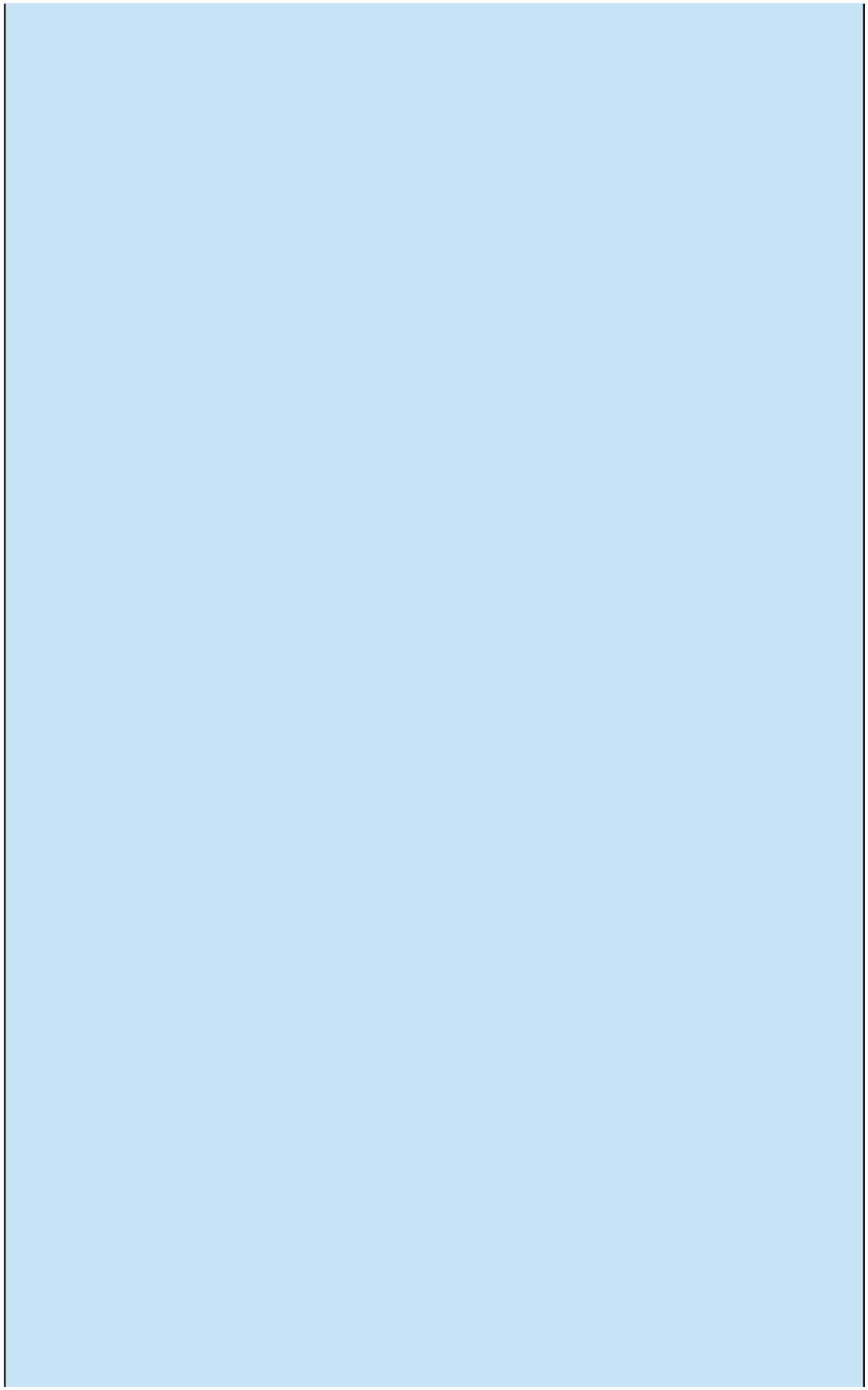


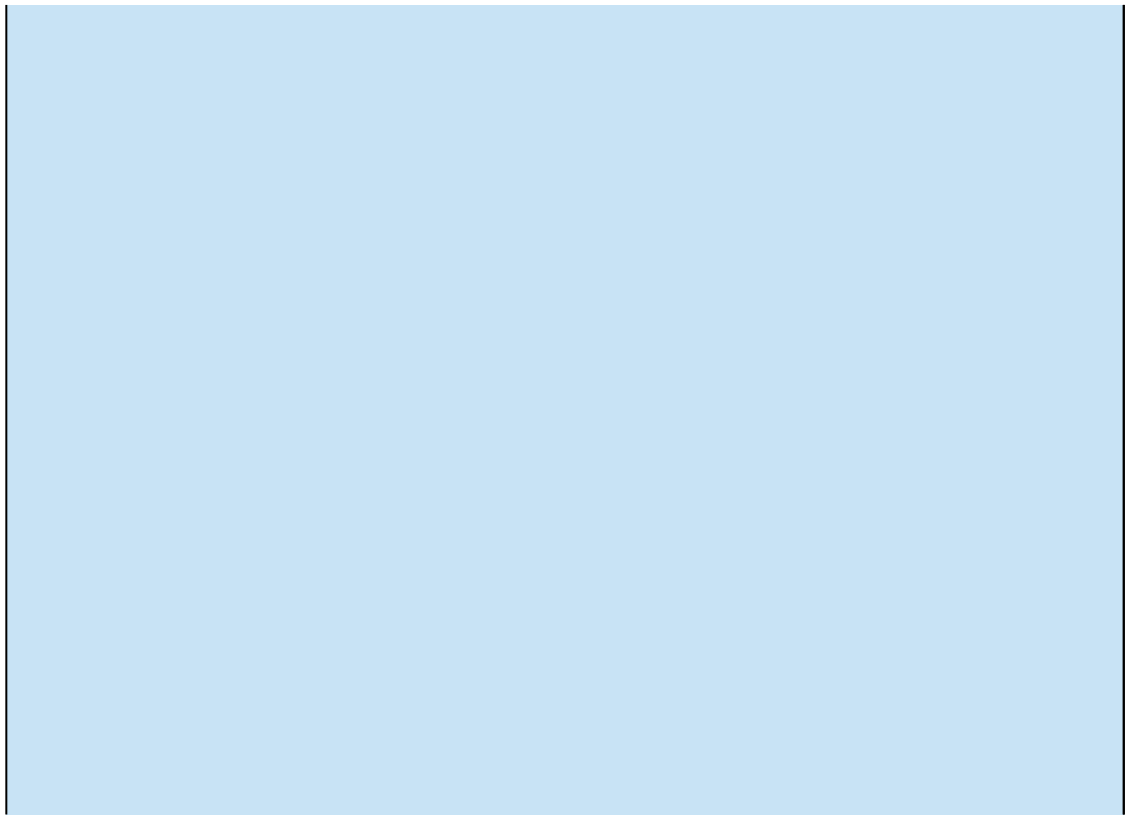












your program provide AFT

MOST effective (AFTER)

Rank the effectiveness of the services you provide to participants seeking employment AFTER the training program.

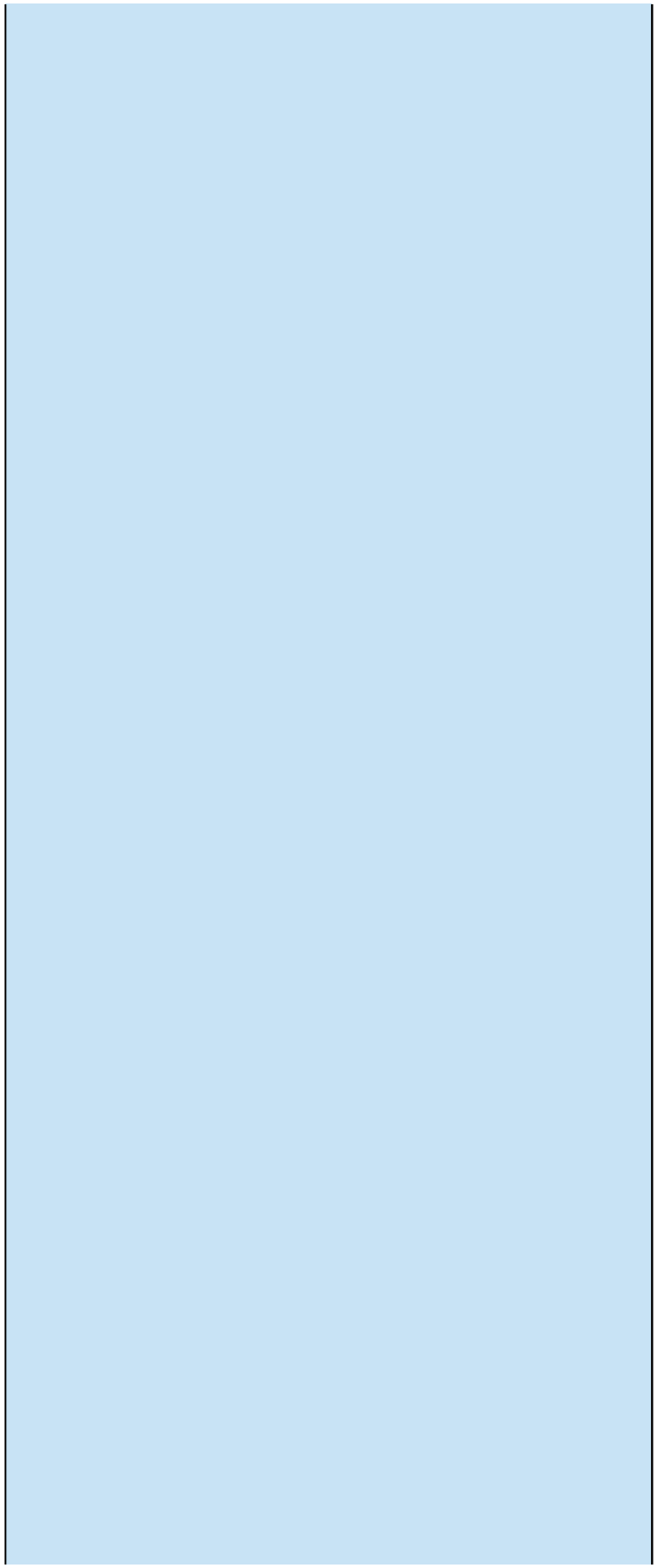
Select the **MOST** effective service

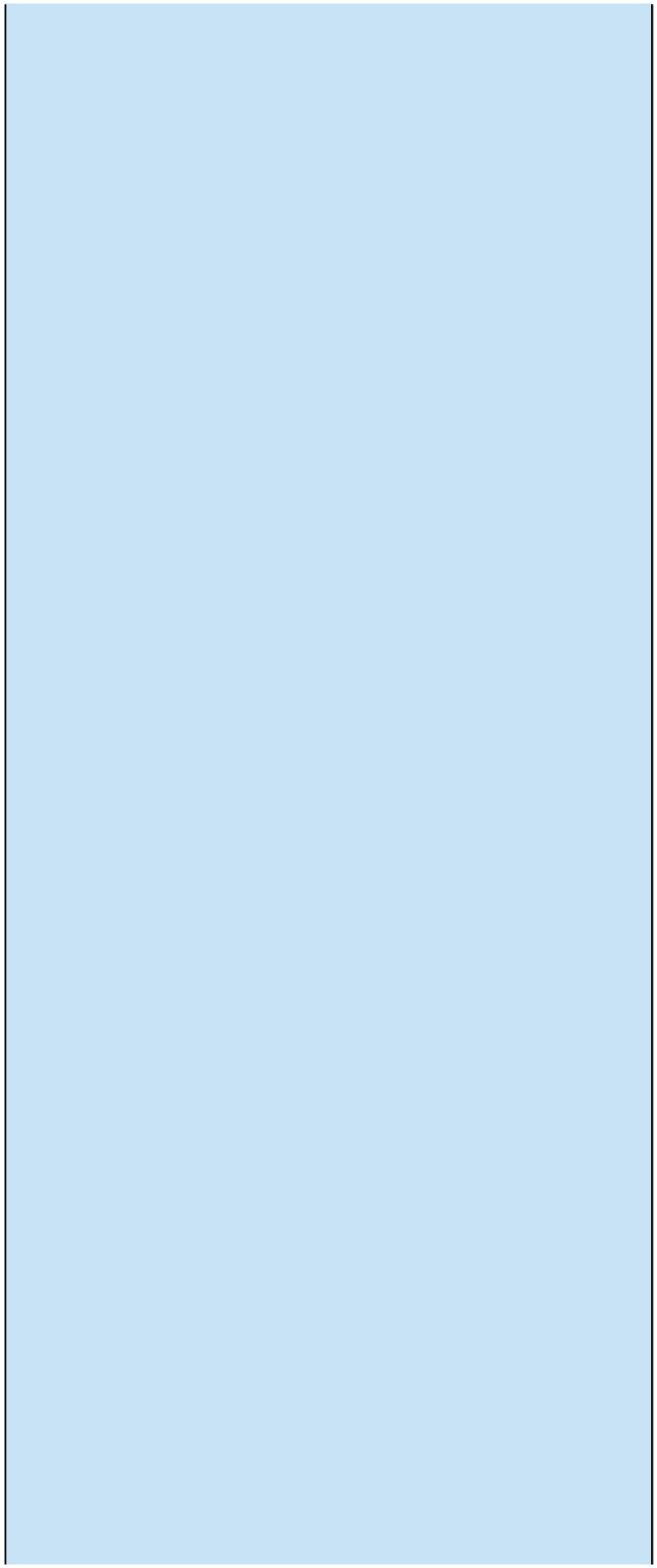
TER completion of the prog

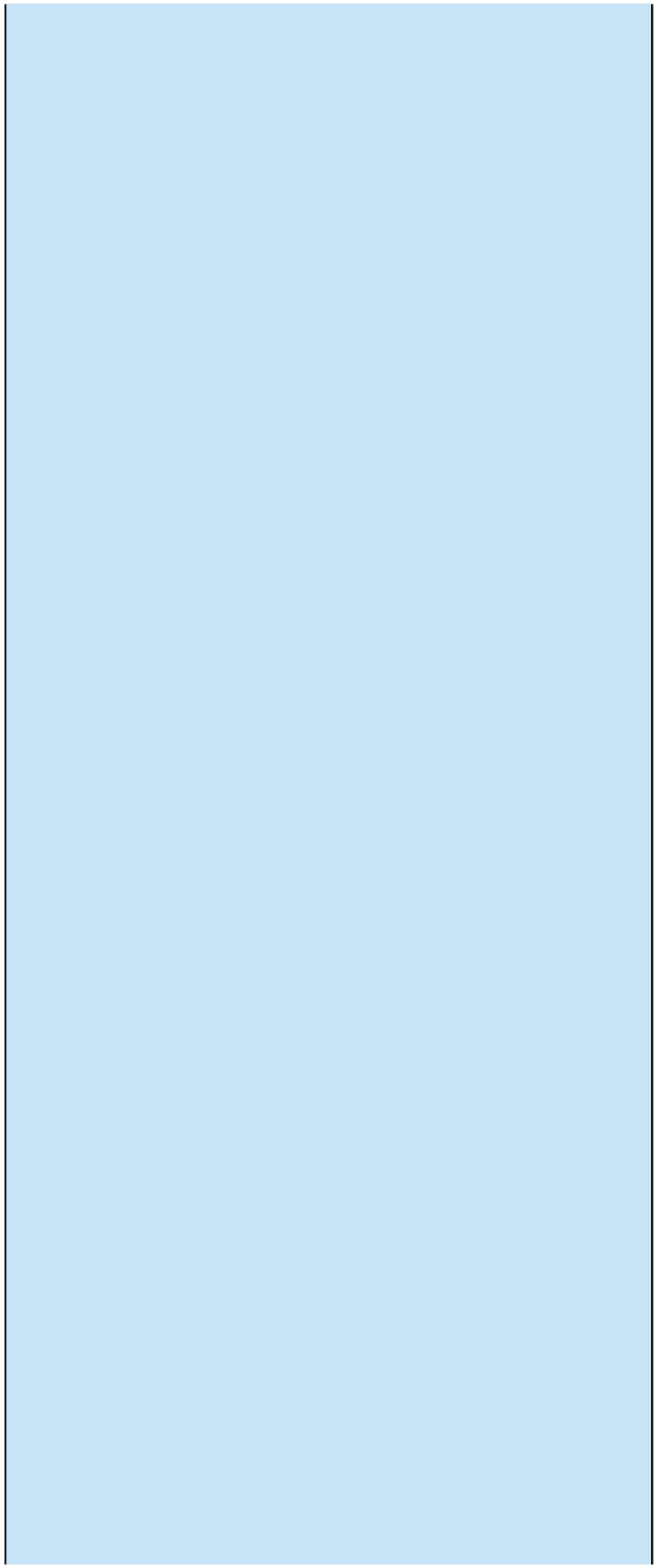
SECOND most effective (AFTER)

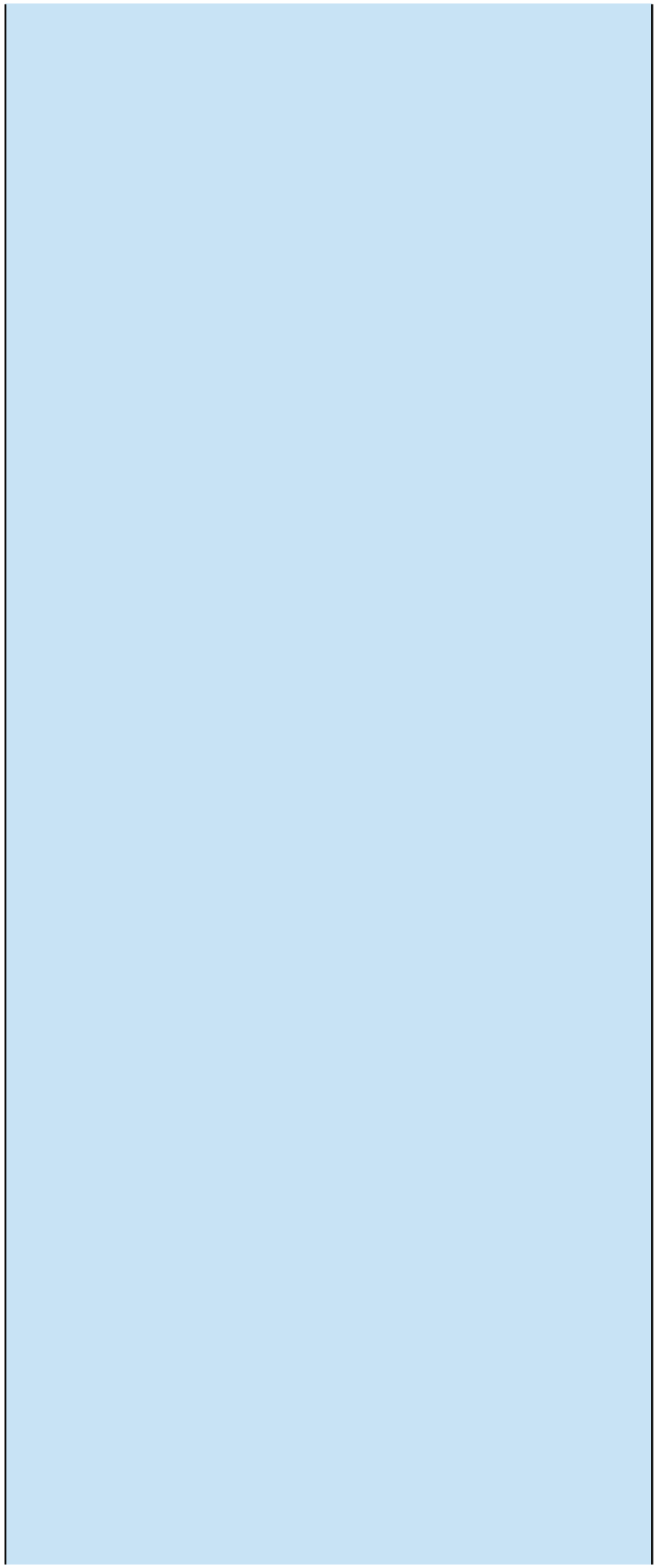
Rank the effectiveness of the services you provide to participants seeking employment AFTER the training program.

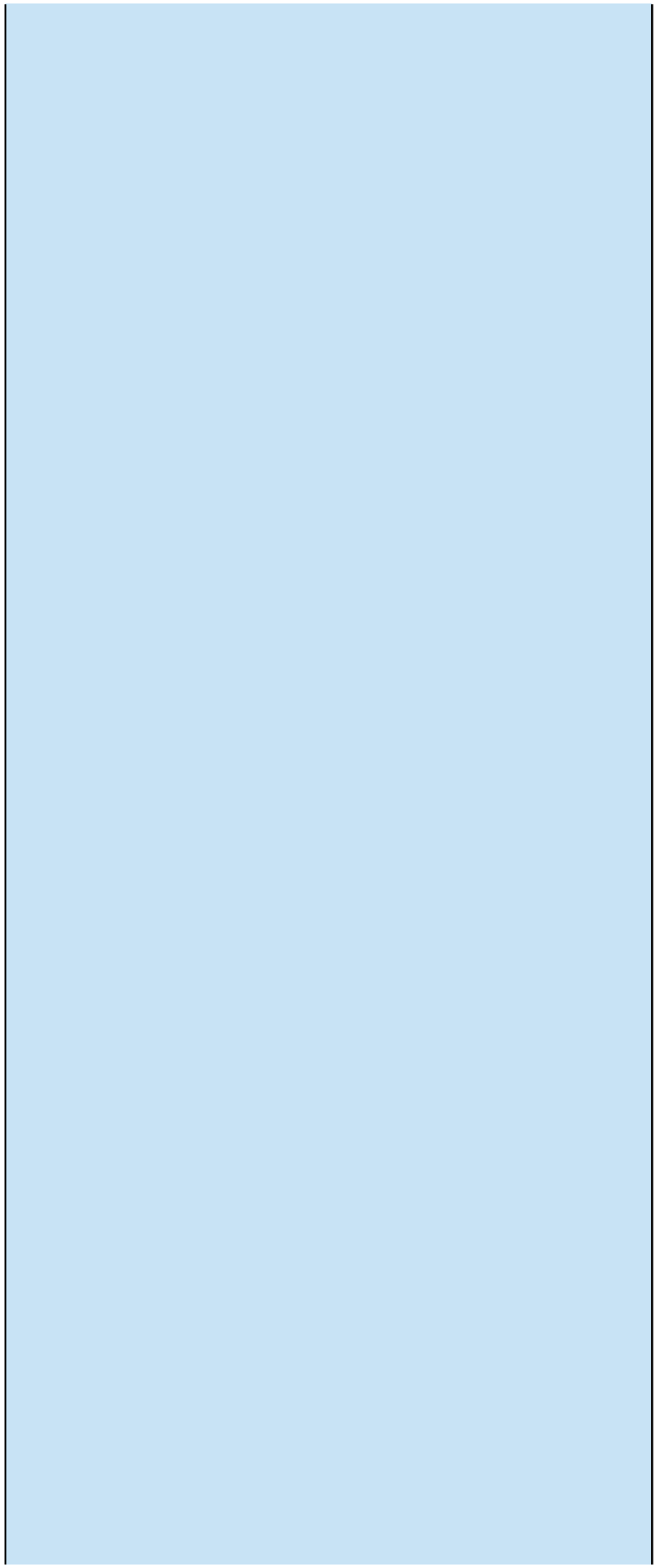
Select the **SECOND most** effective service

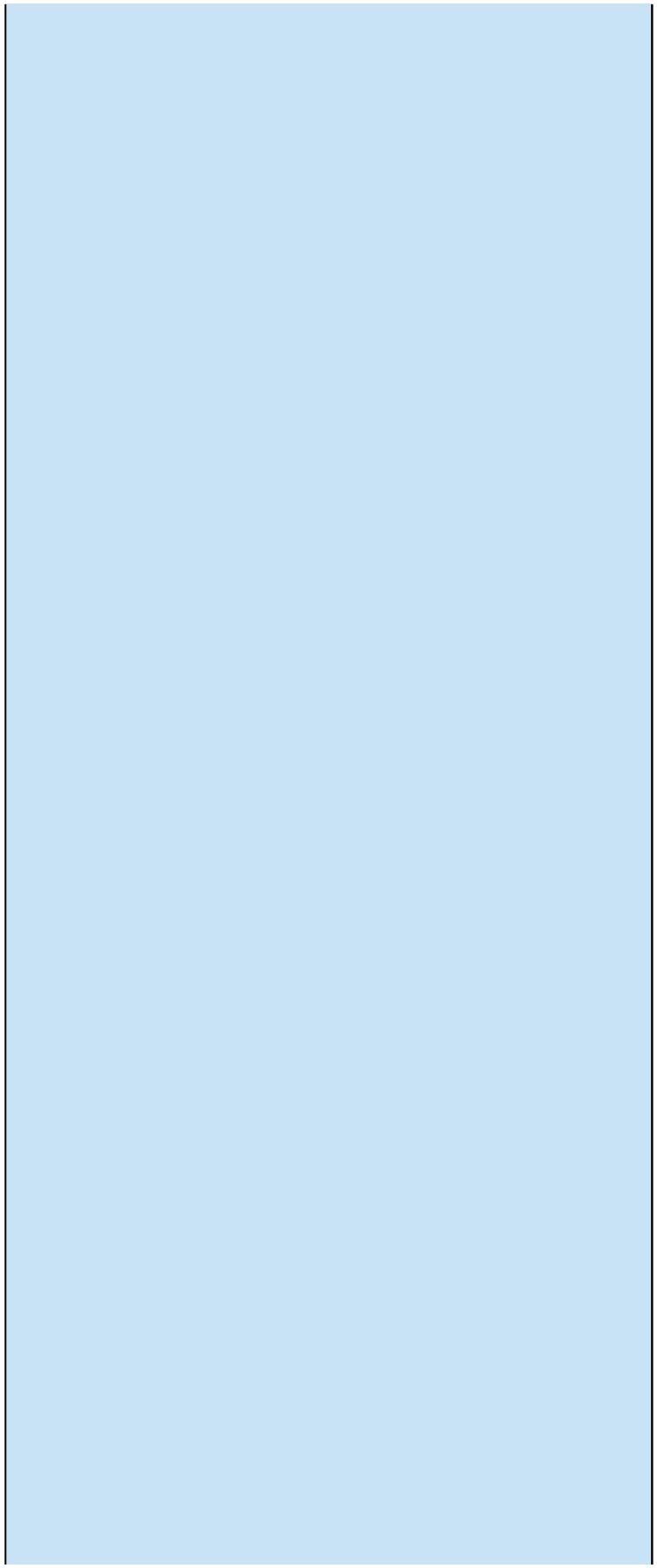


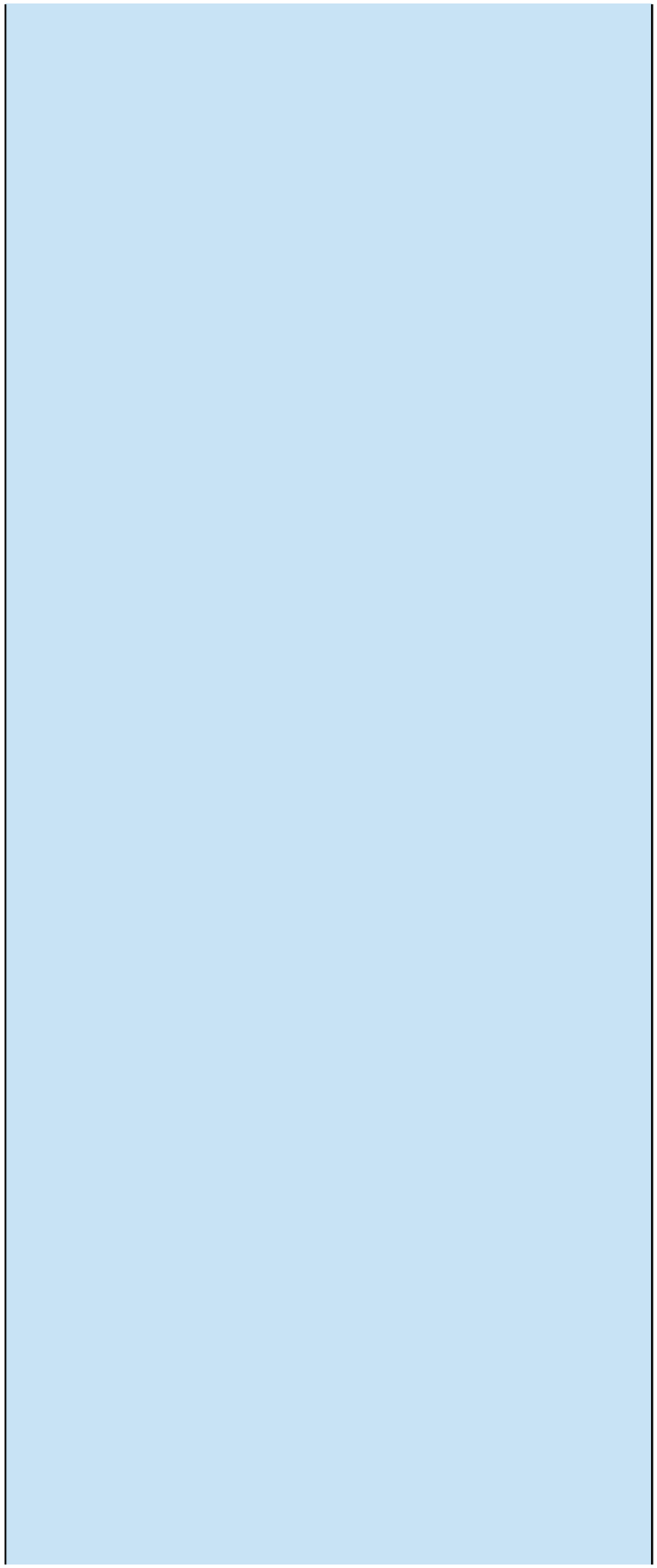


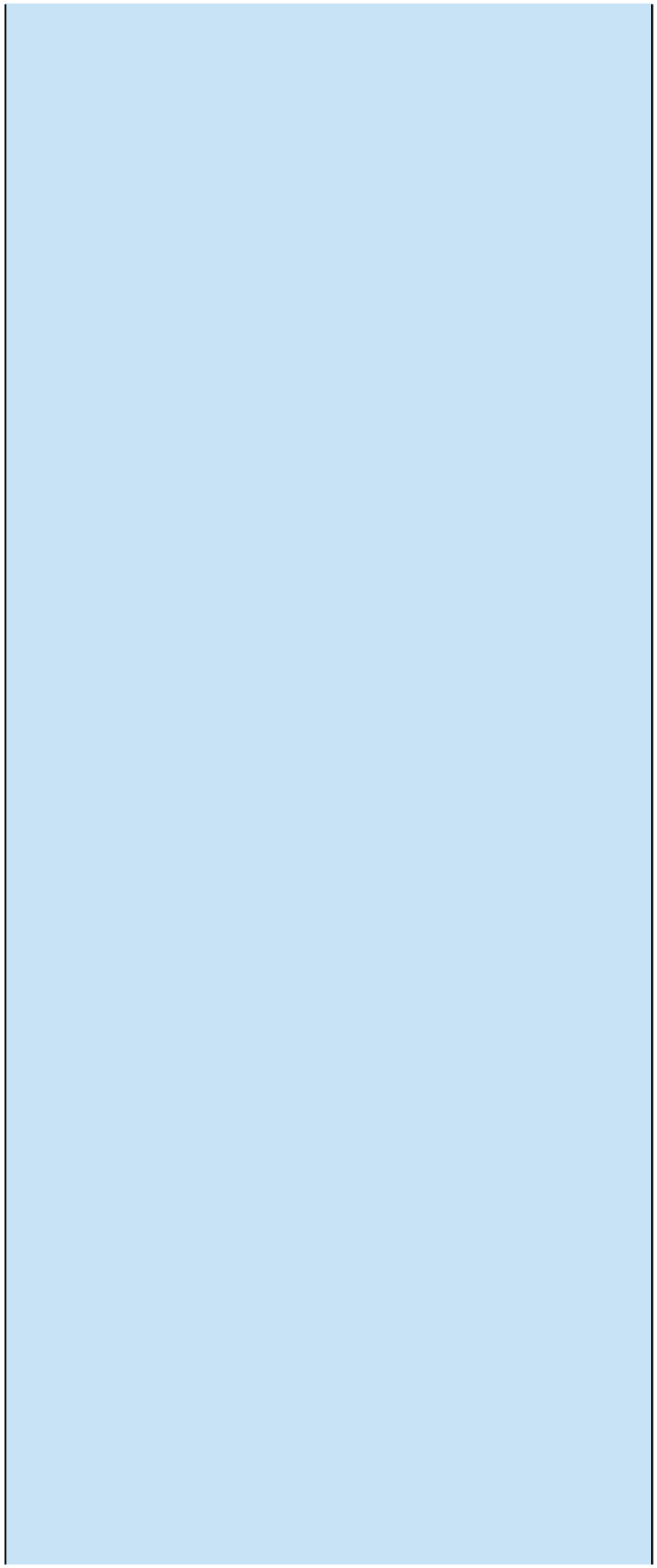


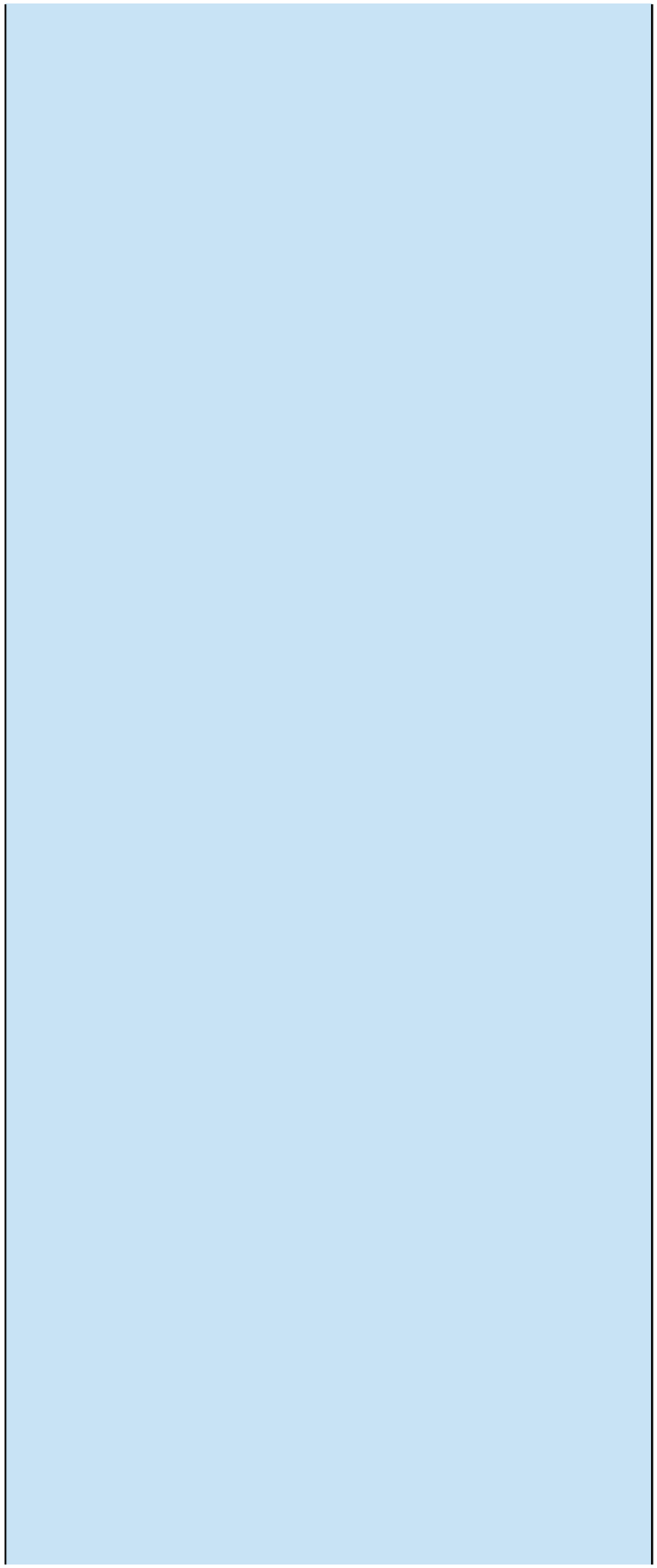


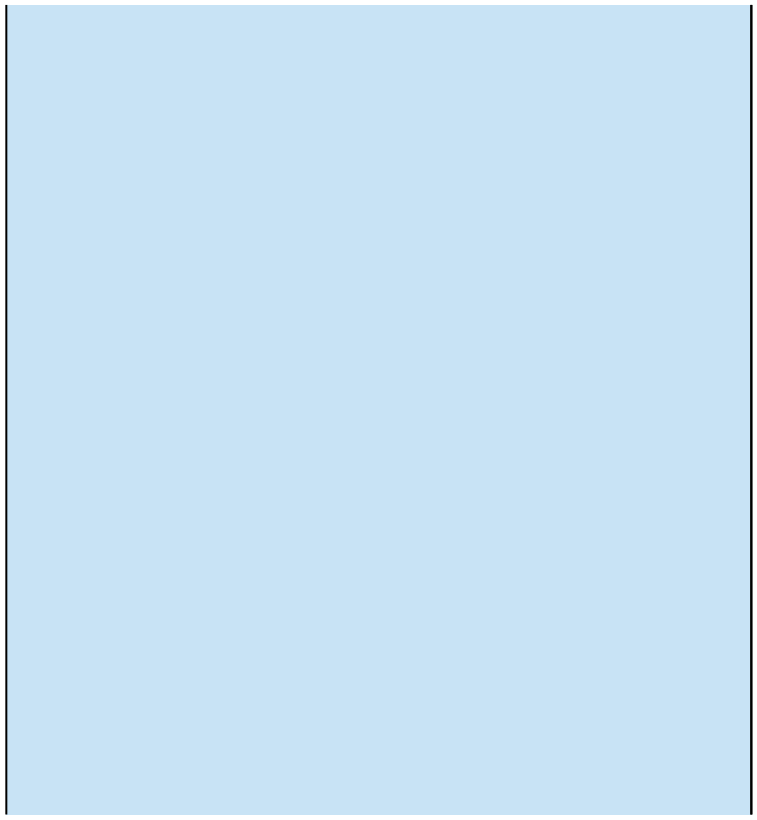












gram?

THIRD most effective (AFTER)

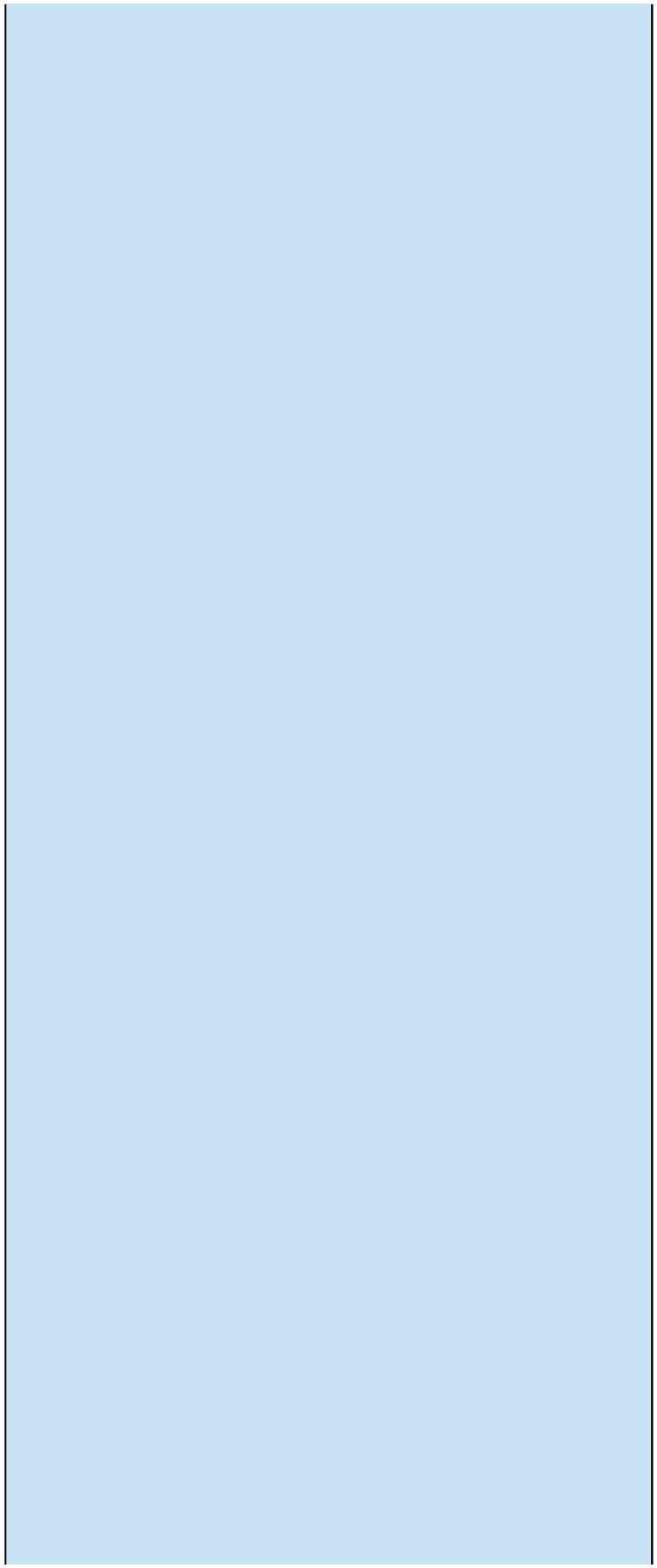
Rank the effectiveness of the services you provide to participants seeking employment AFTER the training program.

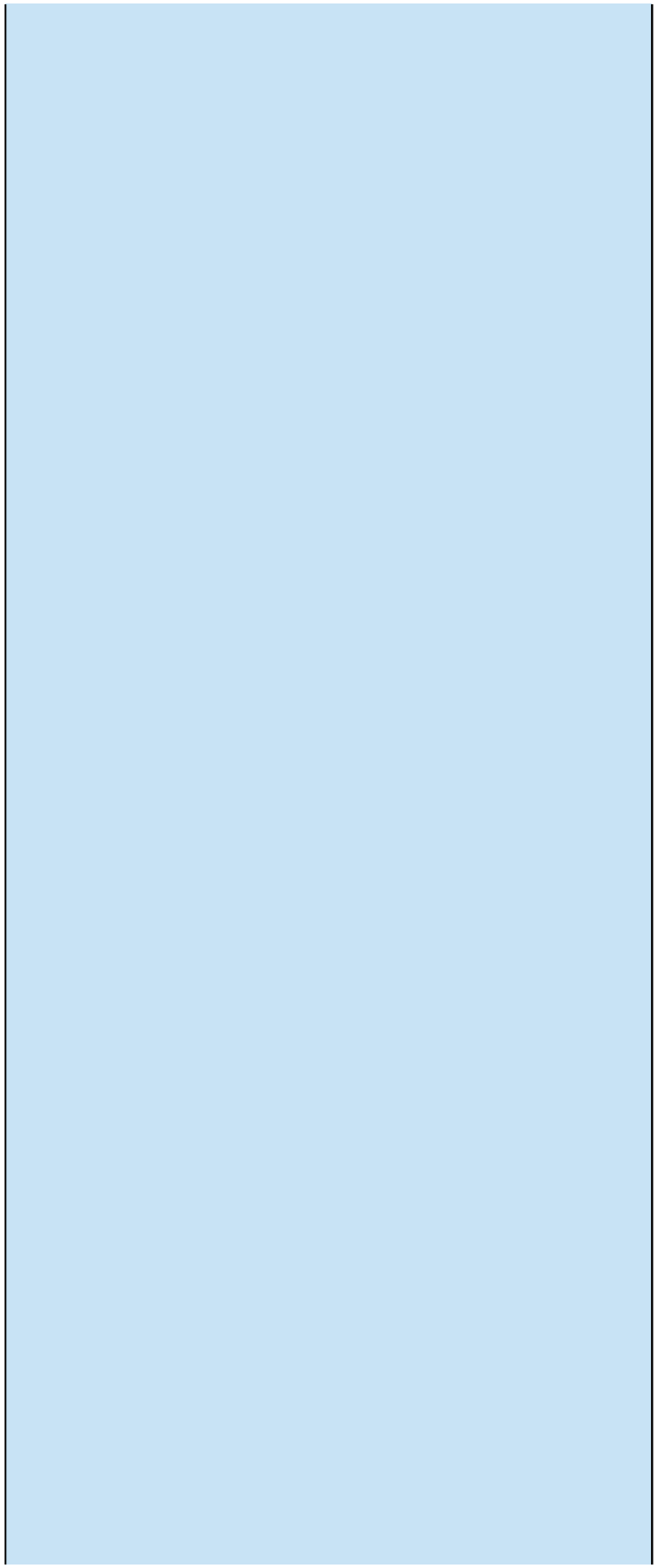
Select the **THIRD most** effective service

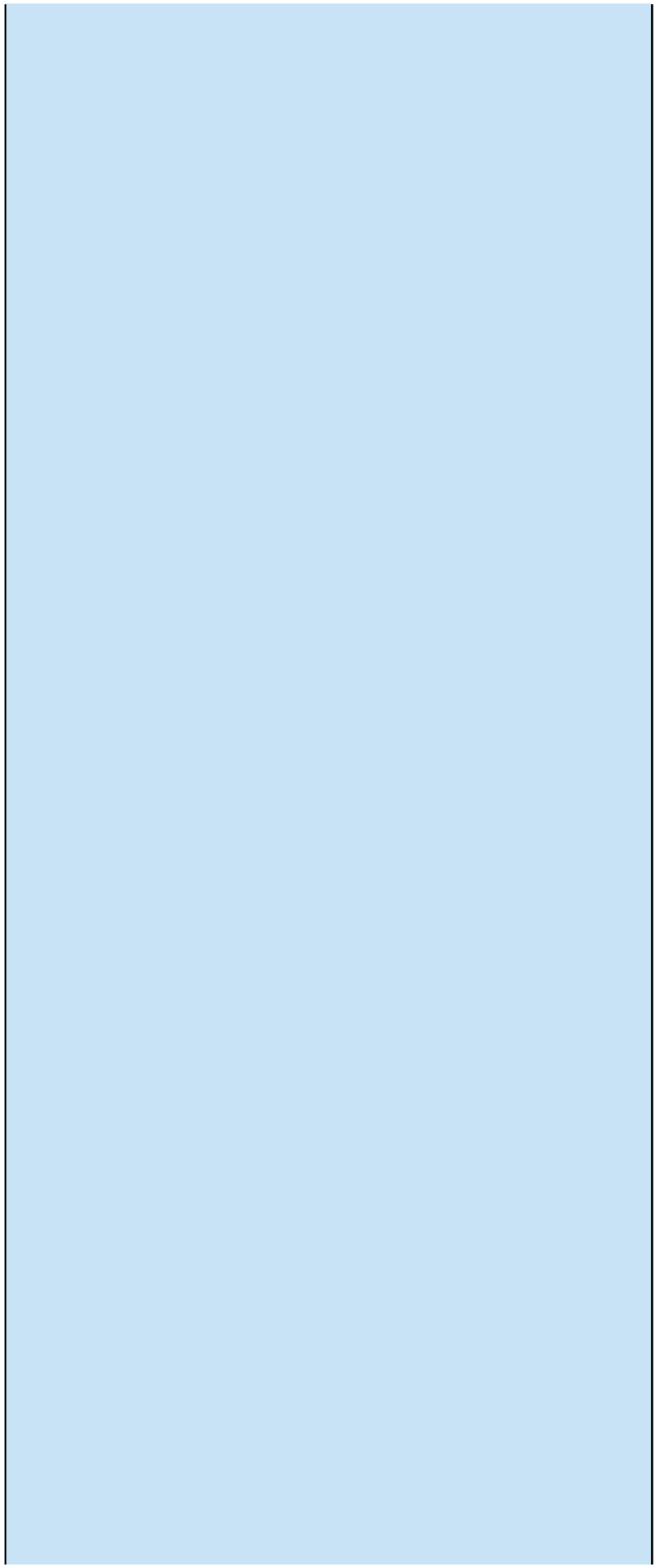
FOURTH most effective (AFTER)

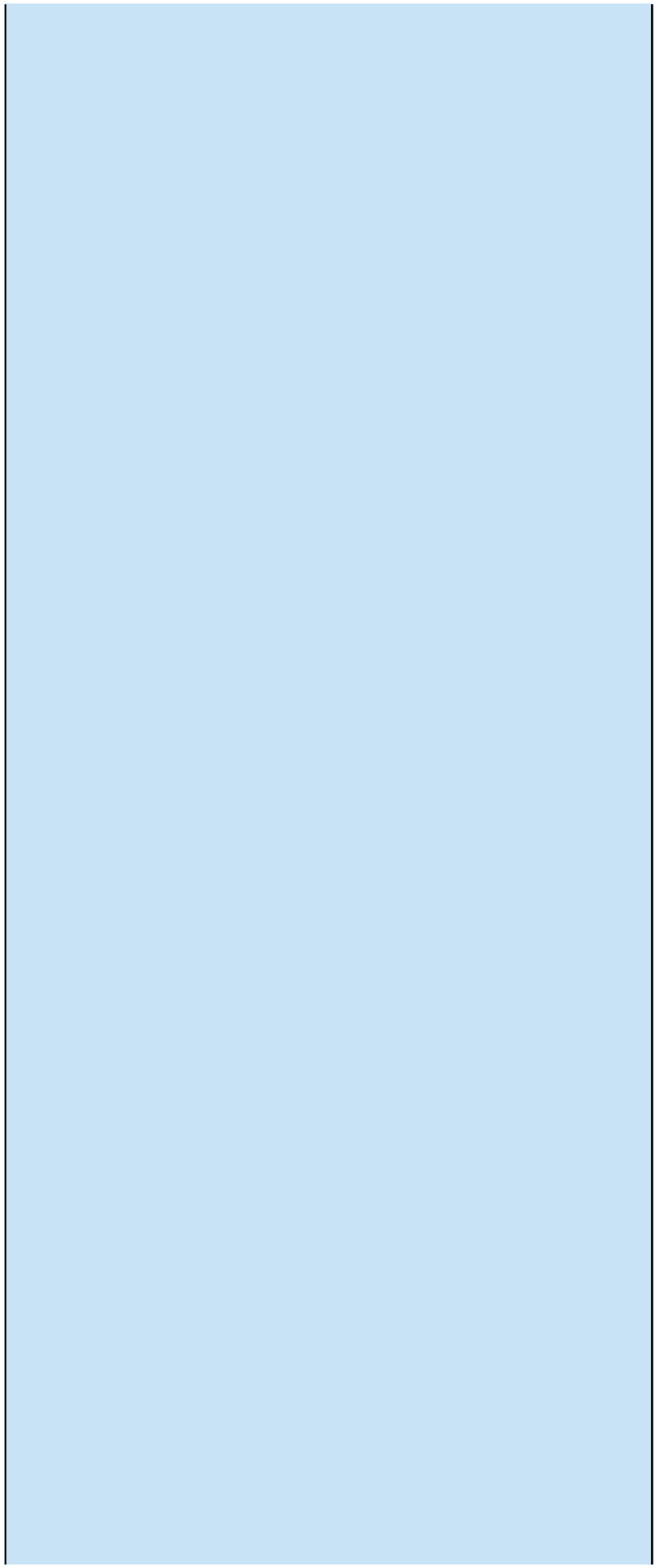
Rank the effectiveness of the services you provide to participants seeking employment AFTER the training program.

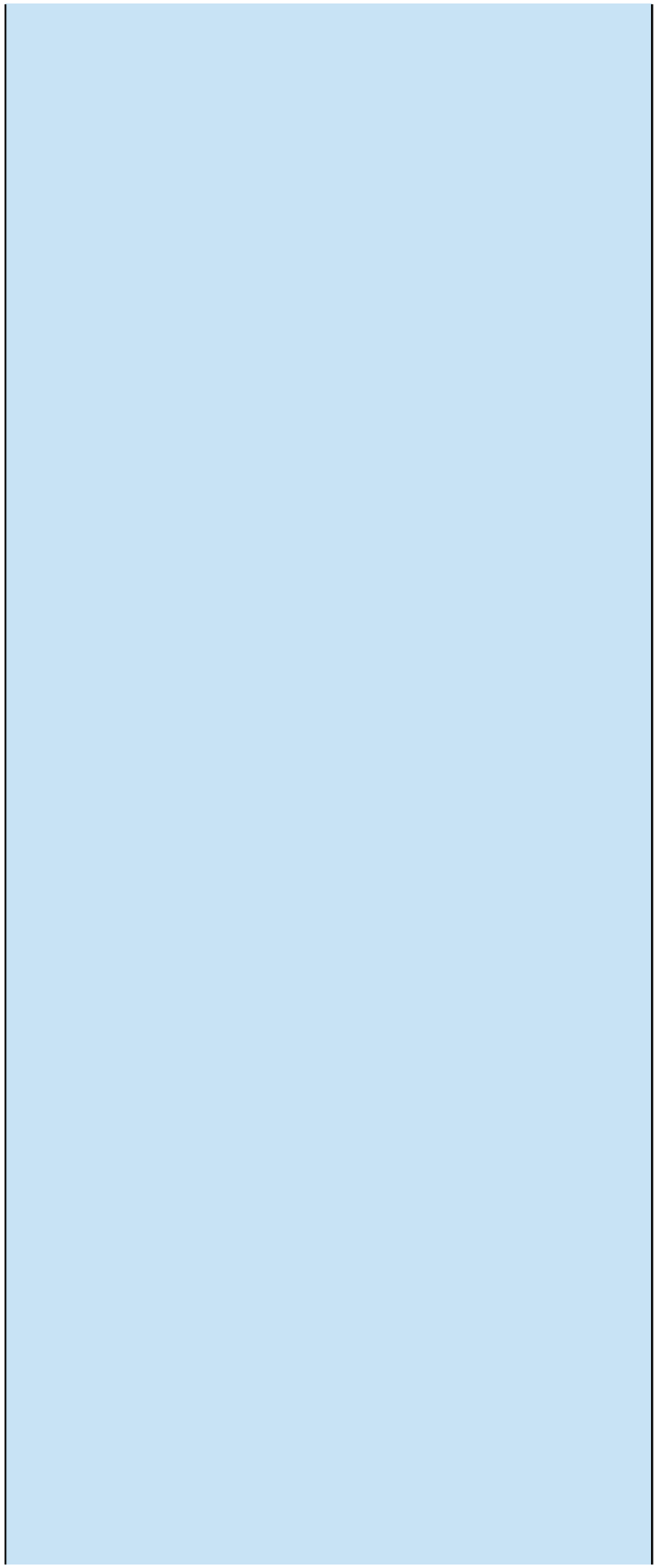
Select the **FOURTH most** effective service

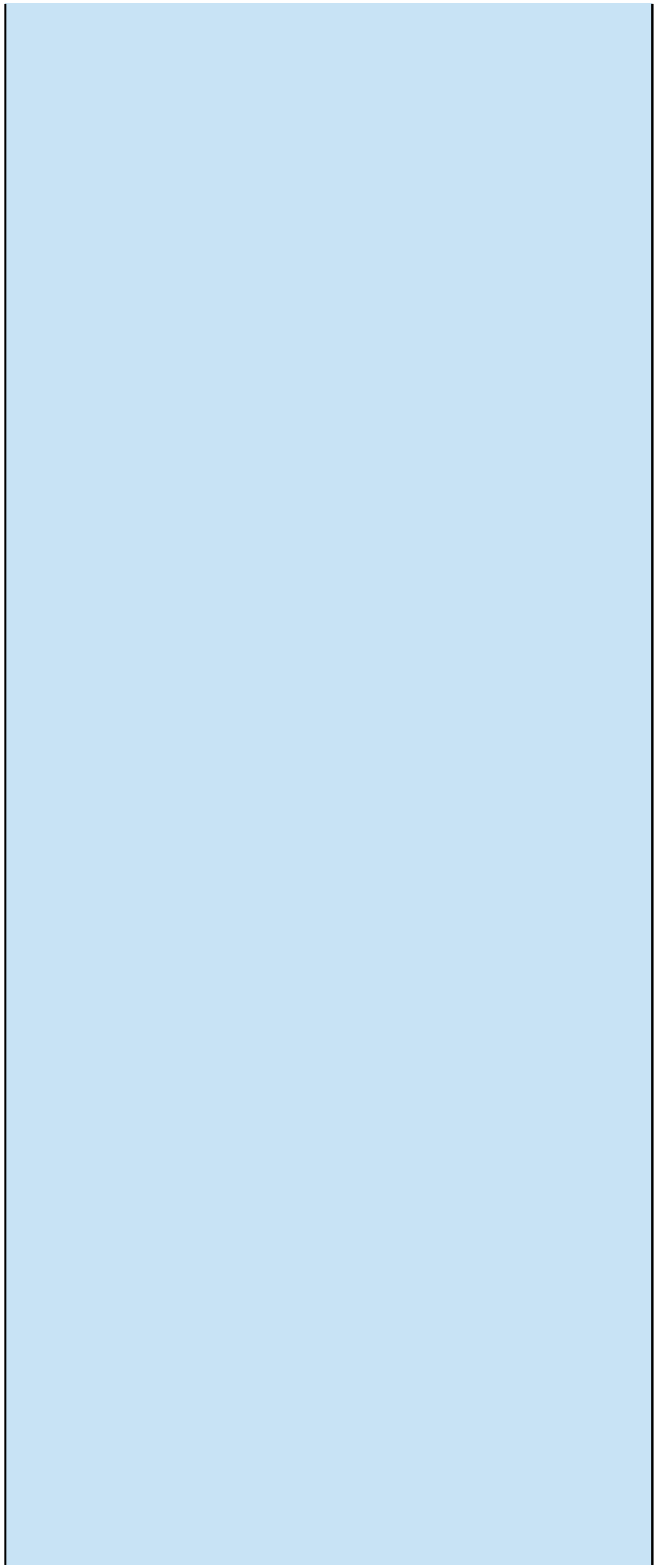


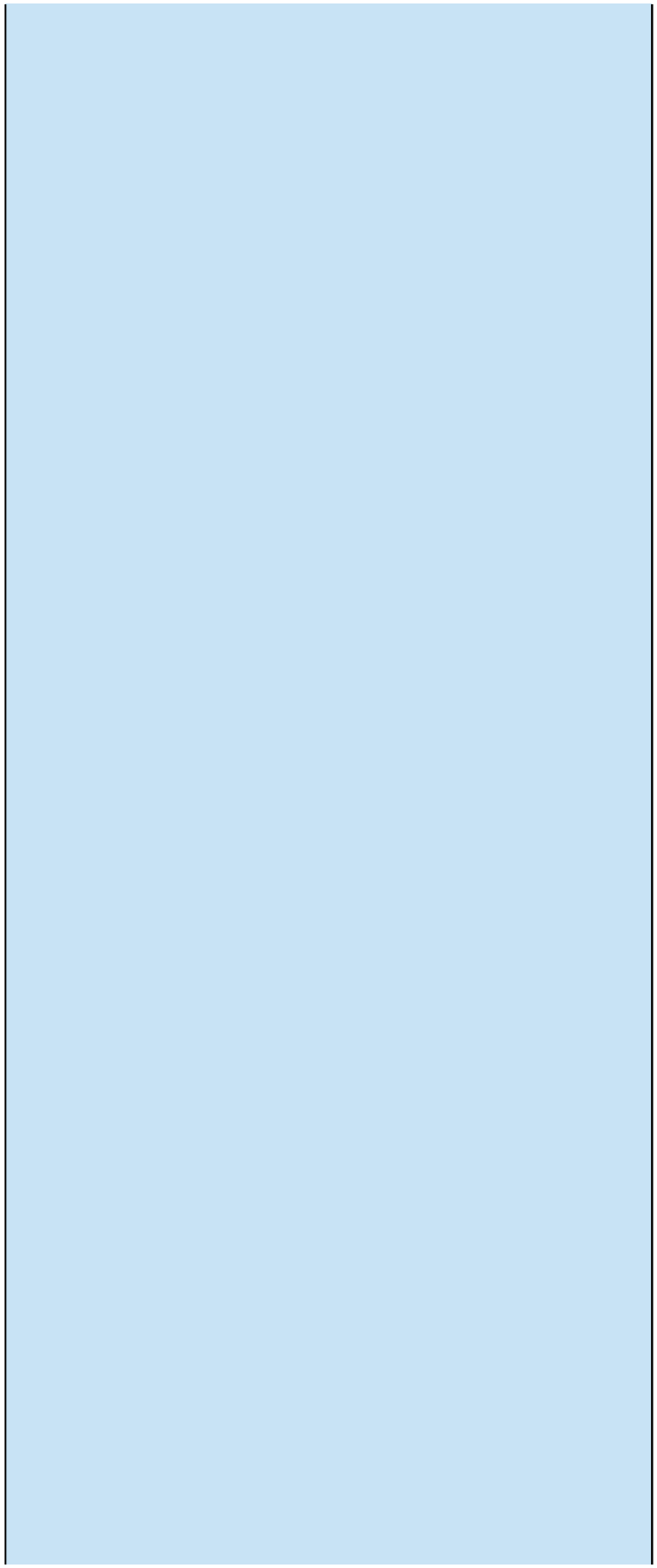


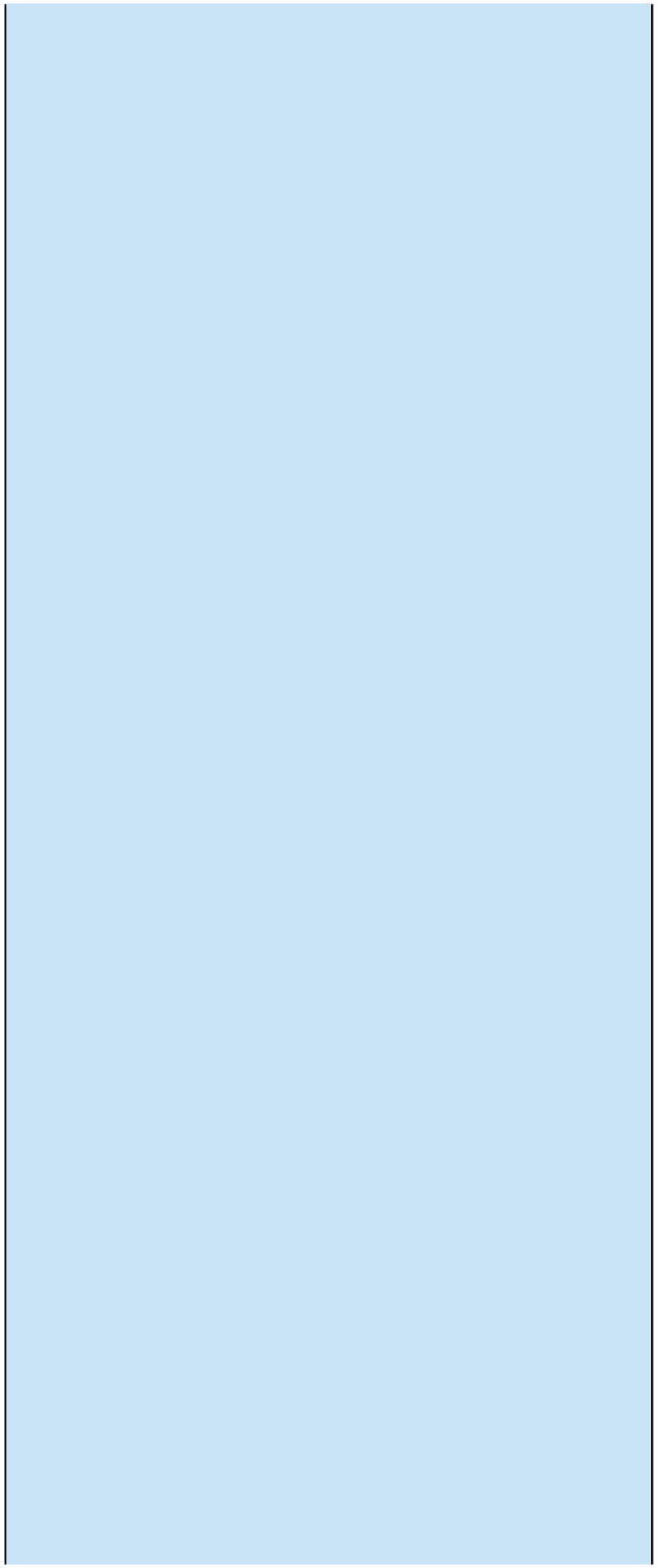


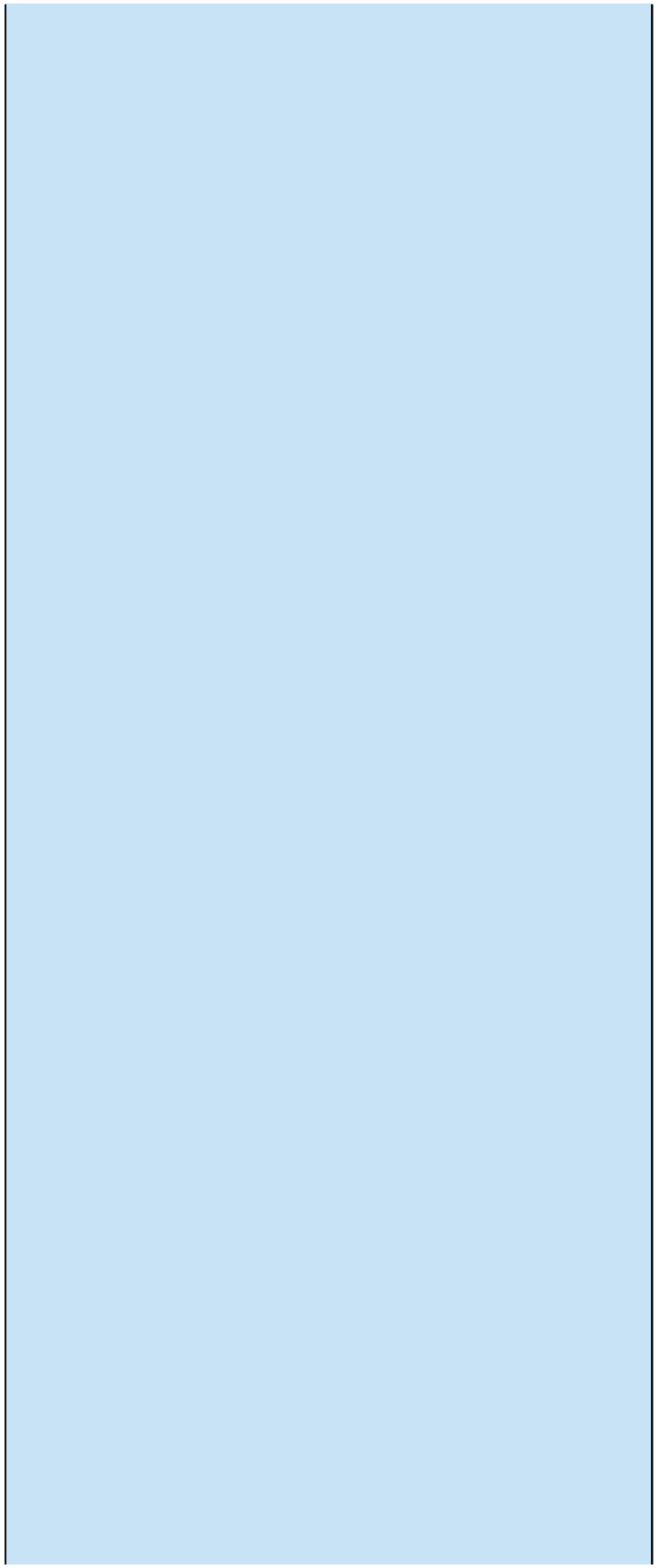


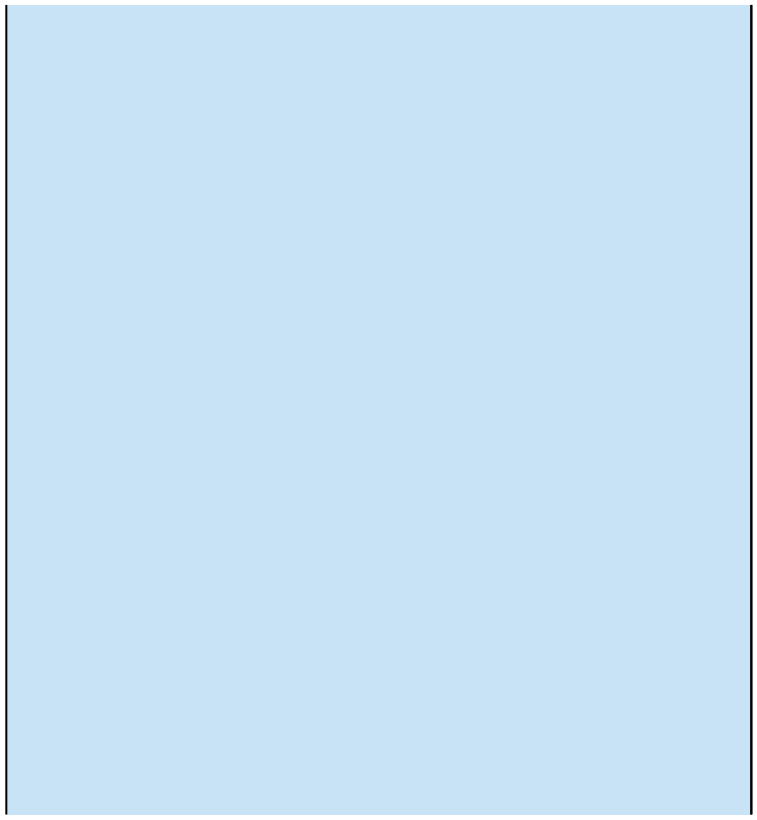












FIFTH most effective	(AFTER)	Other	(AFTER)
Rank the effectiveness of the services you provide to participants seeking employment DURING the training program. Select the **FIFTH most** effective service		f selected other, please specify	

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Name of Training Provider

Name of Training Program

What wraparound services were provided with GJC funding?

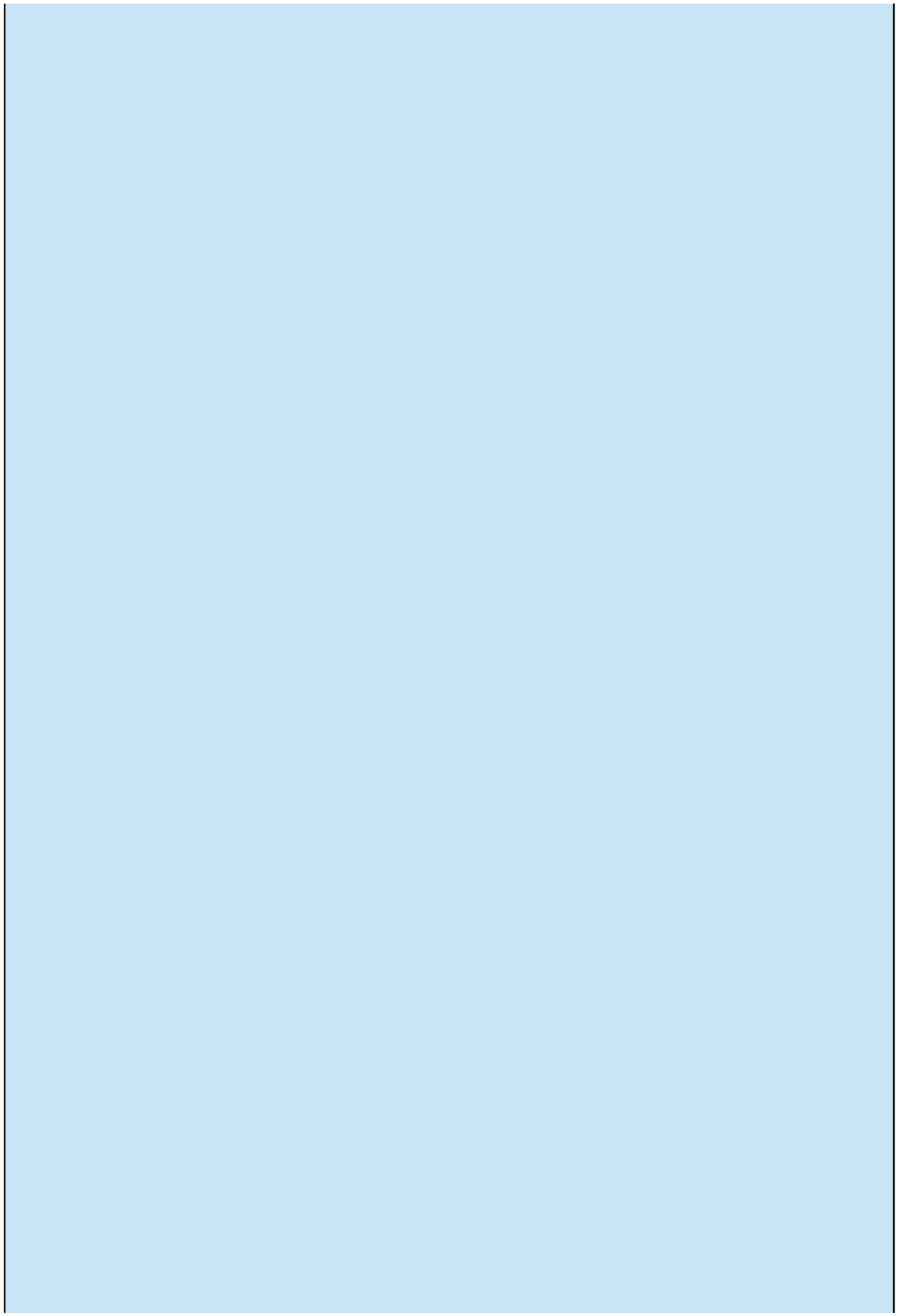
Select all that apply:

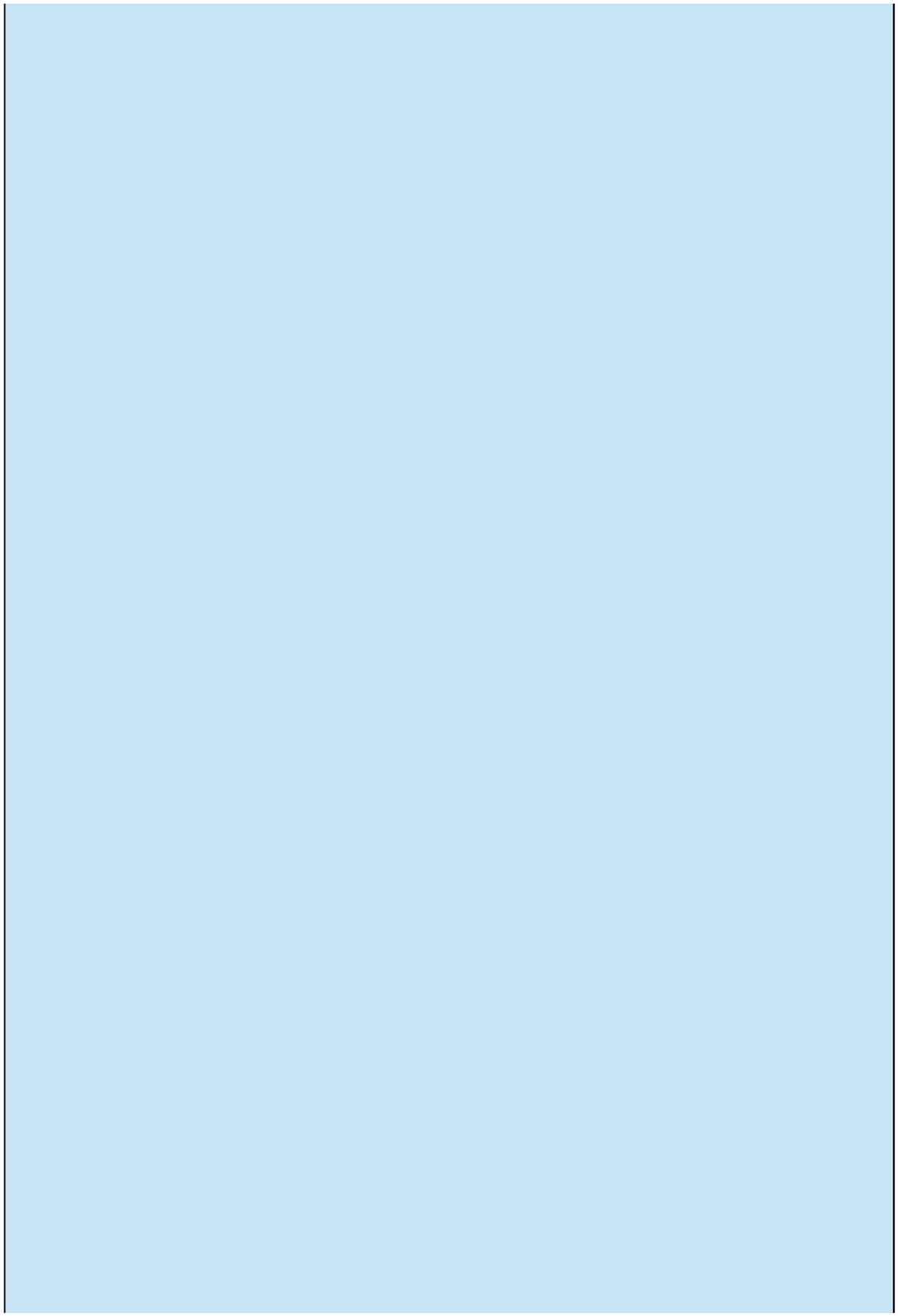
Transportation
Childcare
Health Services
Legal Services
Counseling
Education Services
Clothing
Laptops
Wi-Fi
Other learning equipment
Work Supplies
Financial and budgeting resources
Other

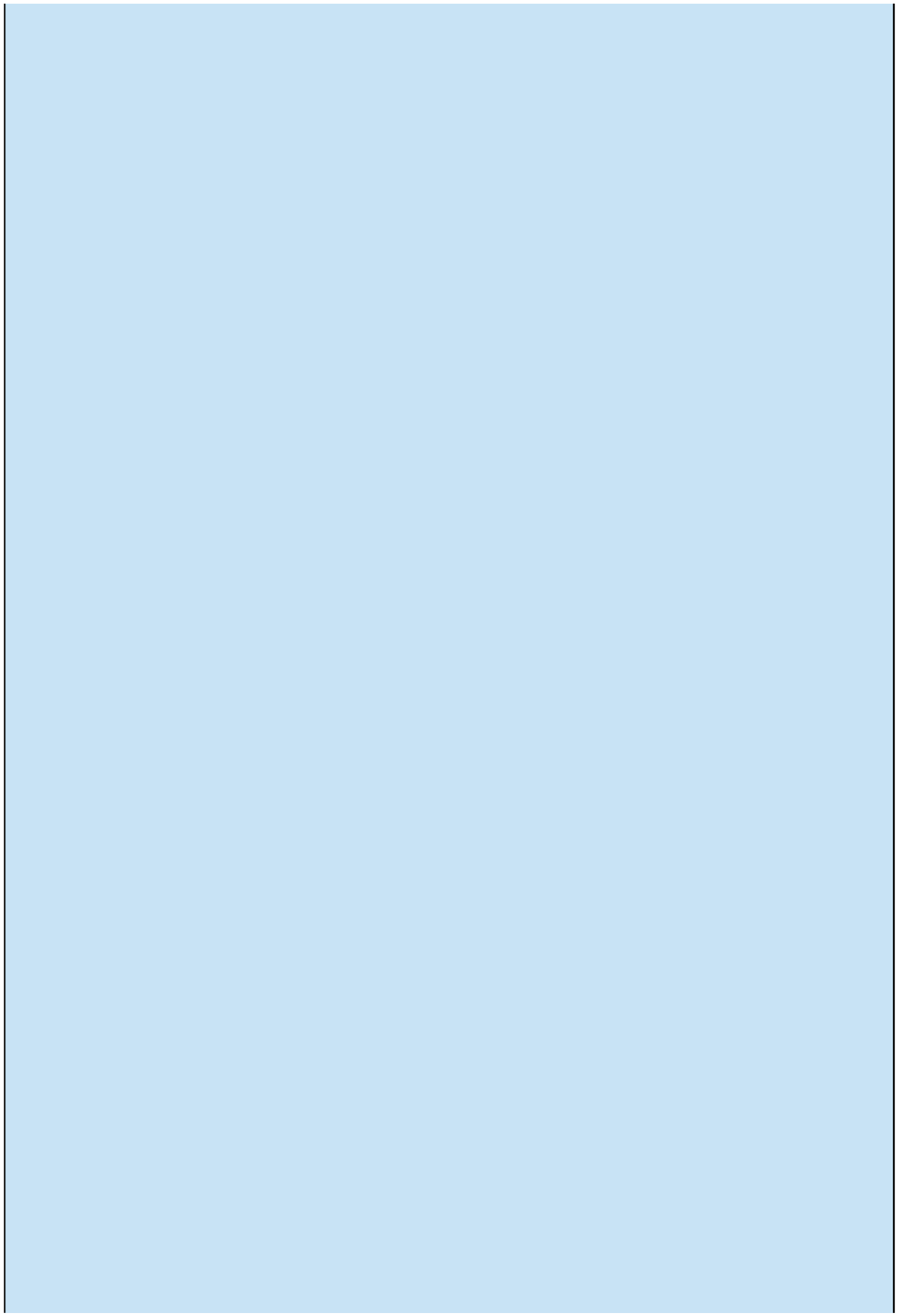
Legal Services , Laptops , Education Services

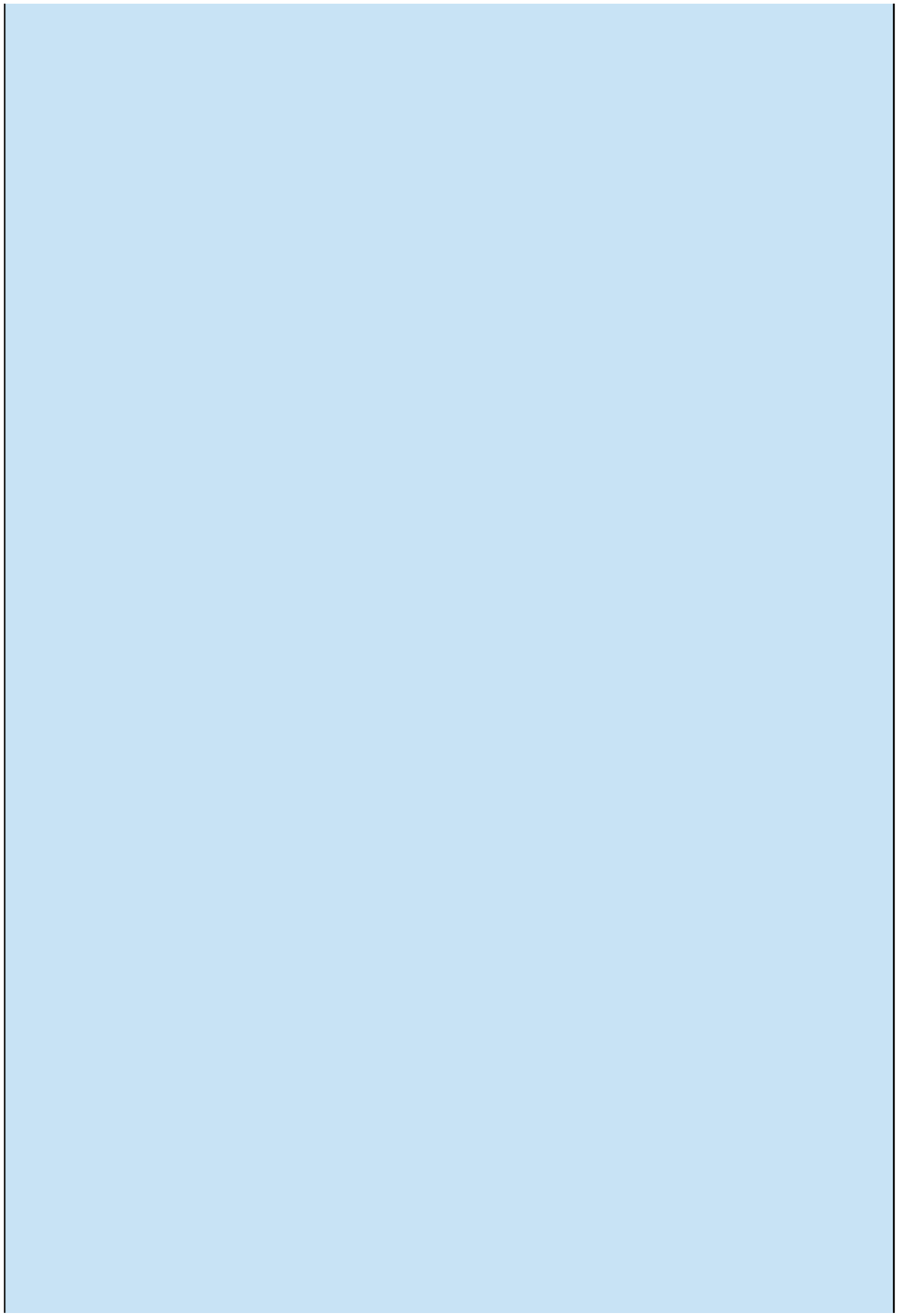
Health Services , Education Services

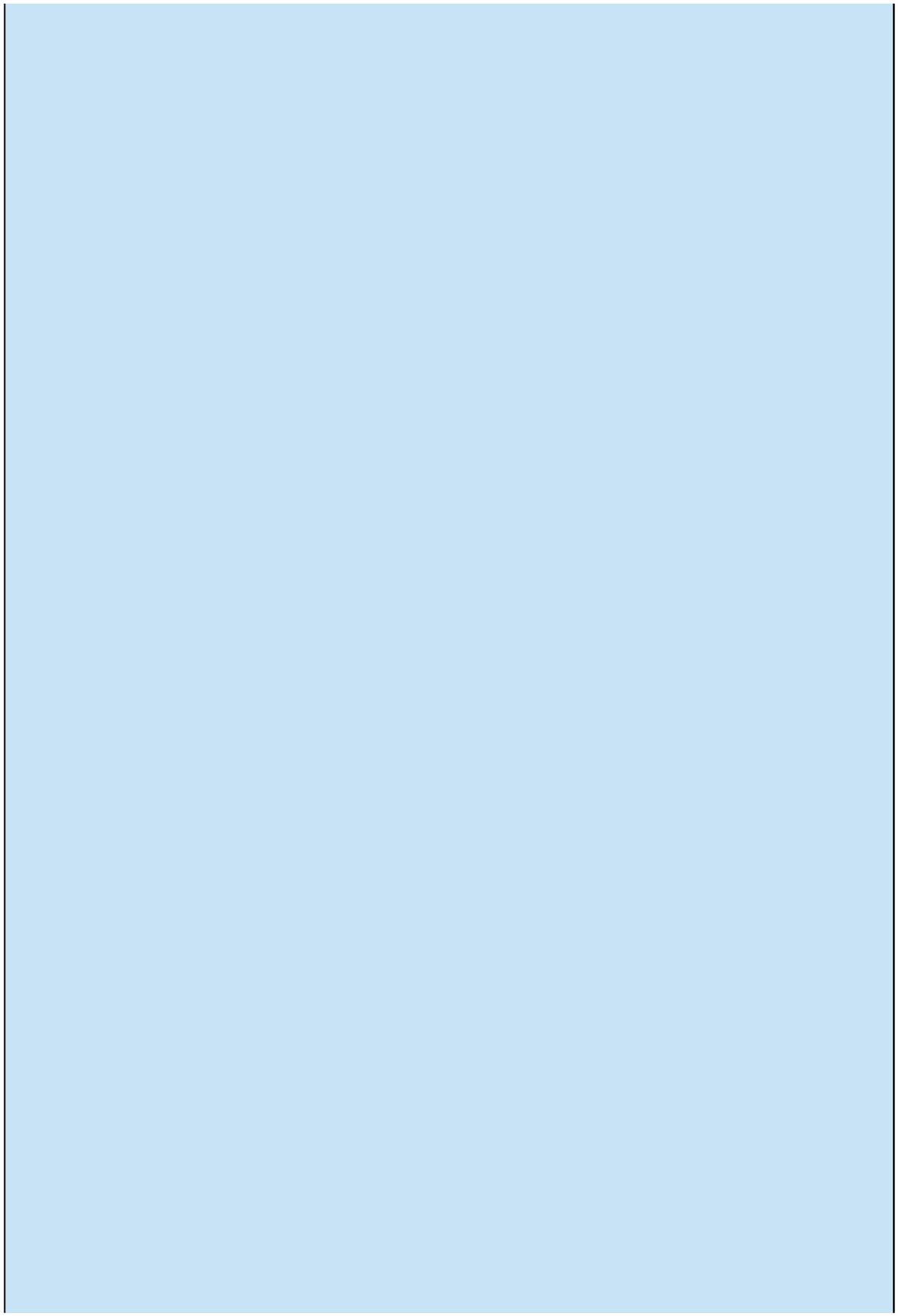
Childcare , Clothing

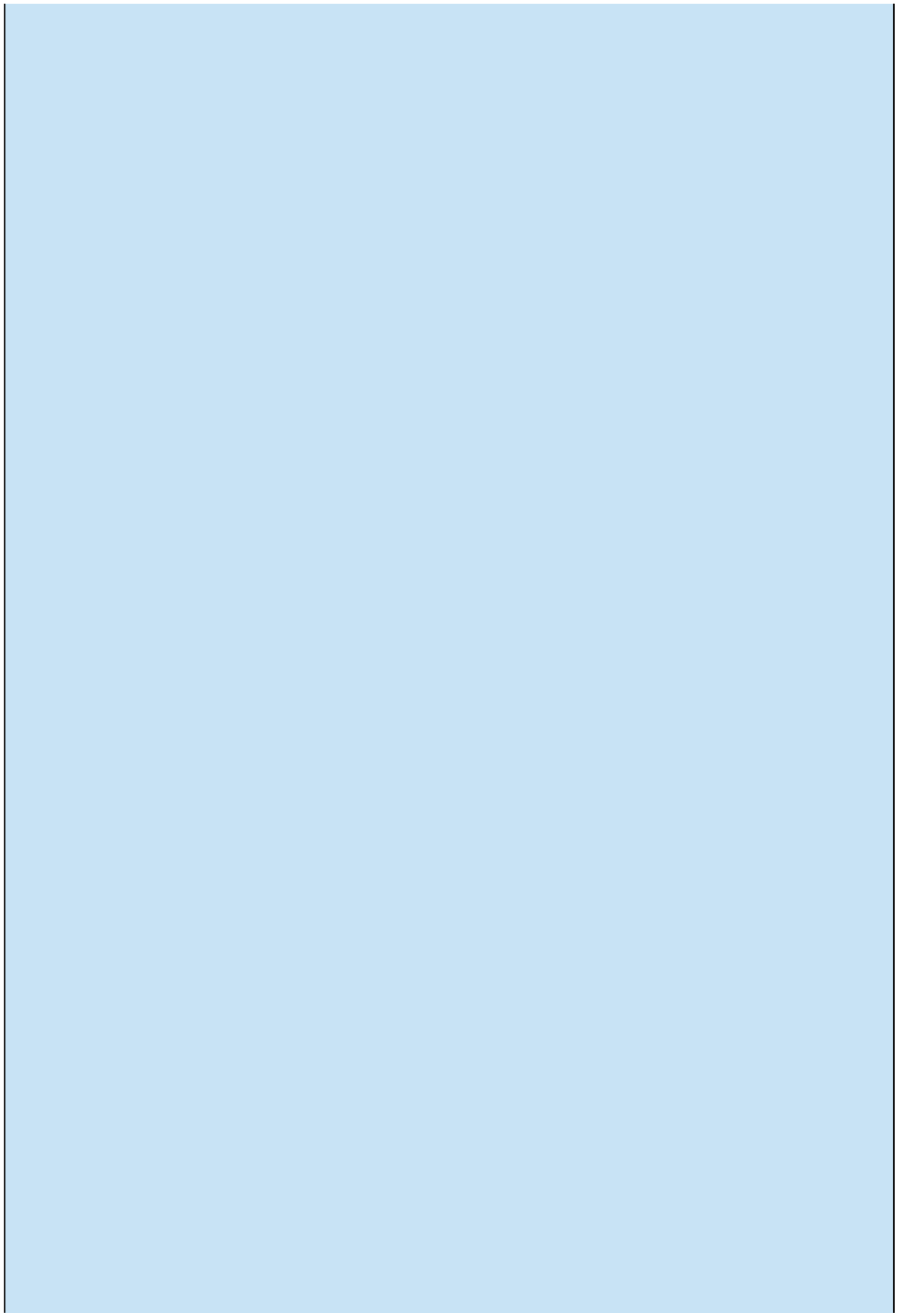


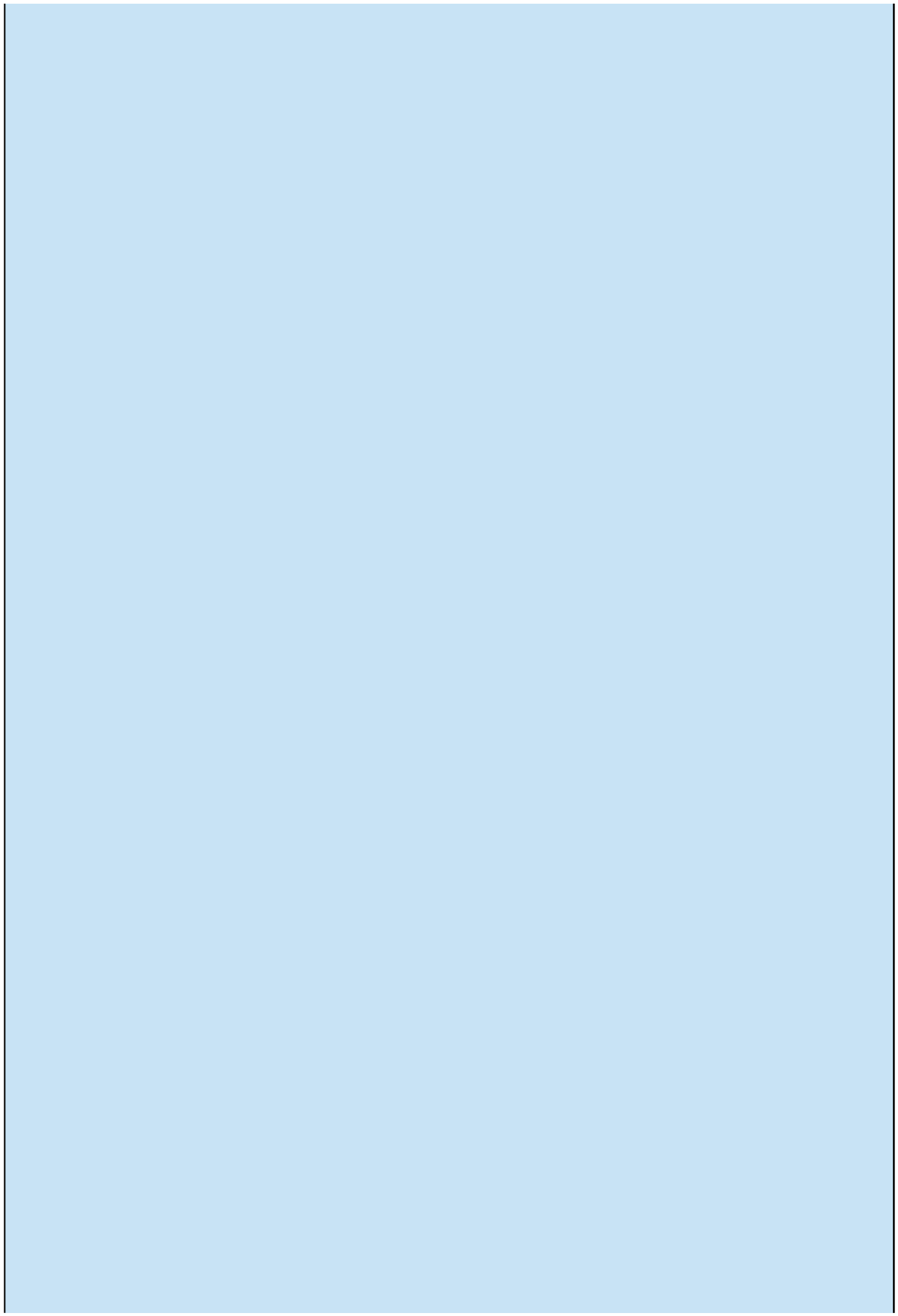


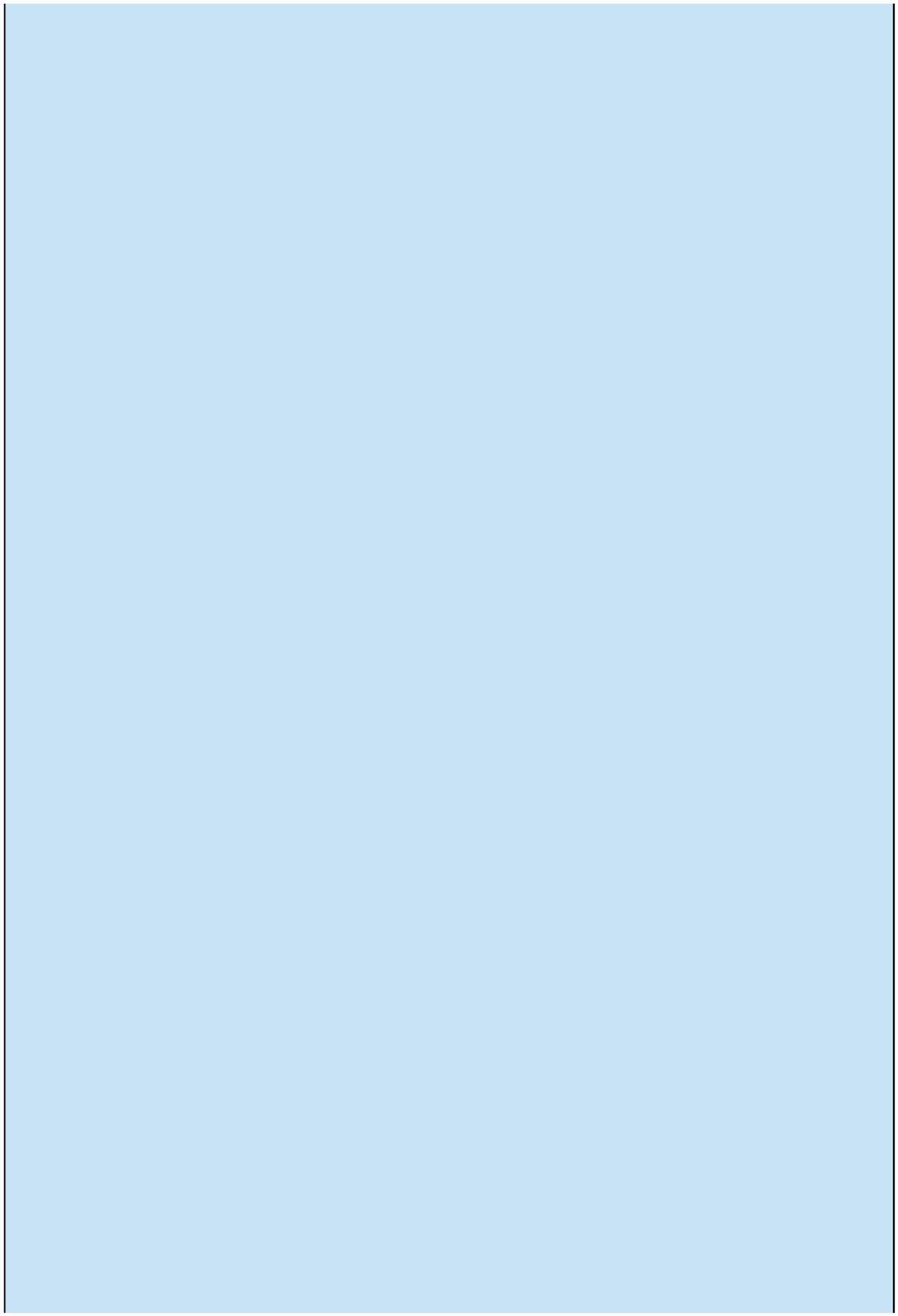


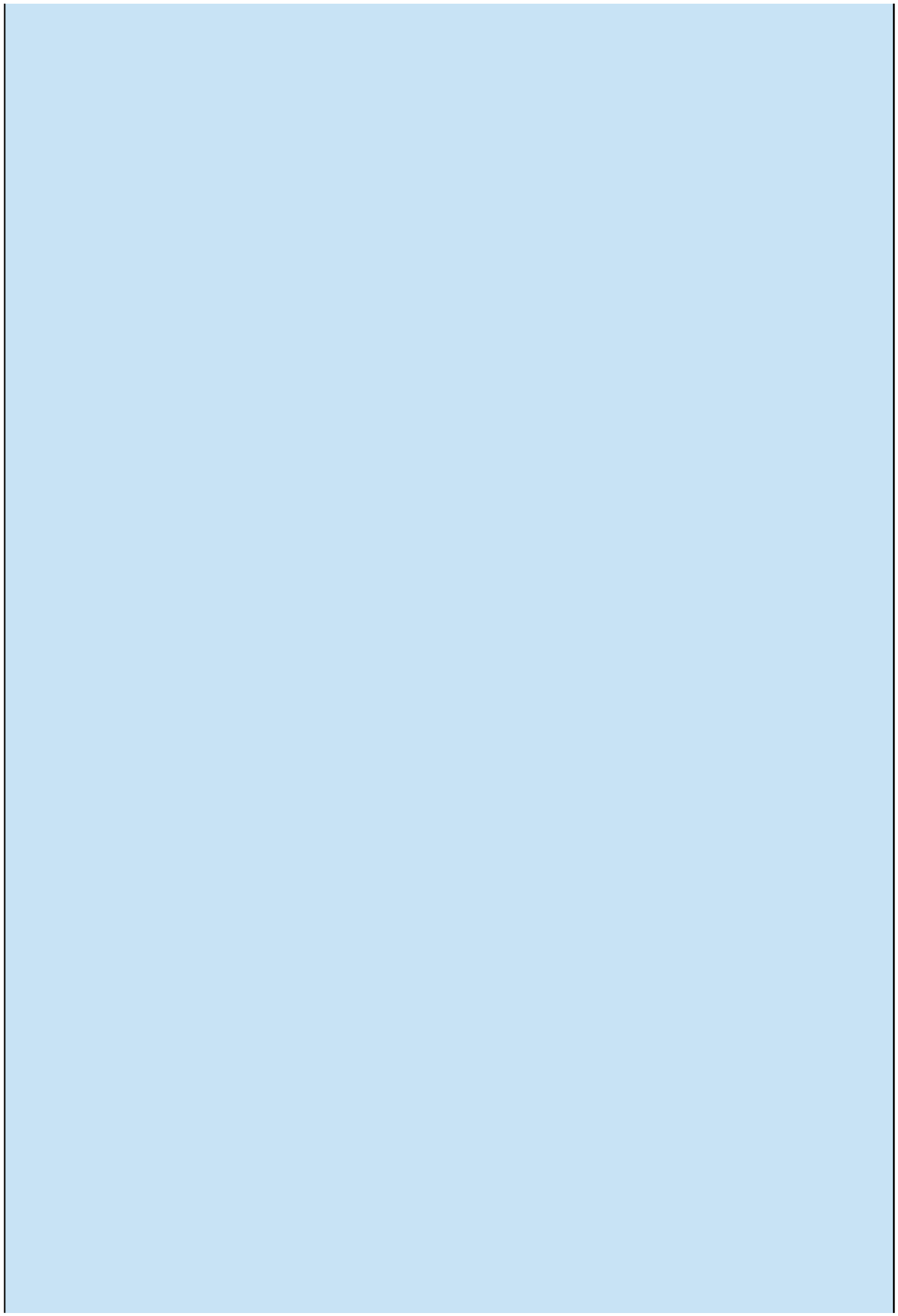


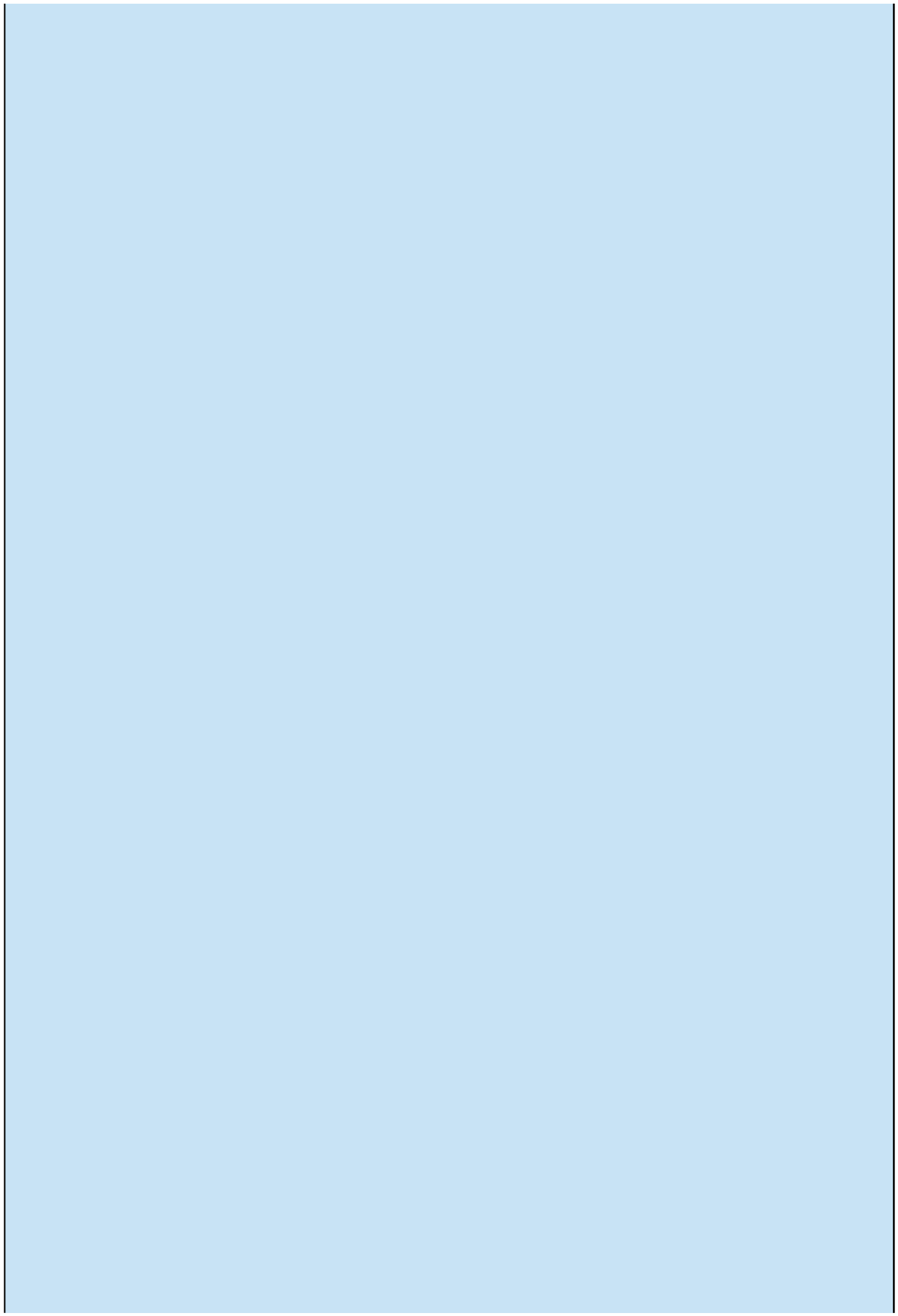


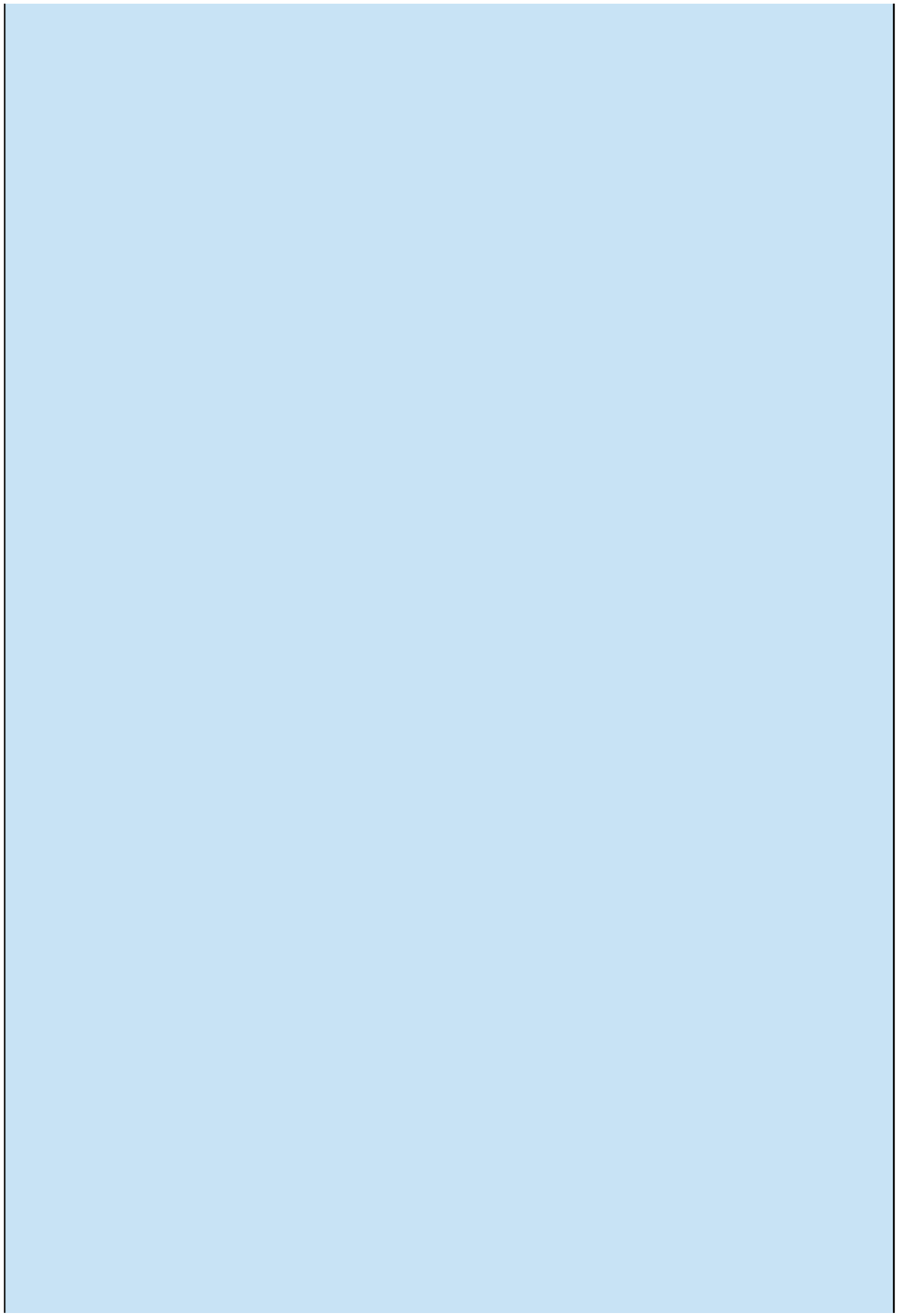


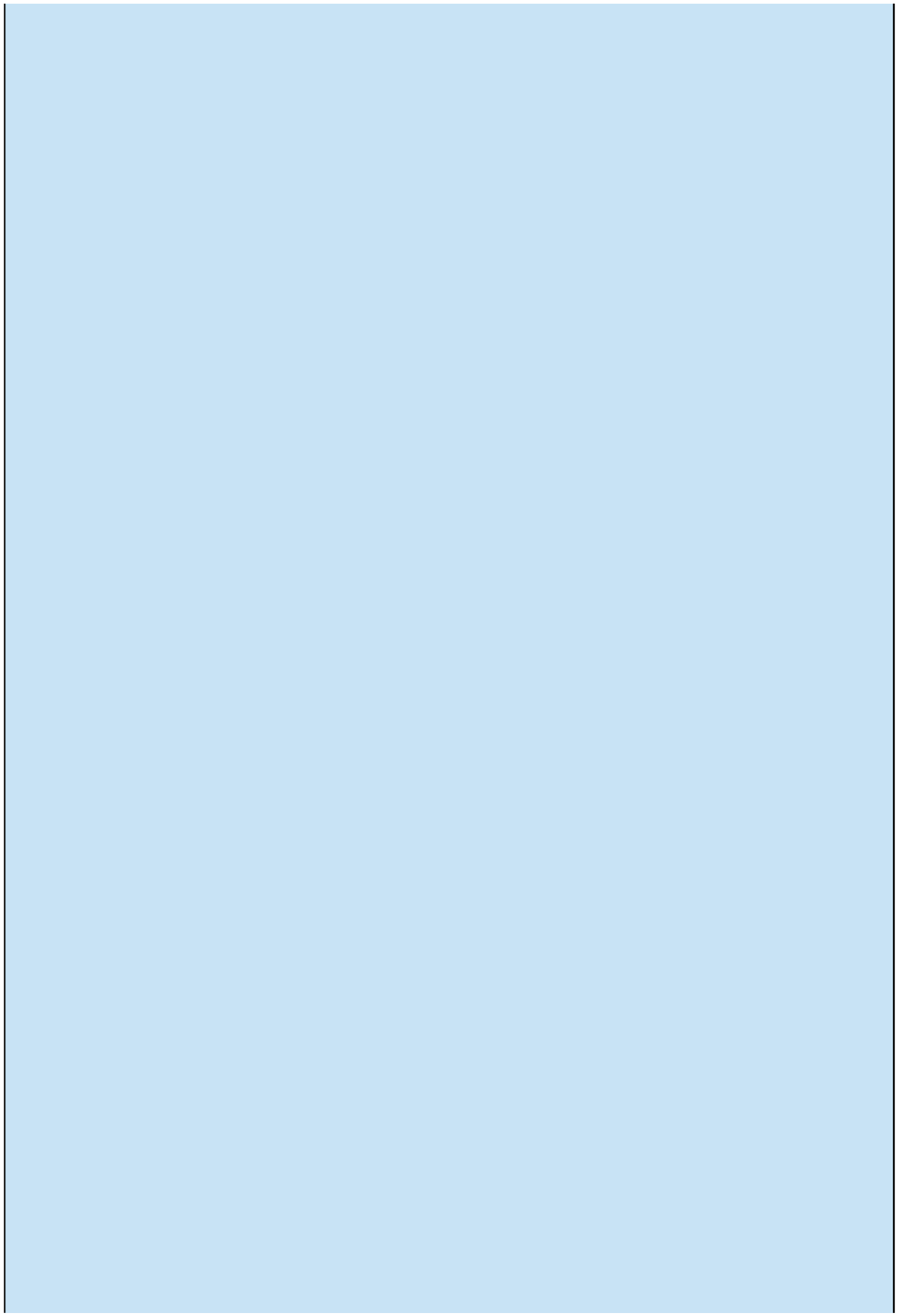


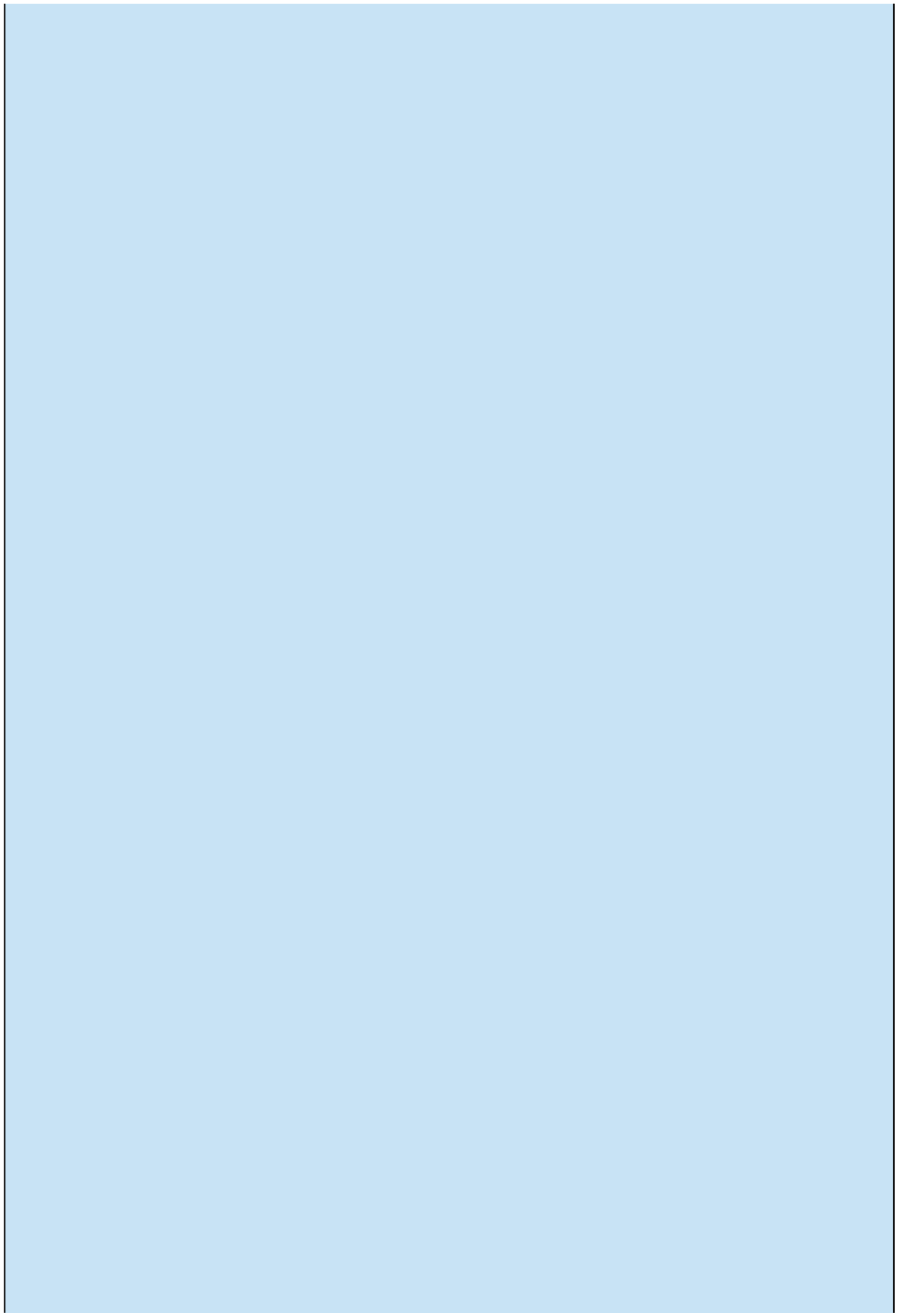


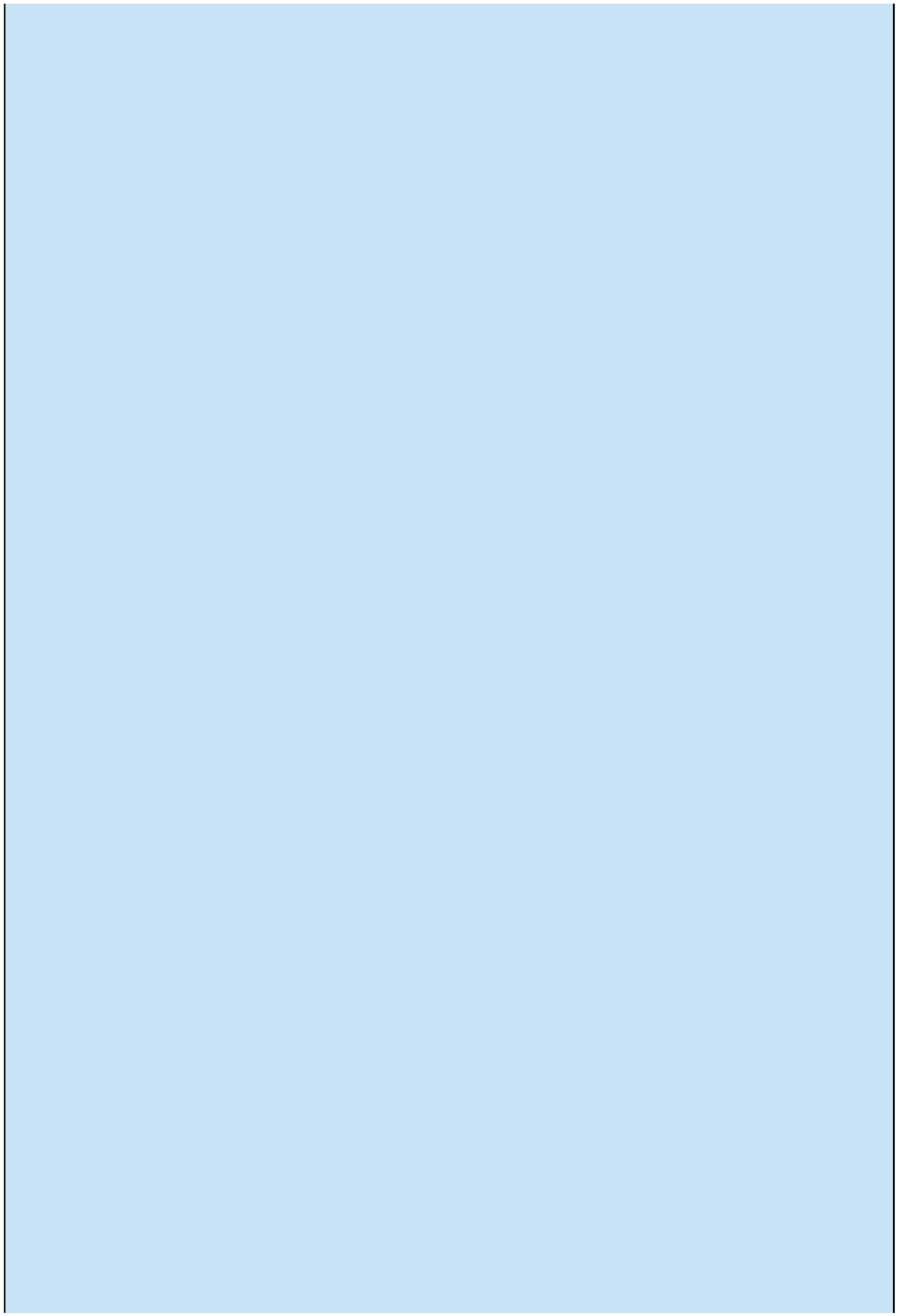


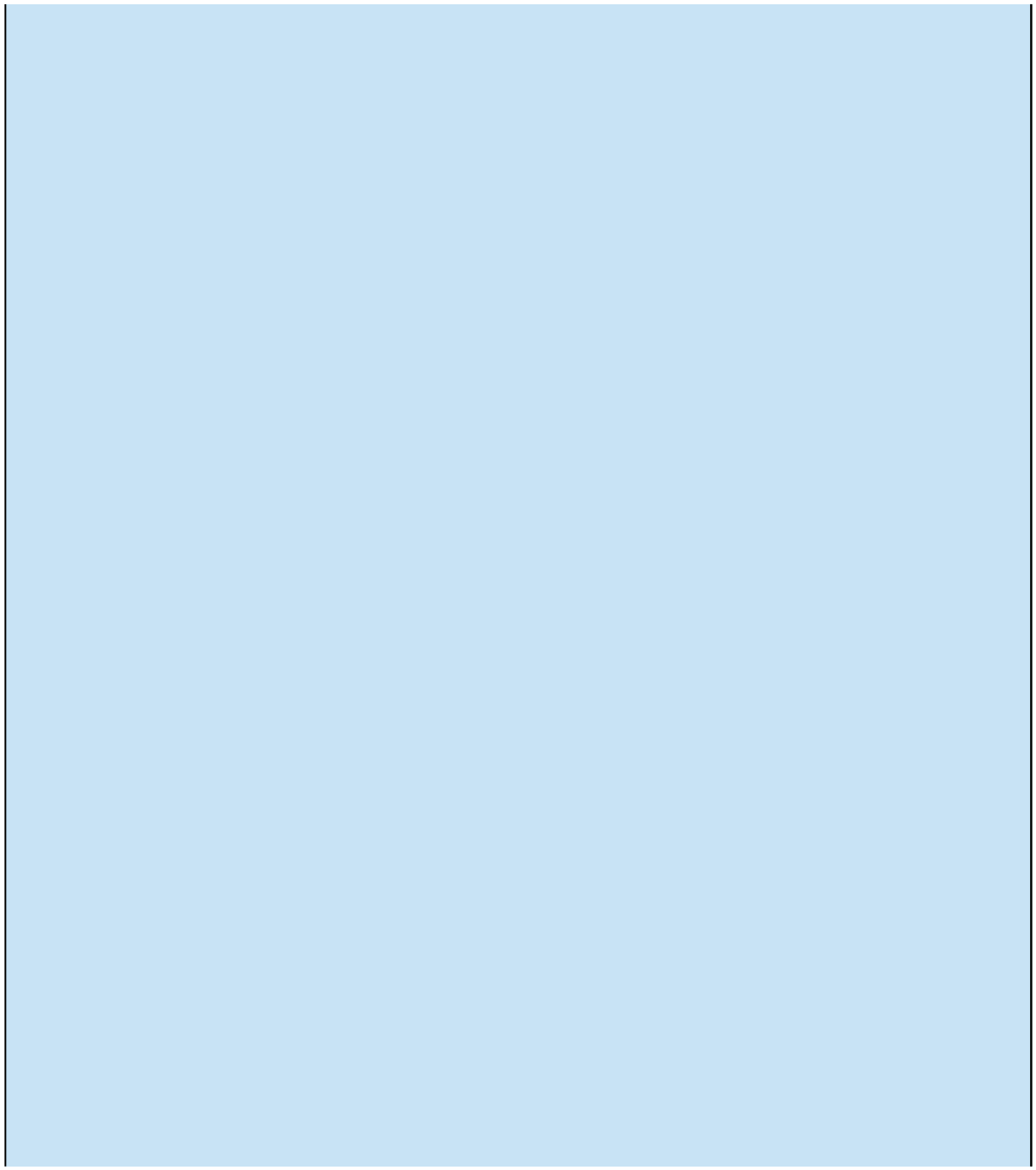








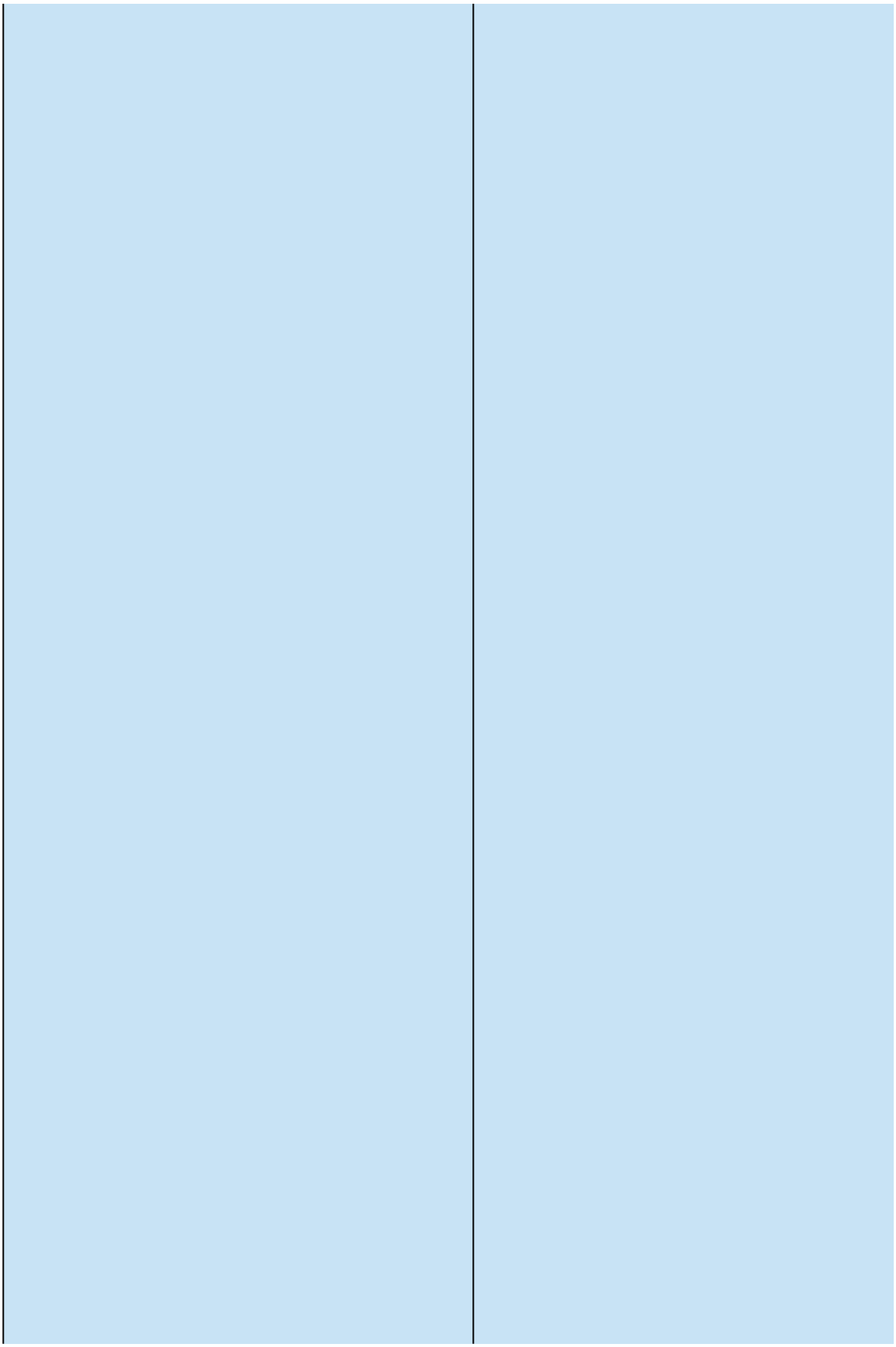


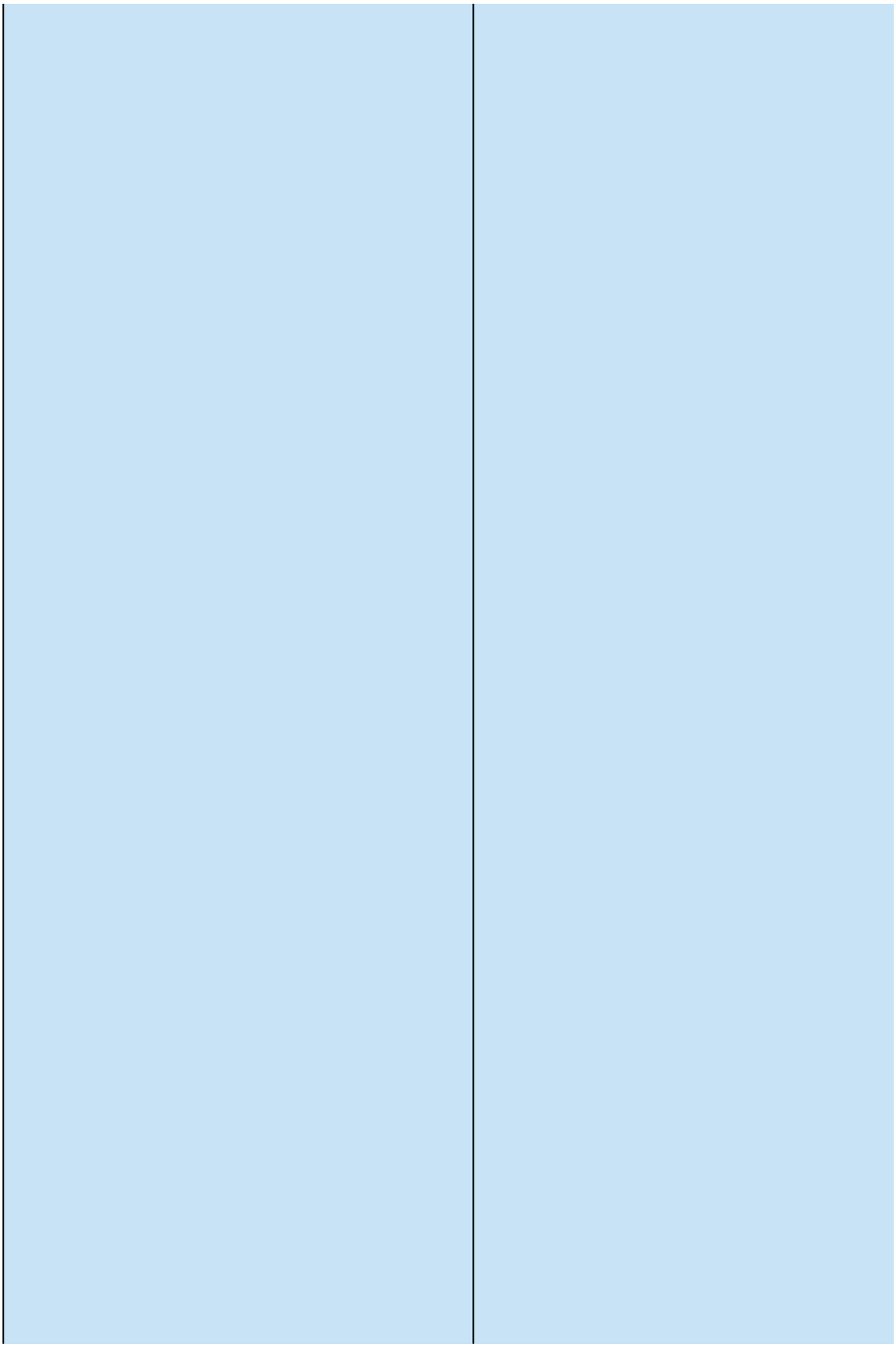


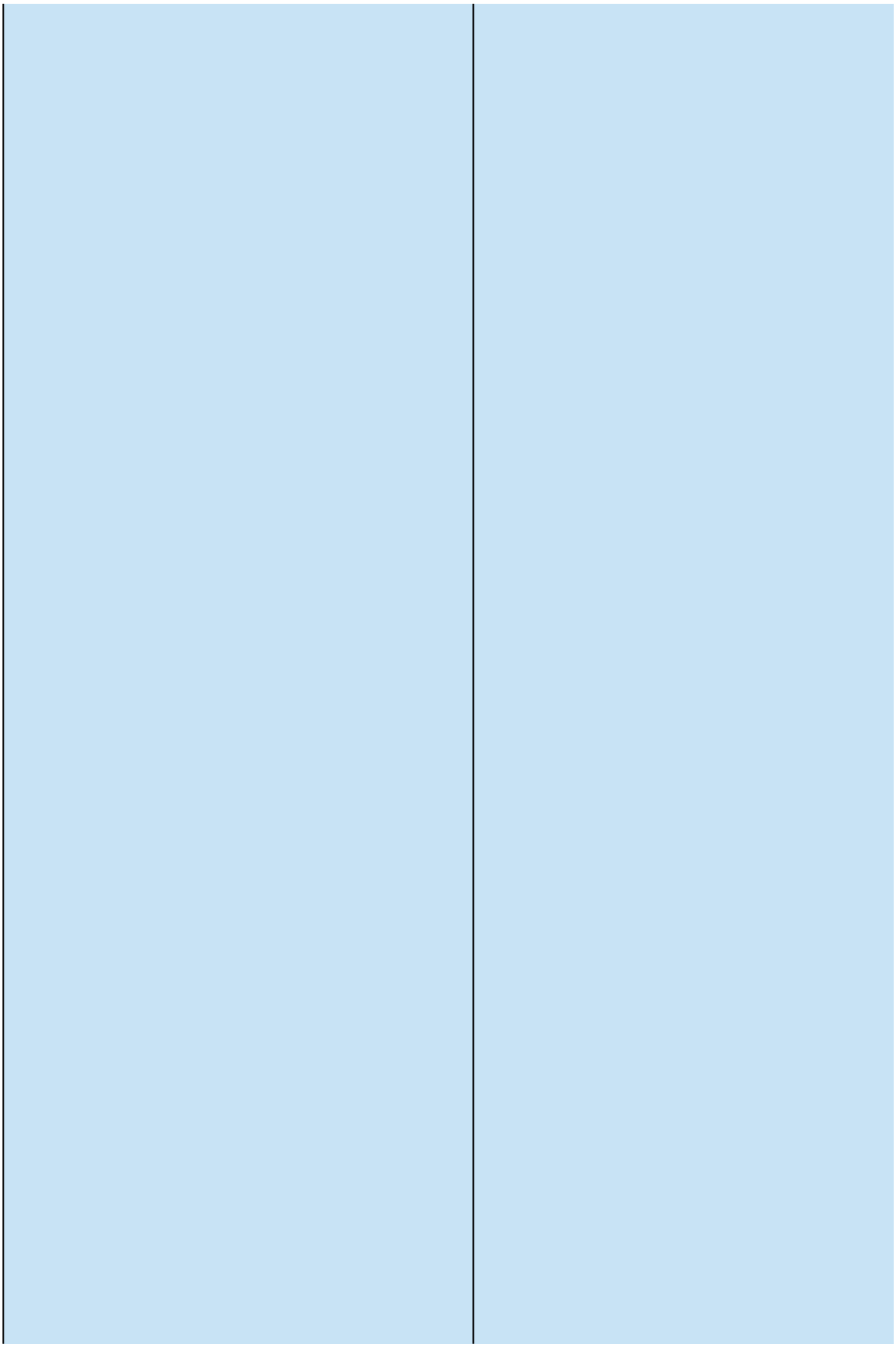
What wraparound services were provided with GJC funding?- Other

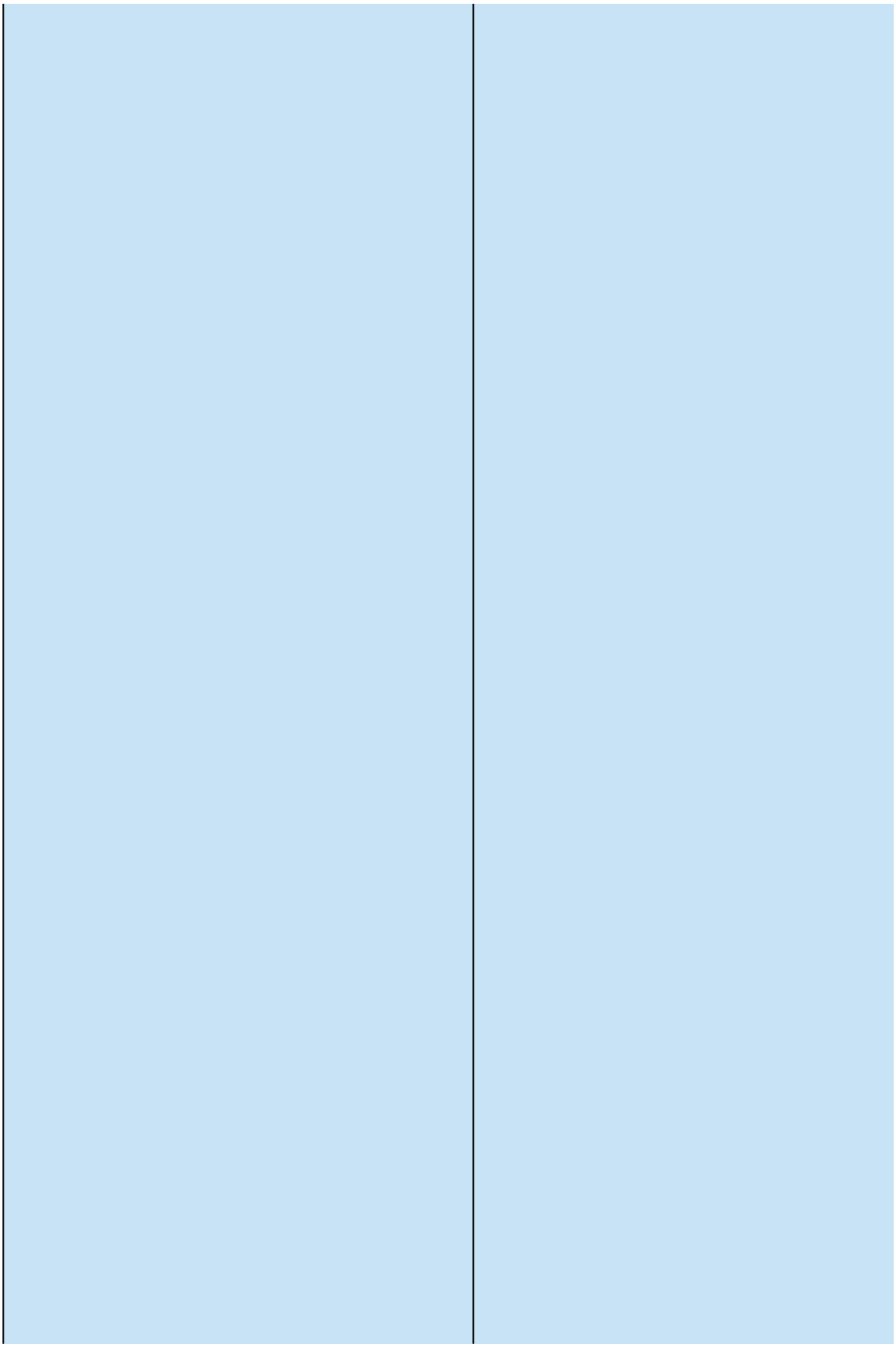
If selected "other" for wraparound service, please specify the service.

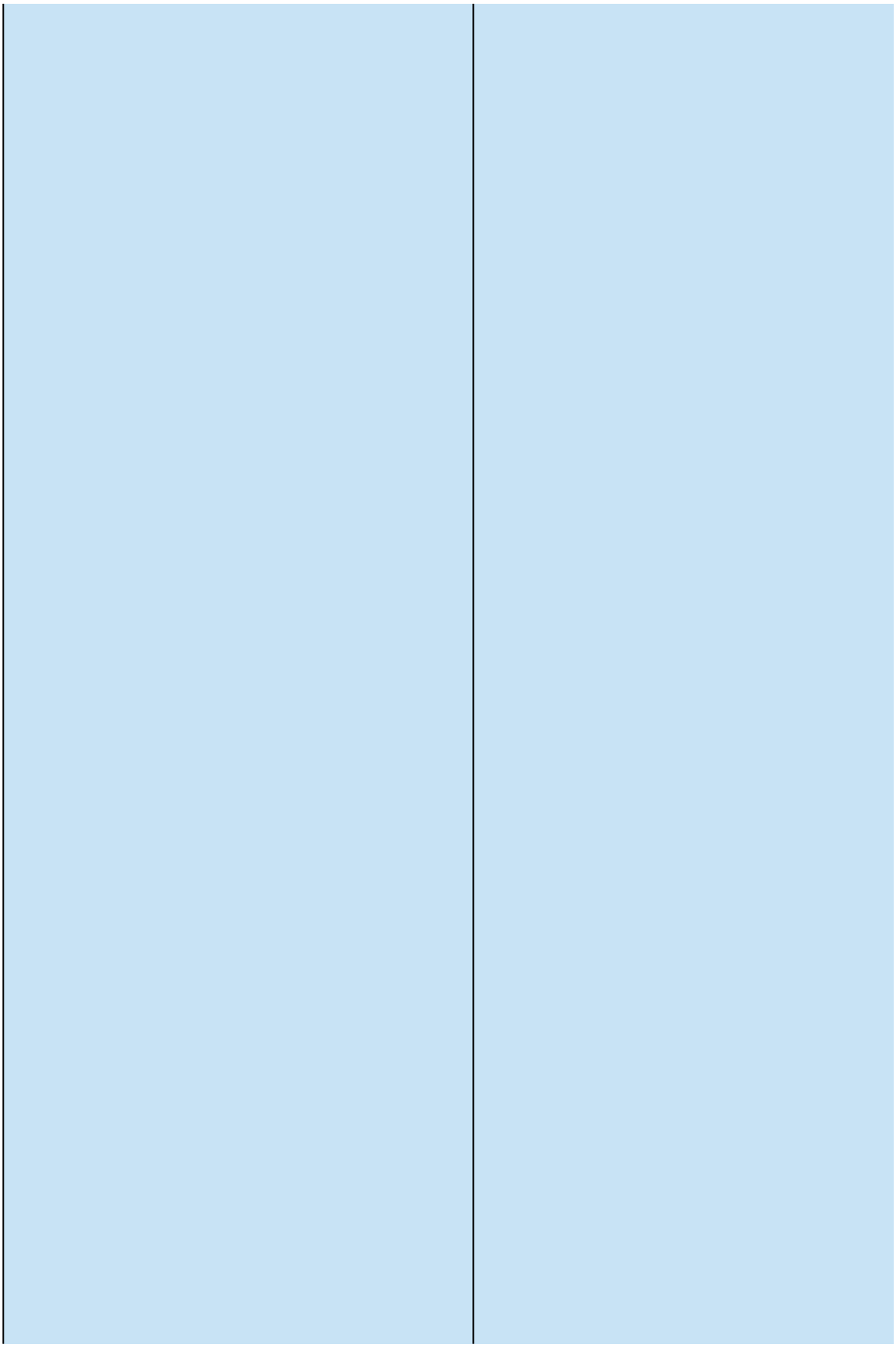
How many GJC Participants used these services?	What was the total cost of these services provided?
# of Participants	*Provide the actual cost of these services. (Example: $500)*

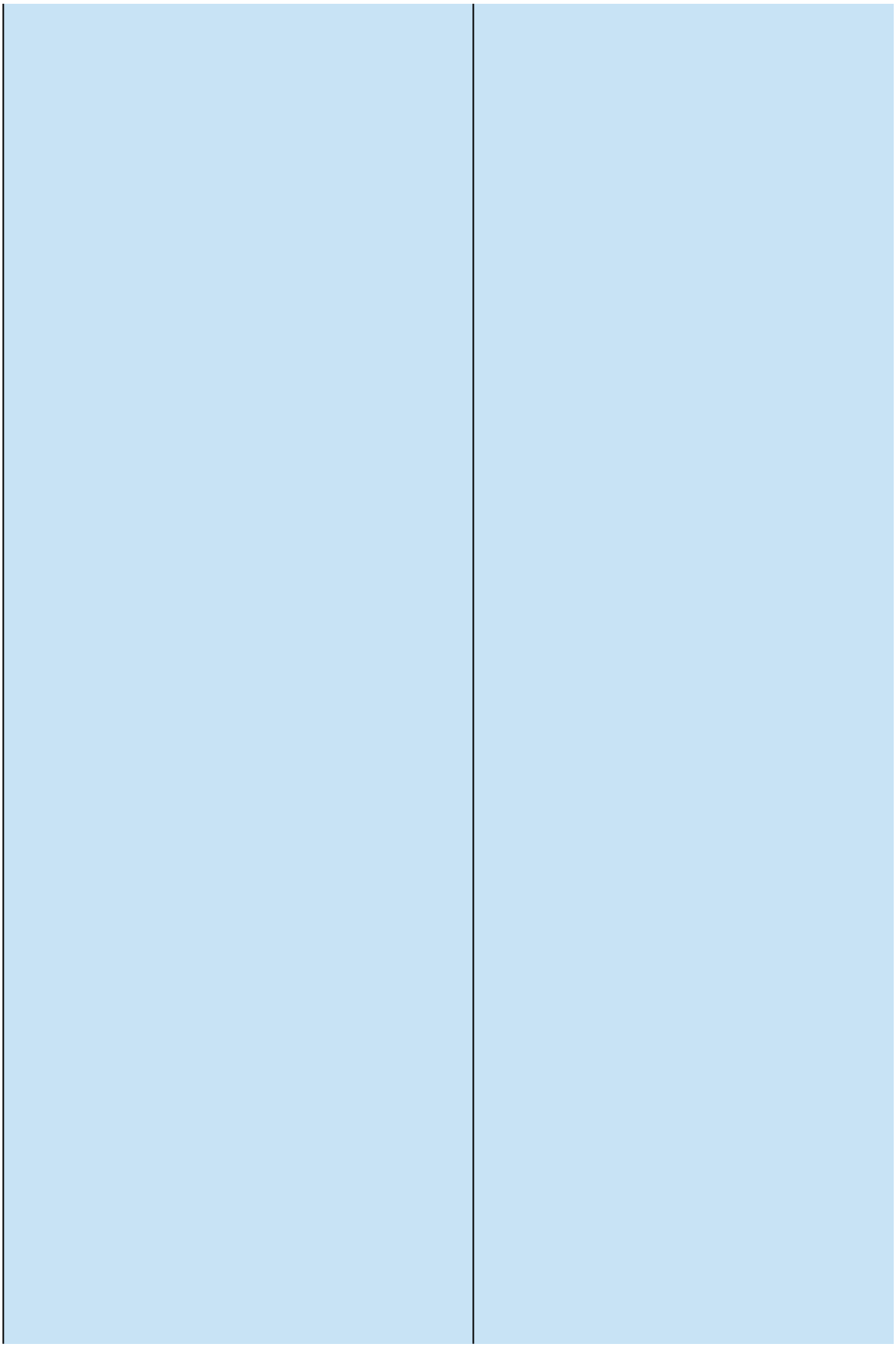


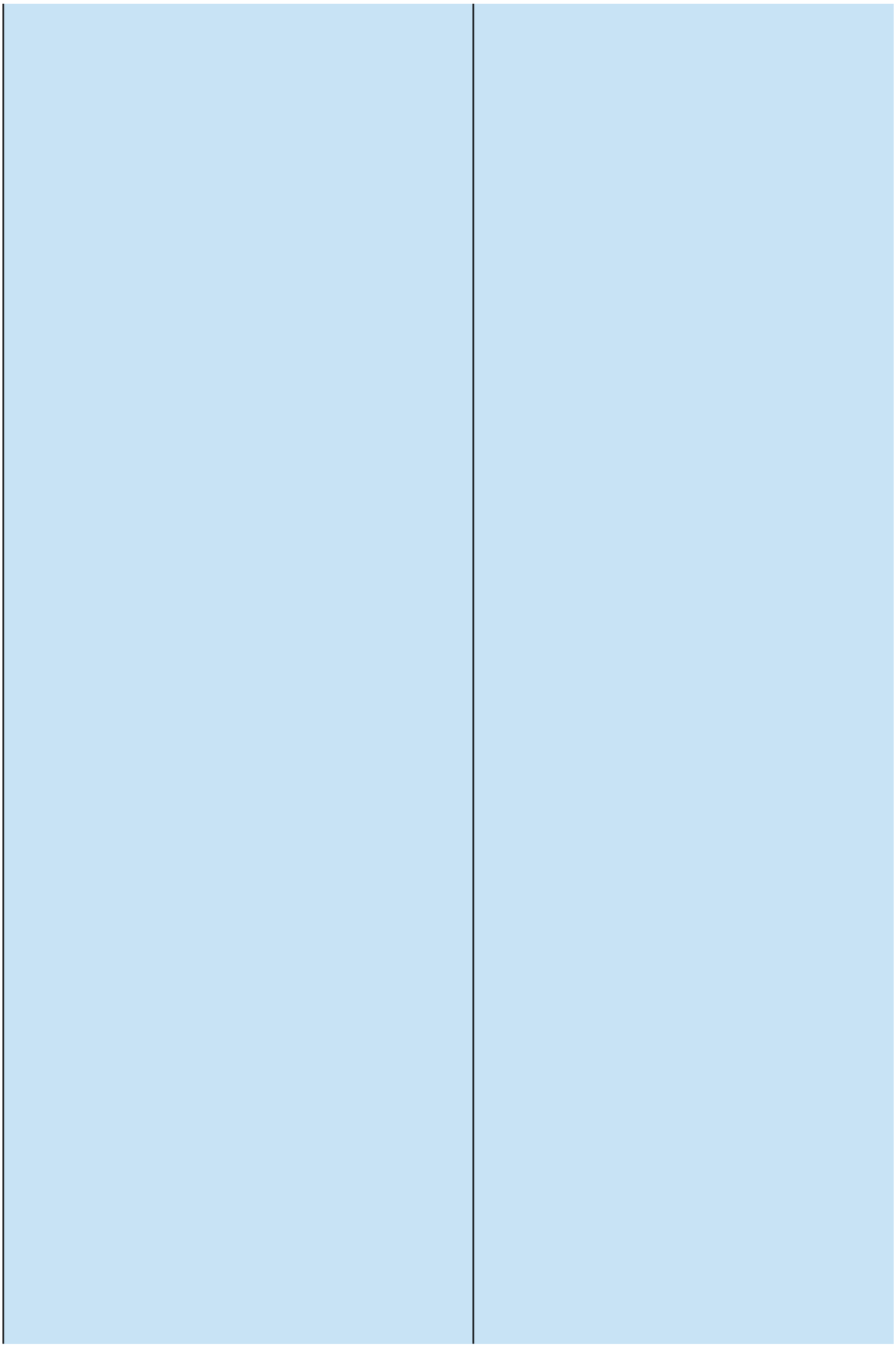


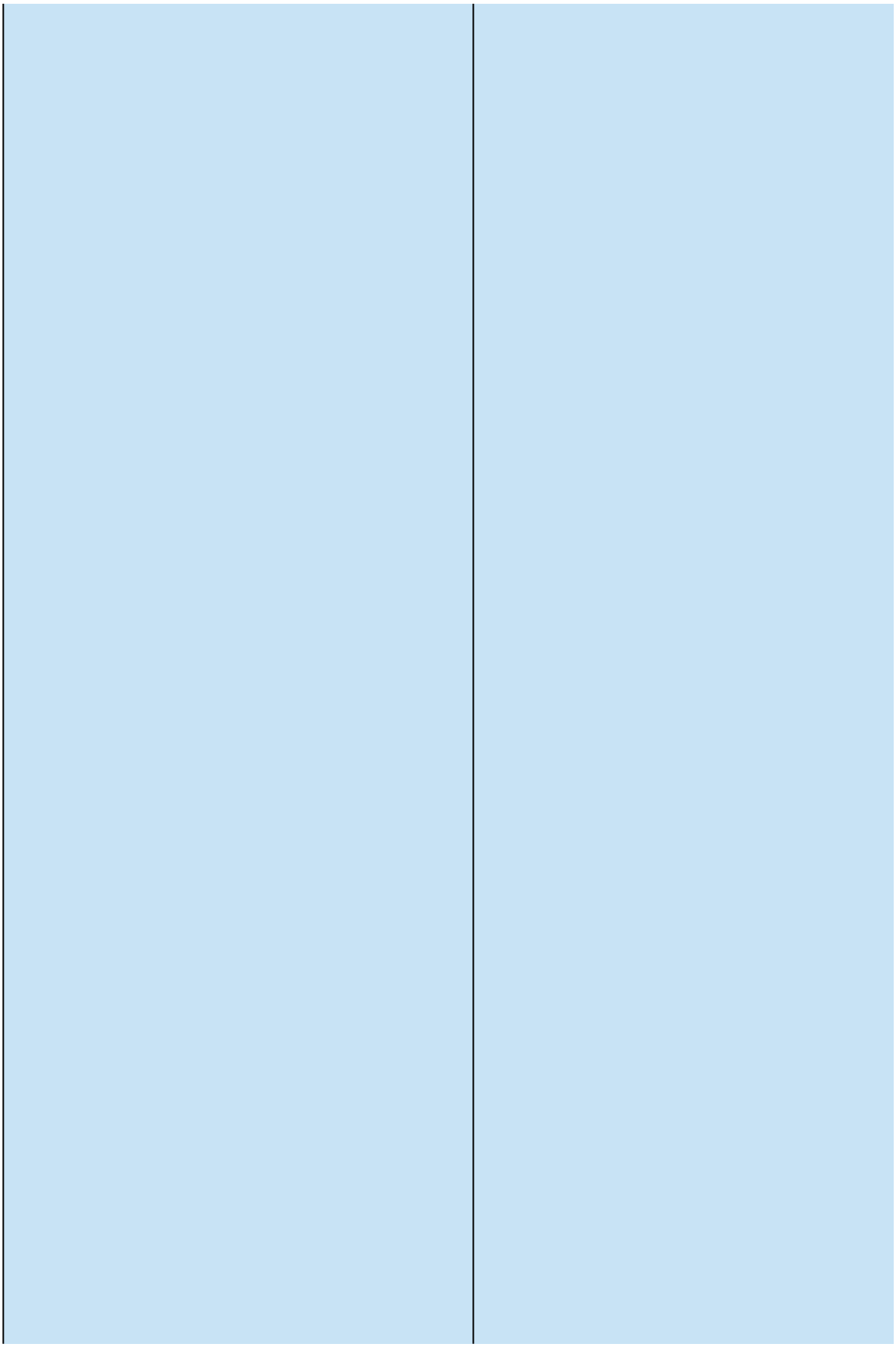


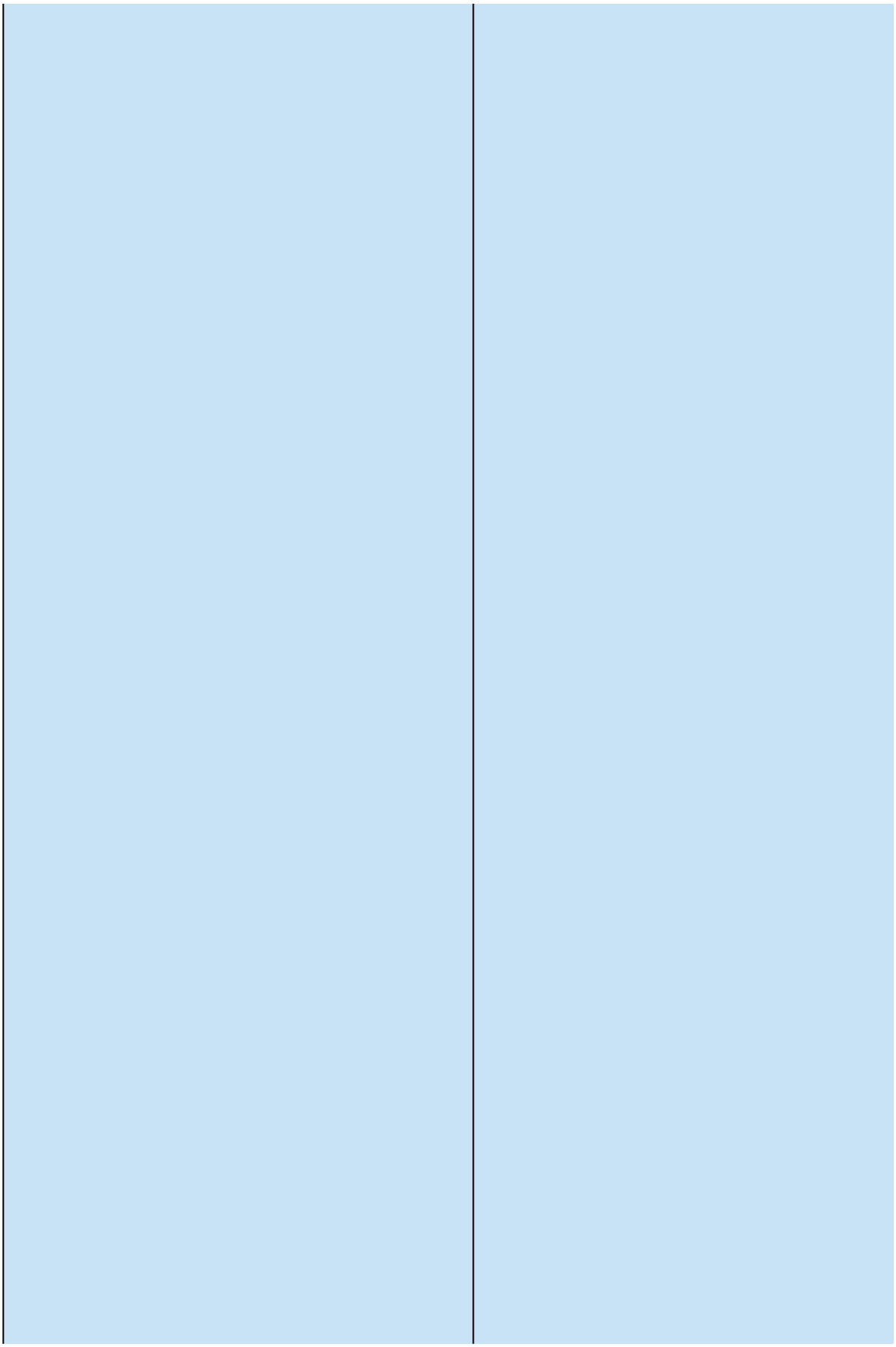


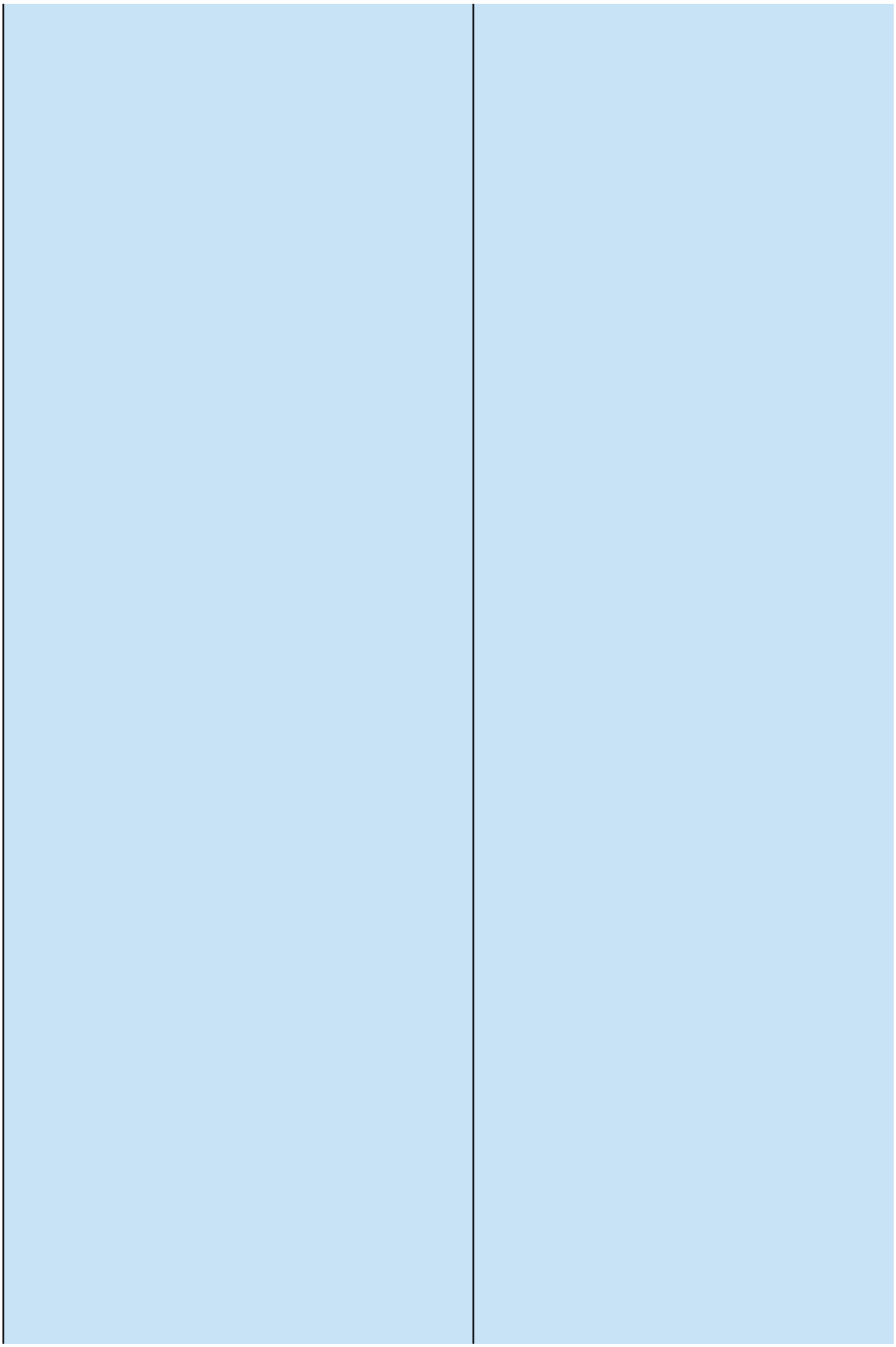


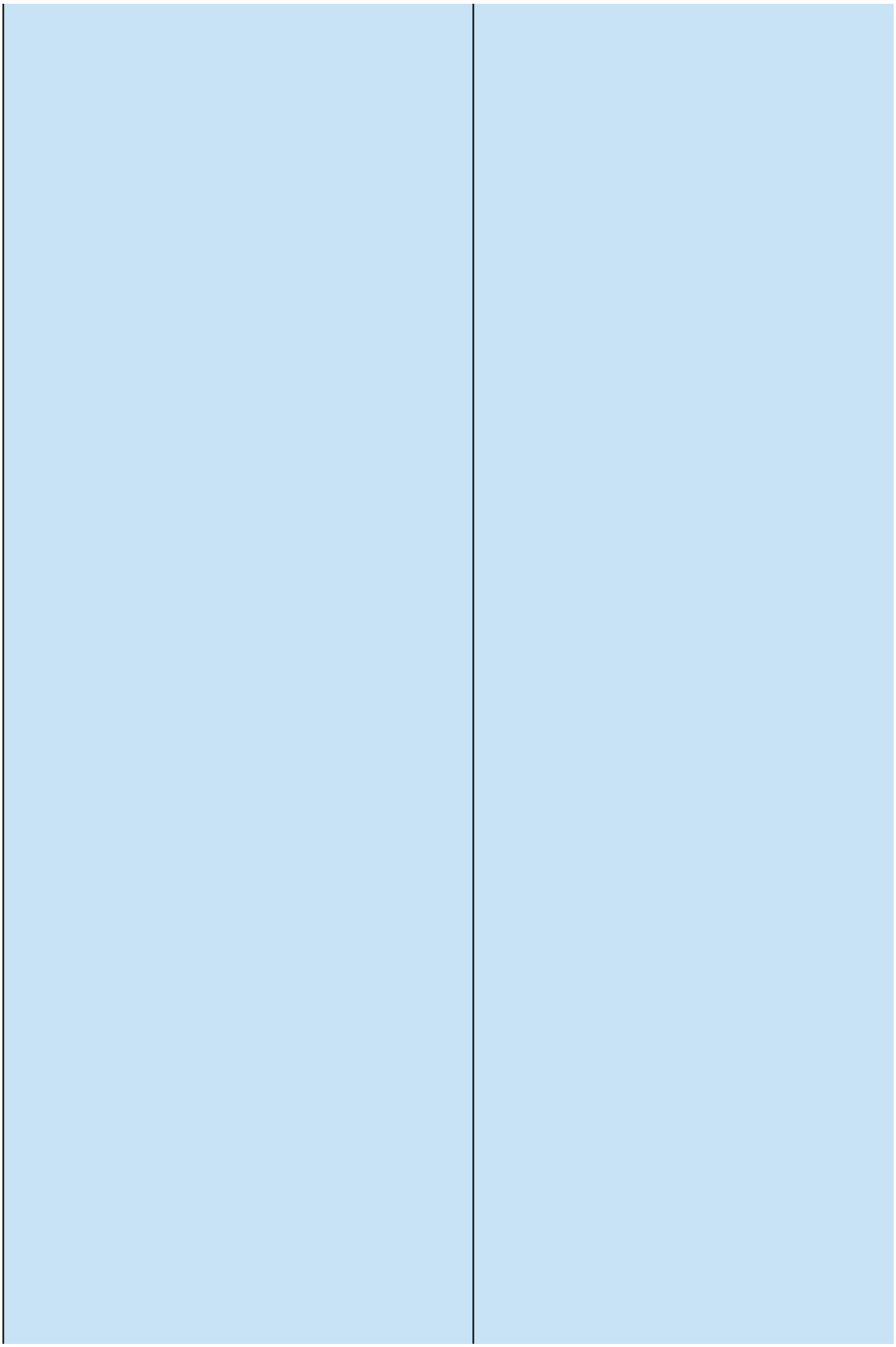


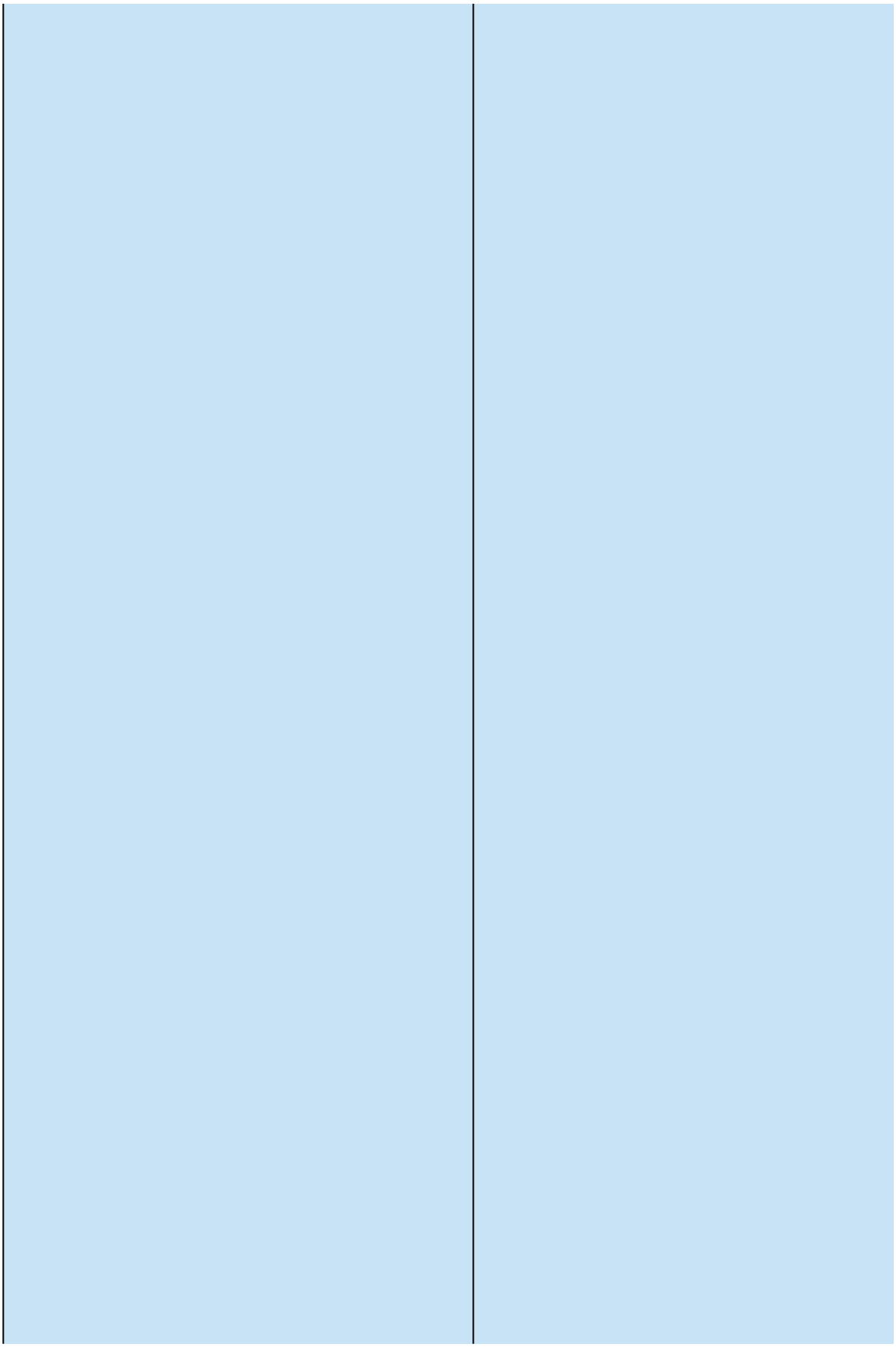


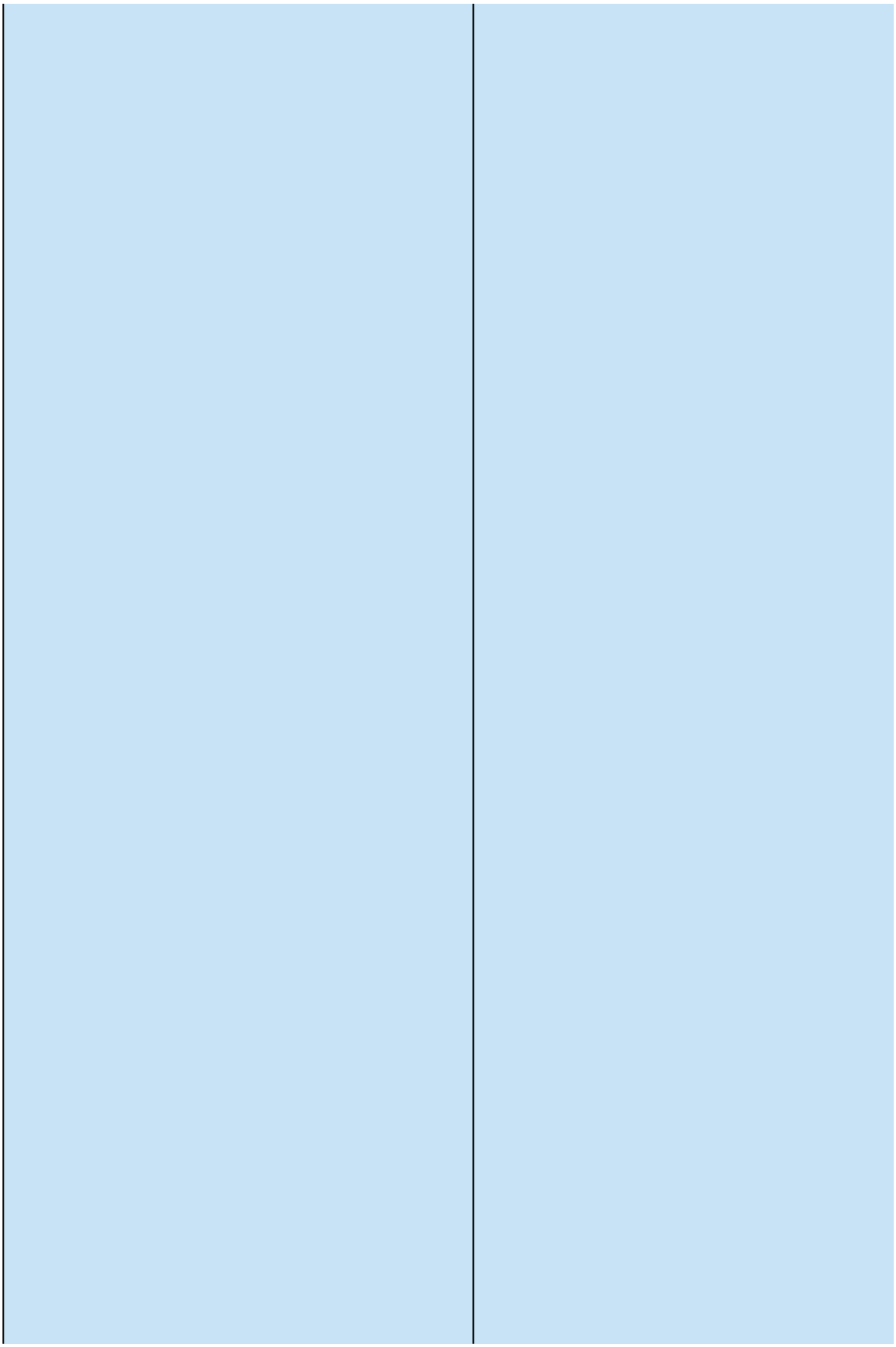


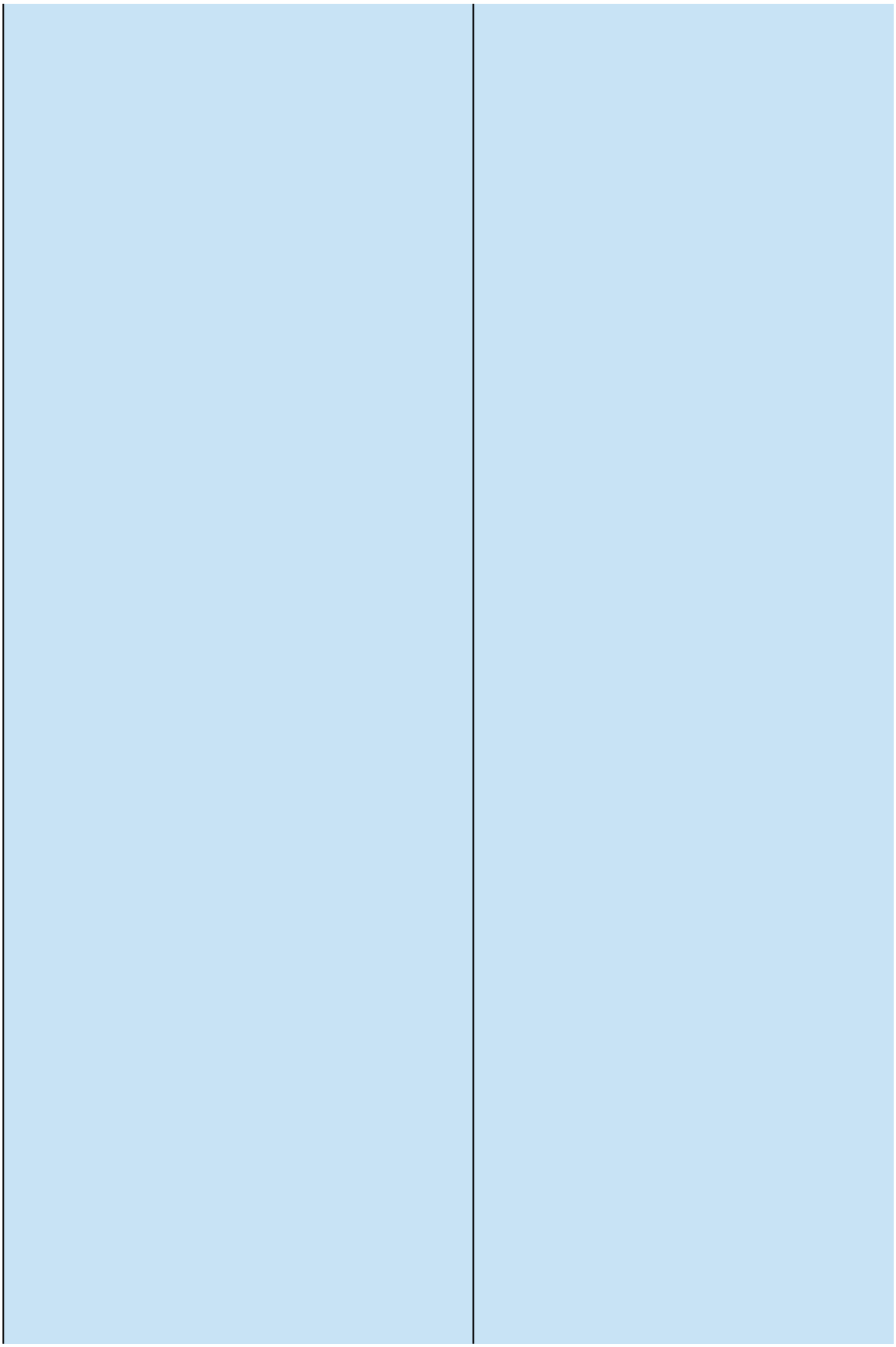


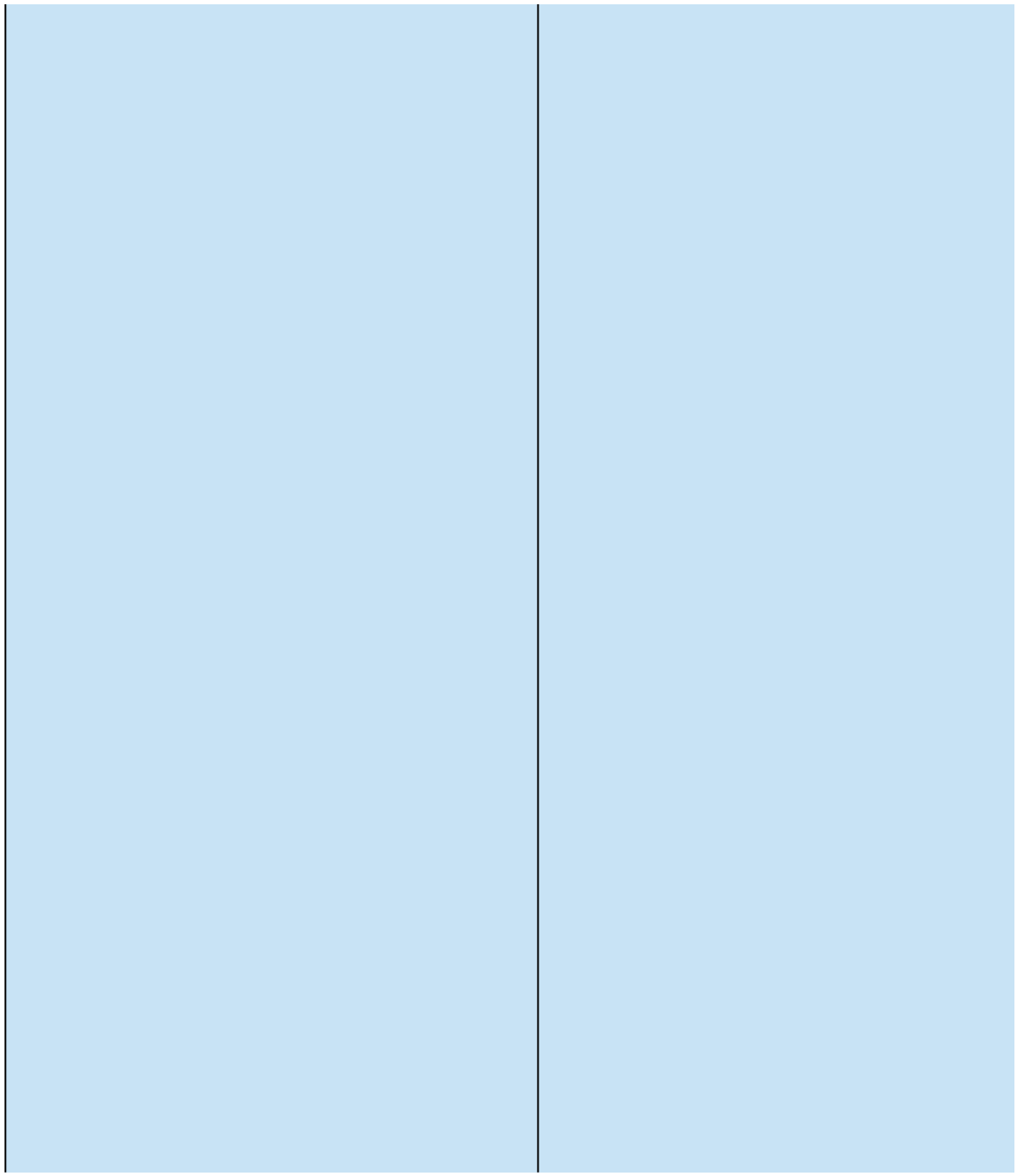




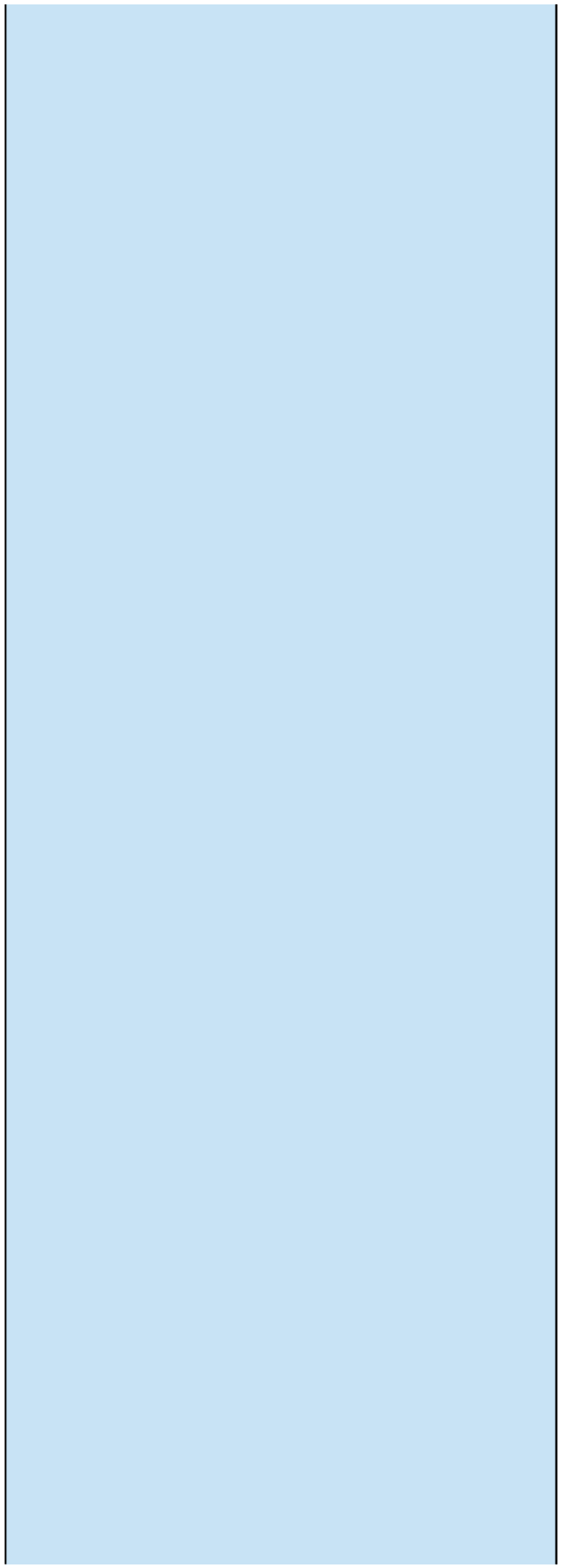


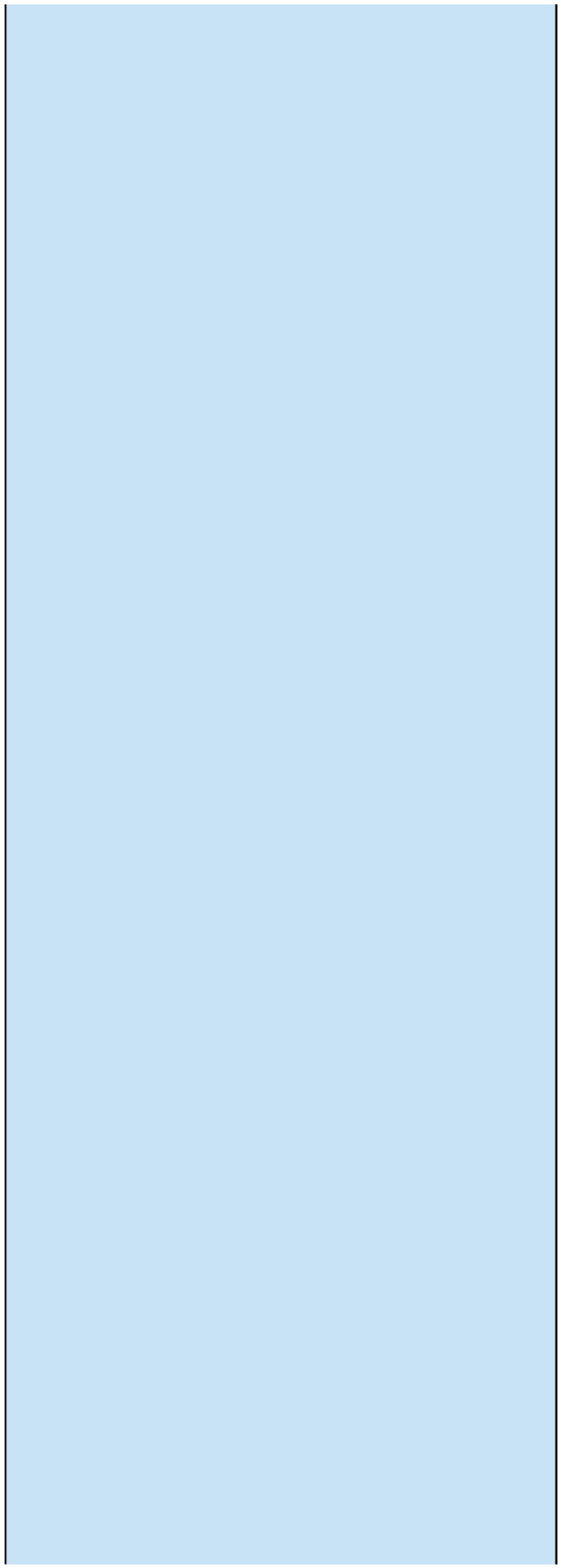


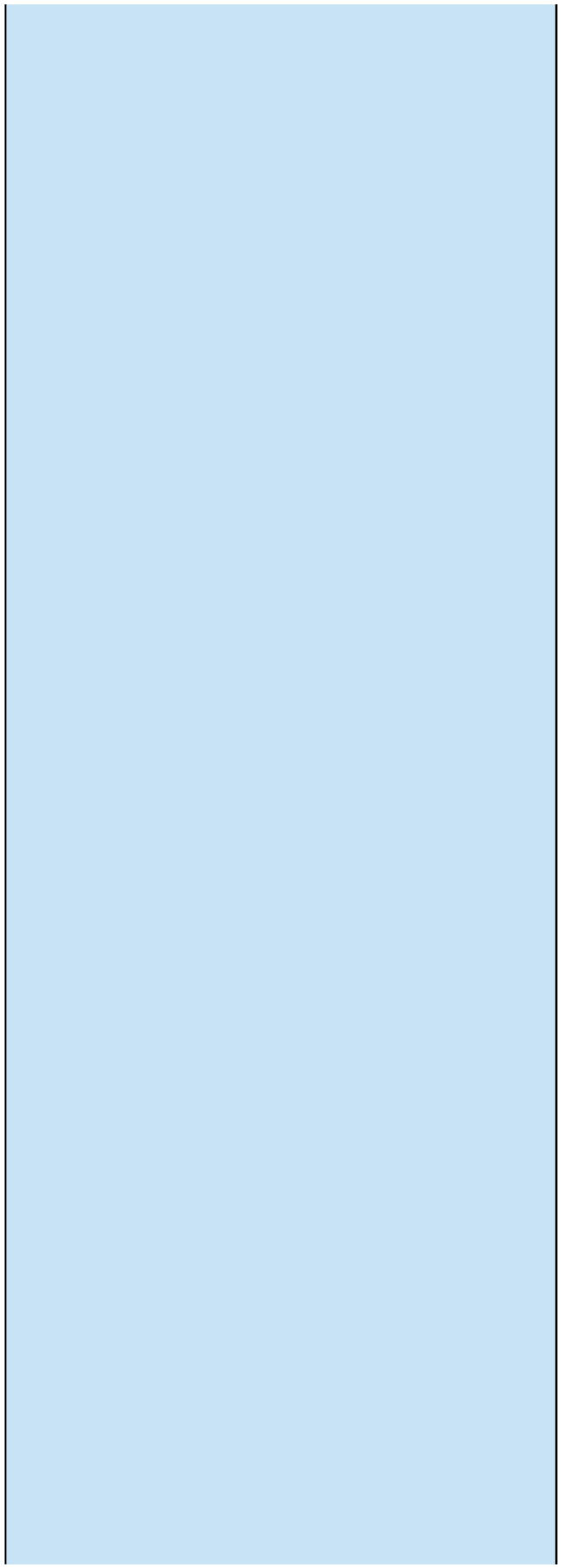


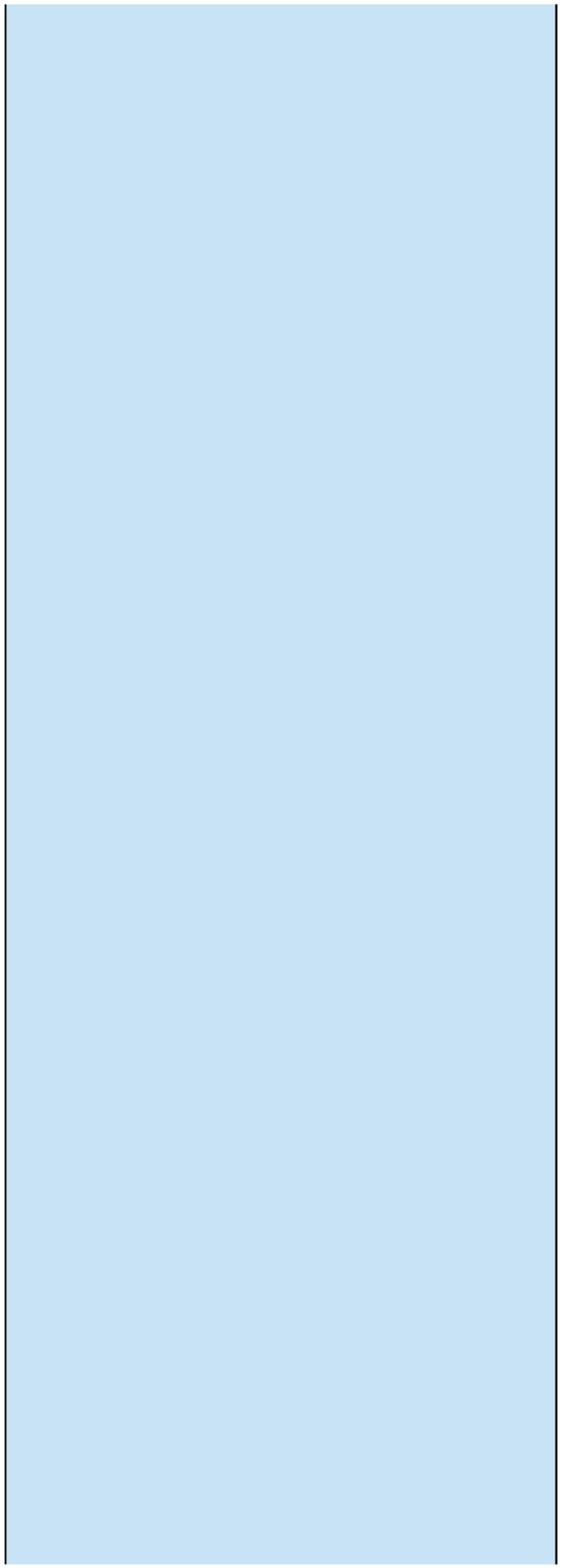


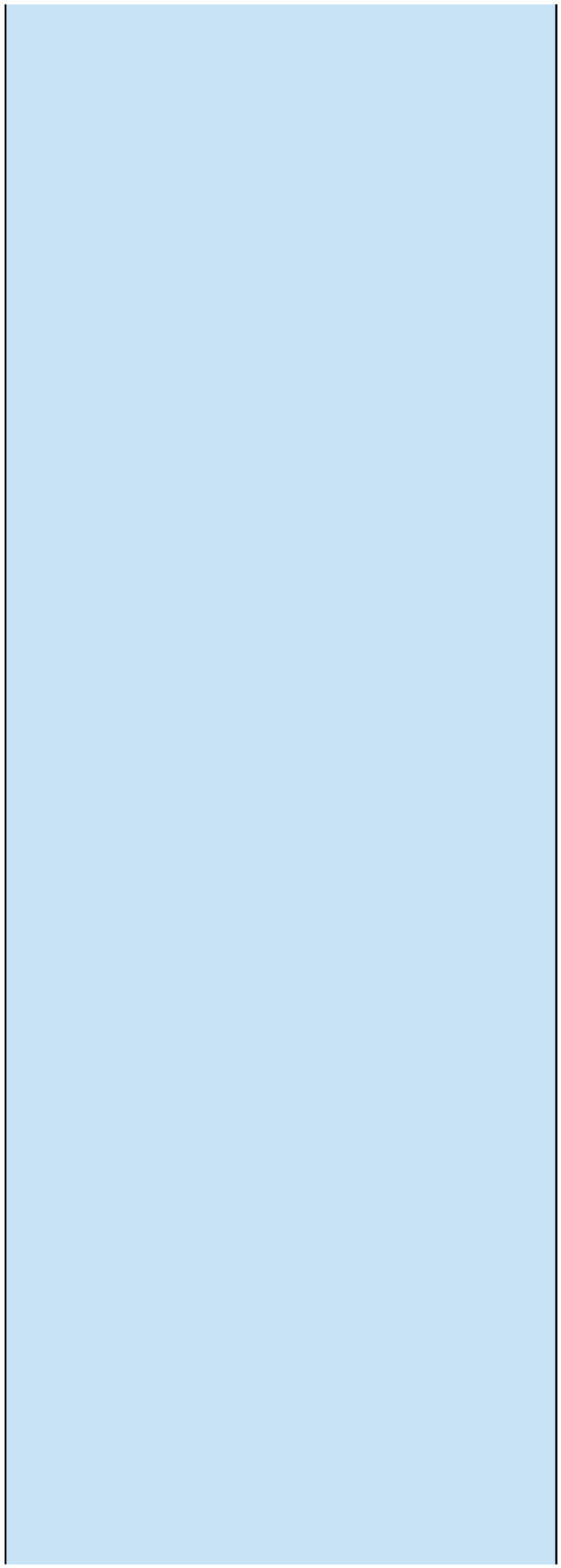
What was the median cost per person of these services?
Provide the median cost per person

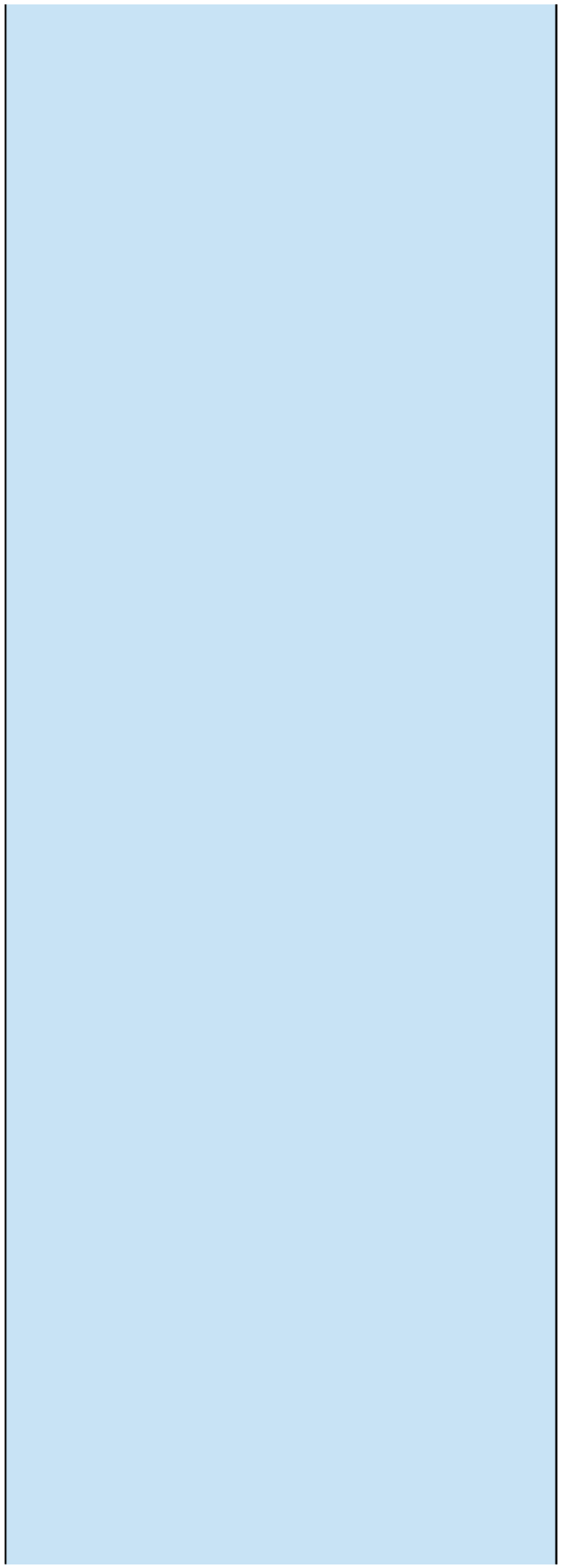


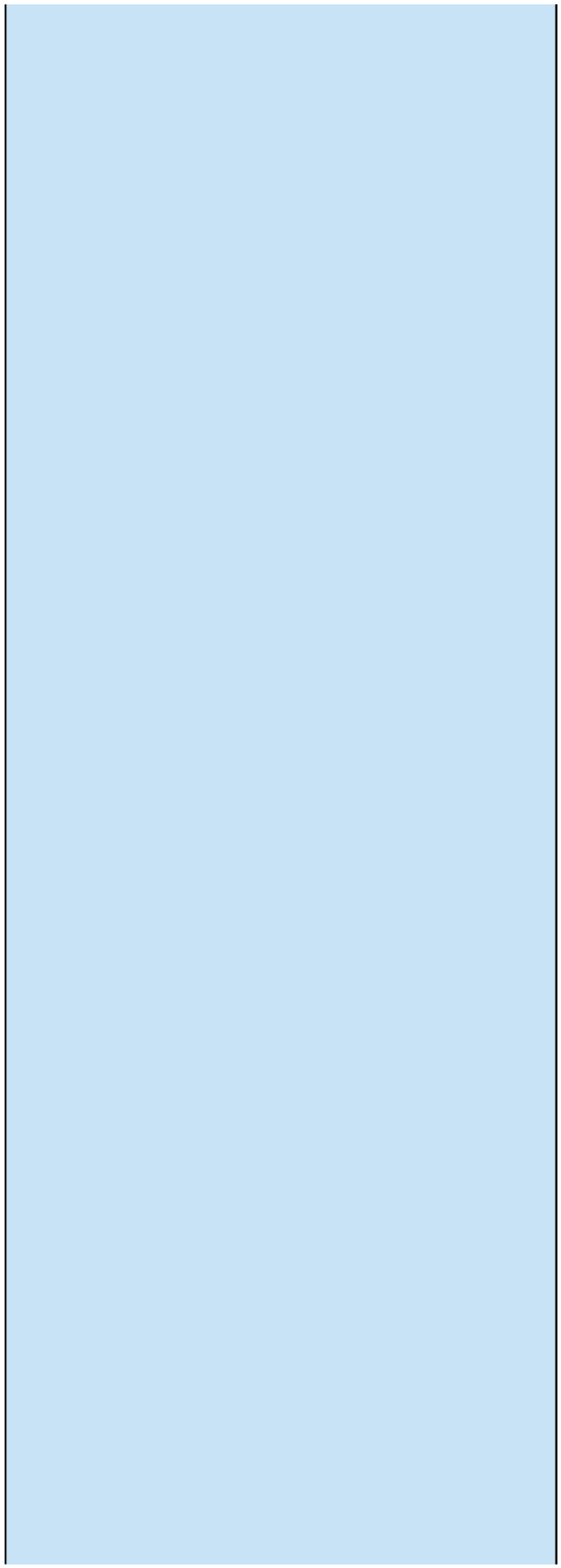


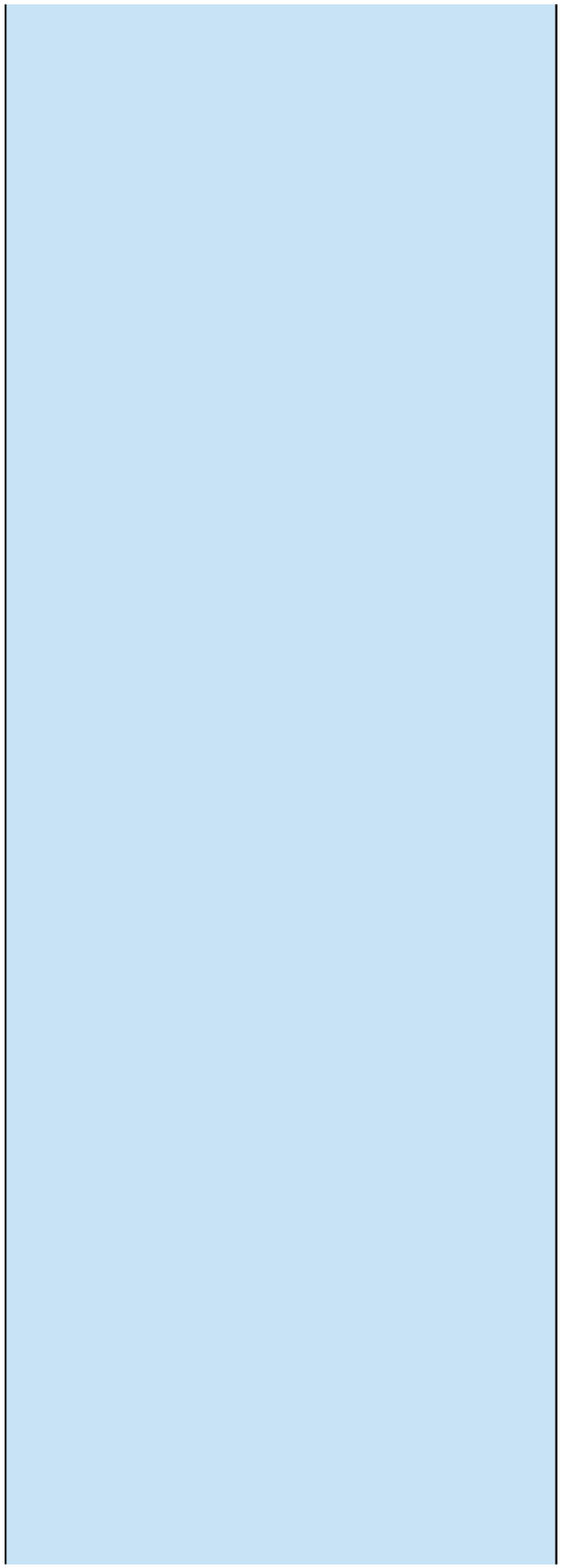


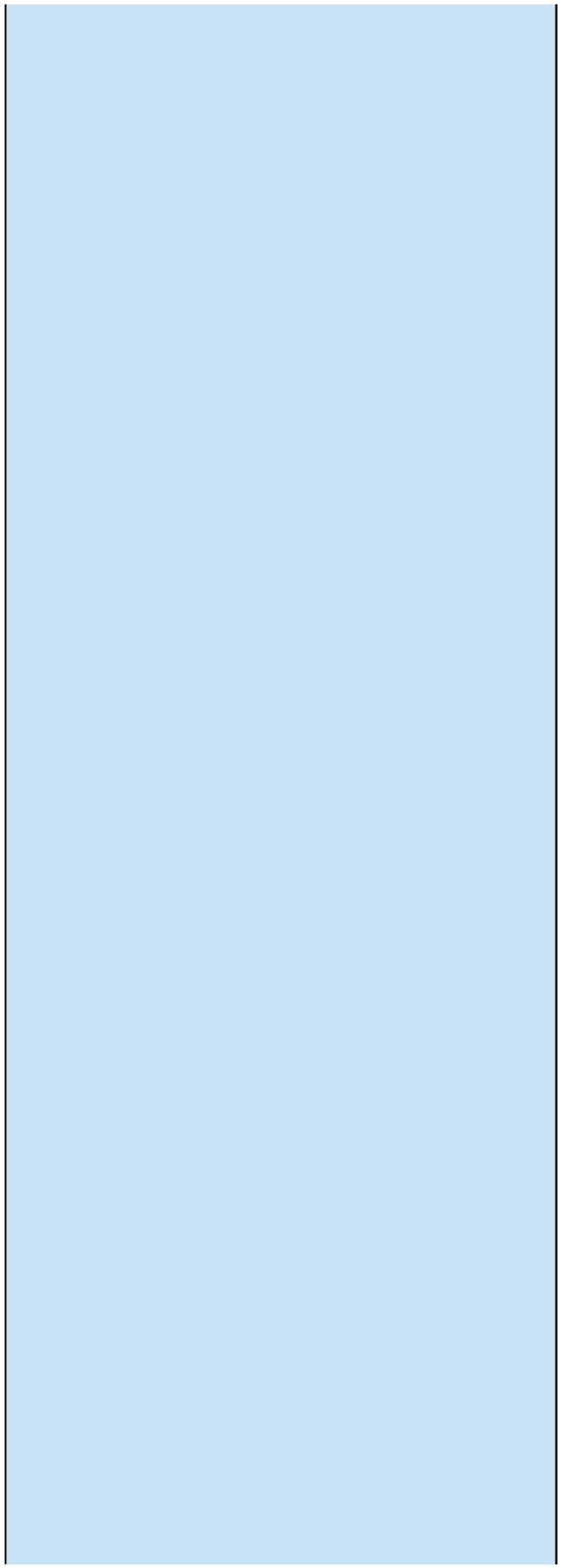


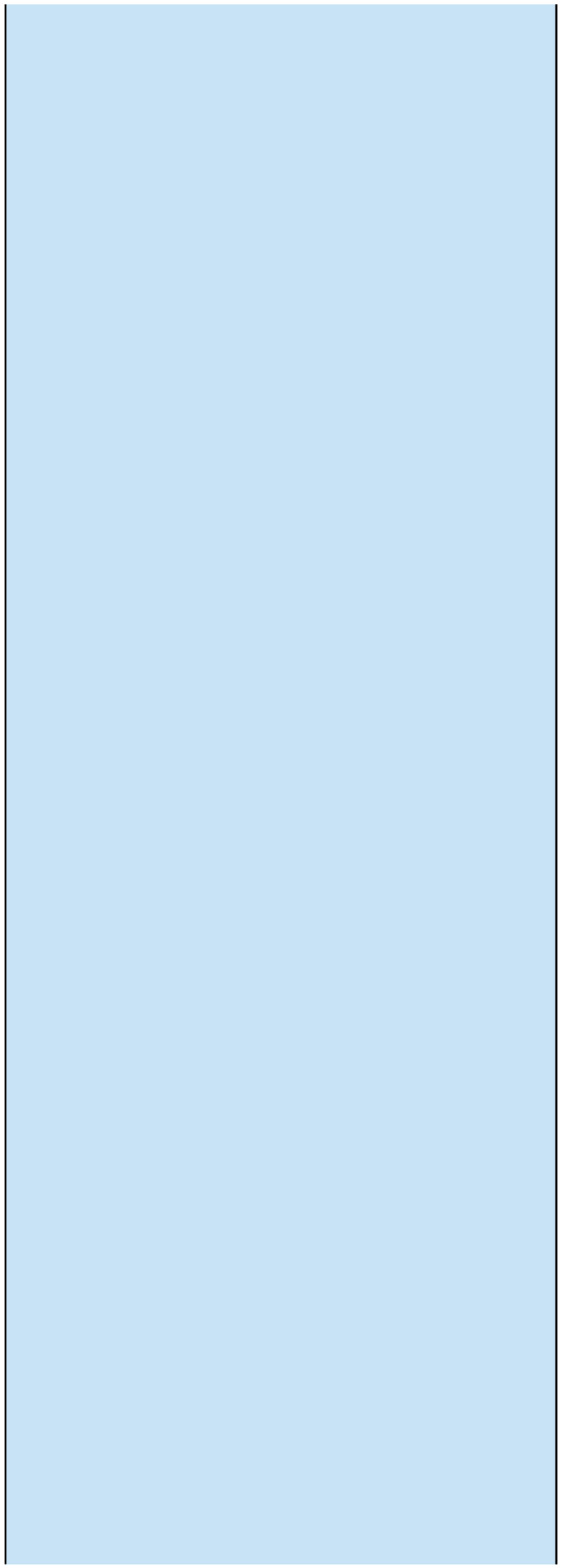


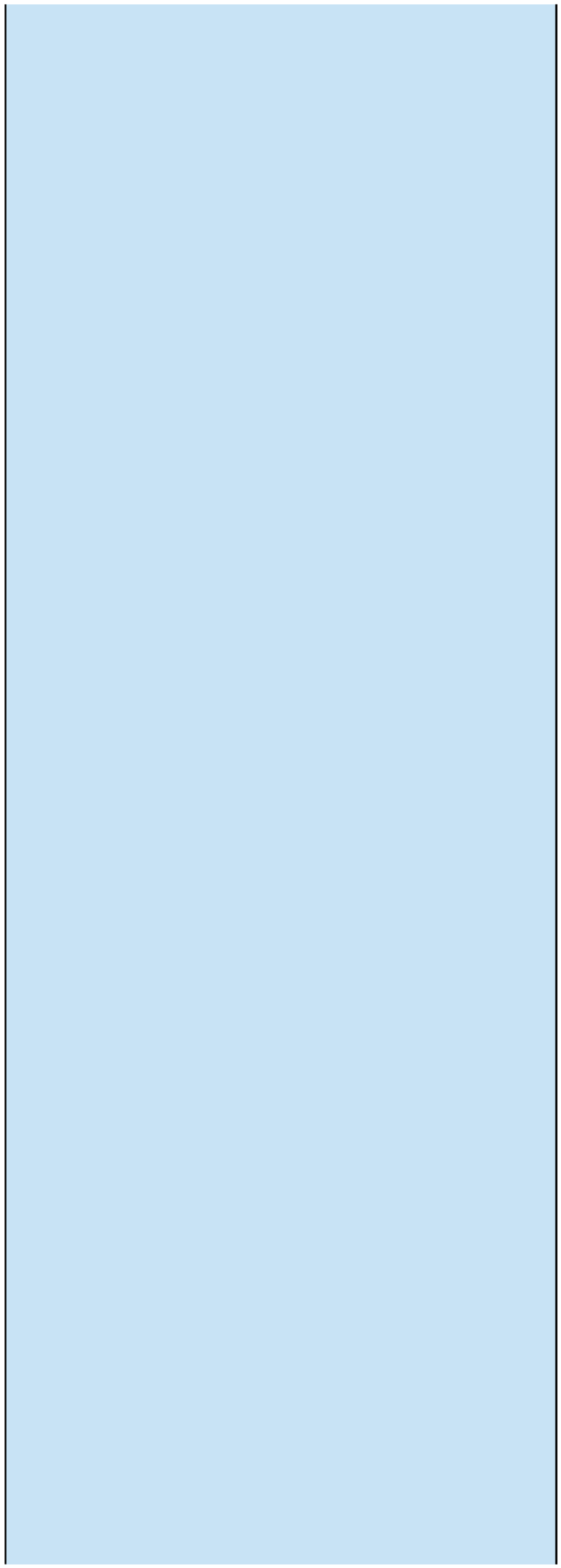


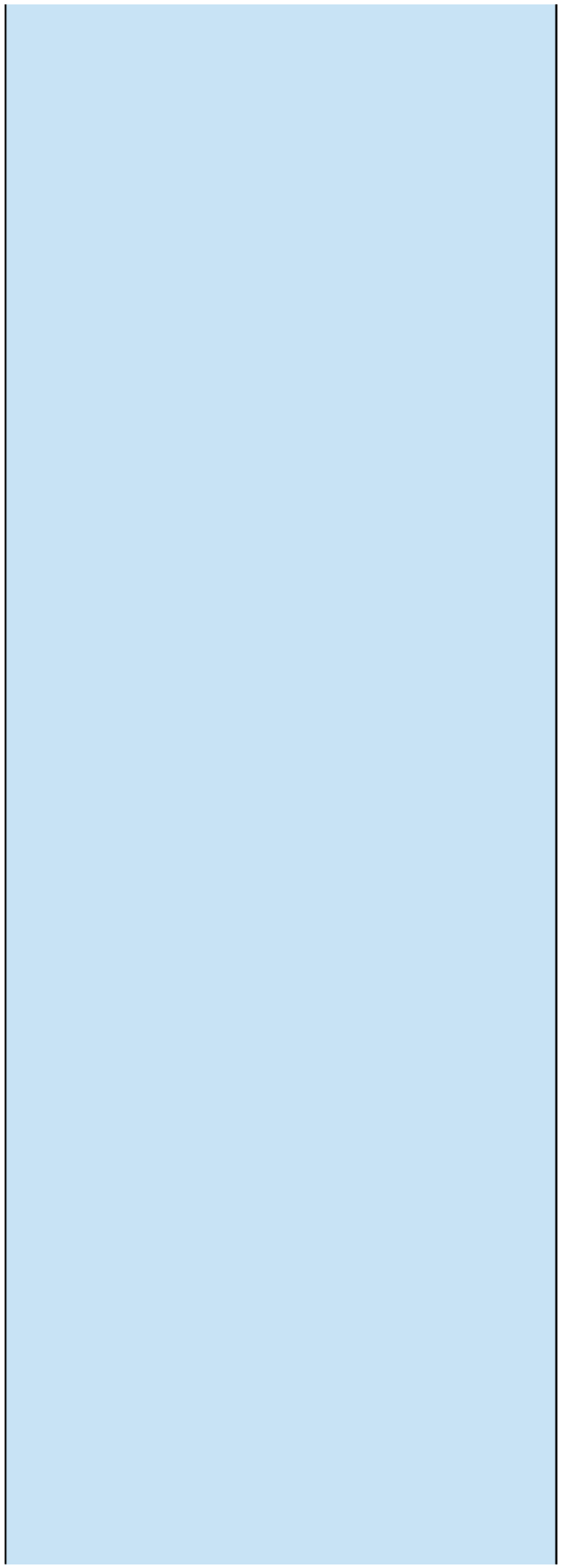


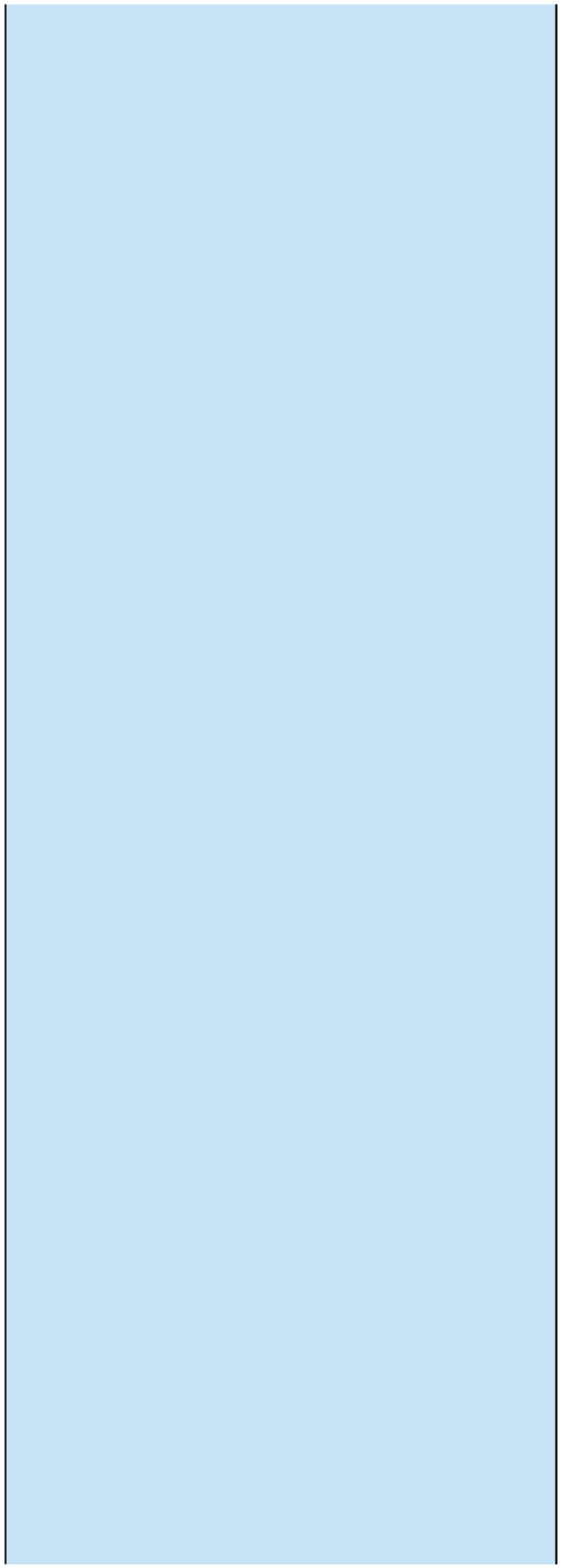


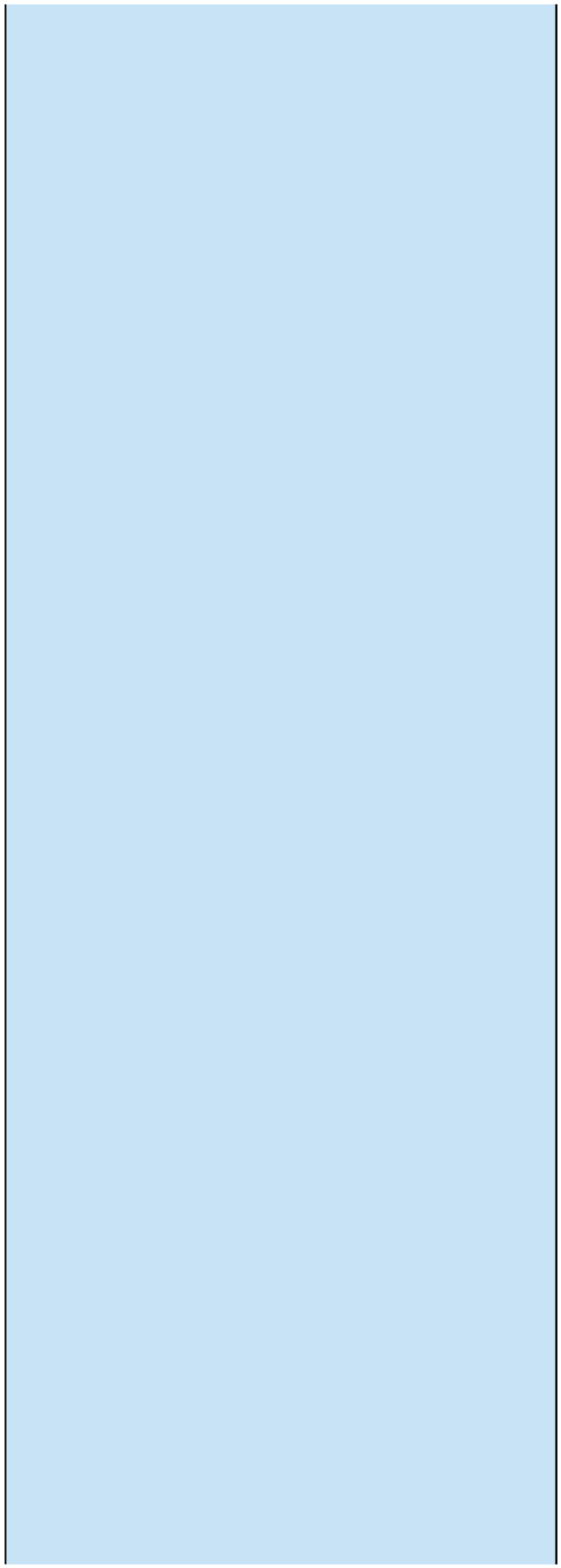


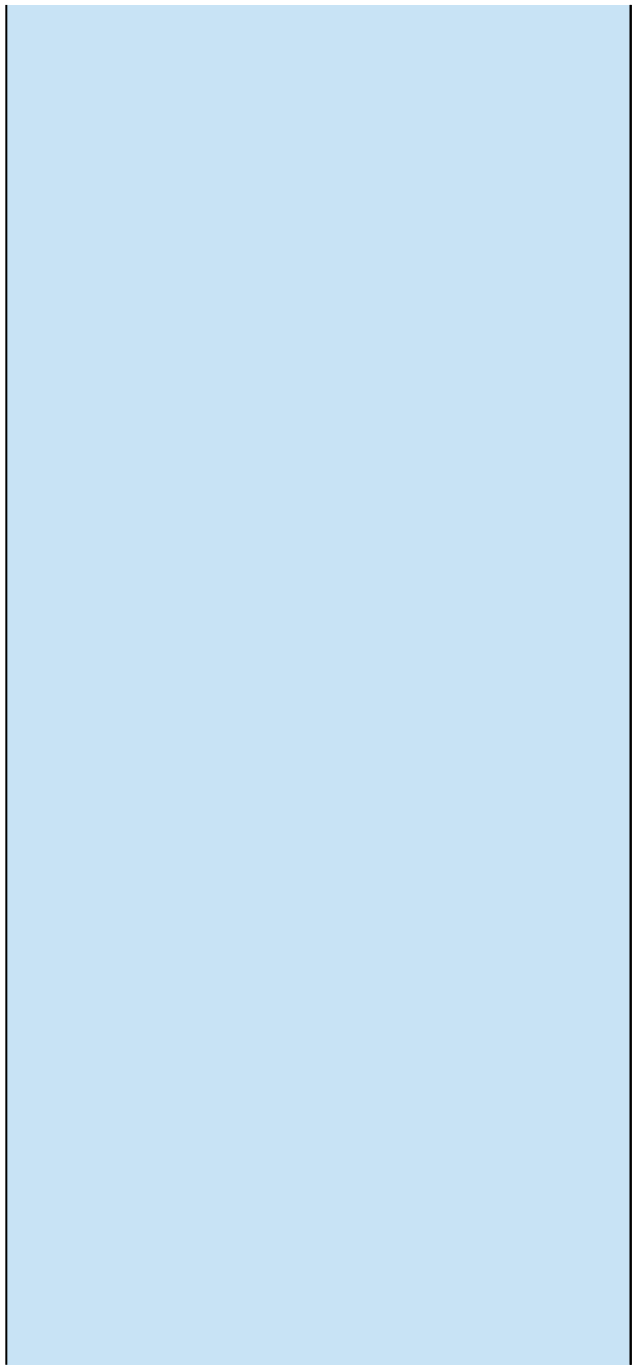










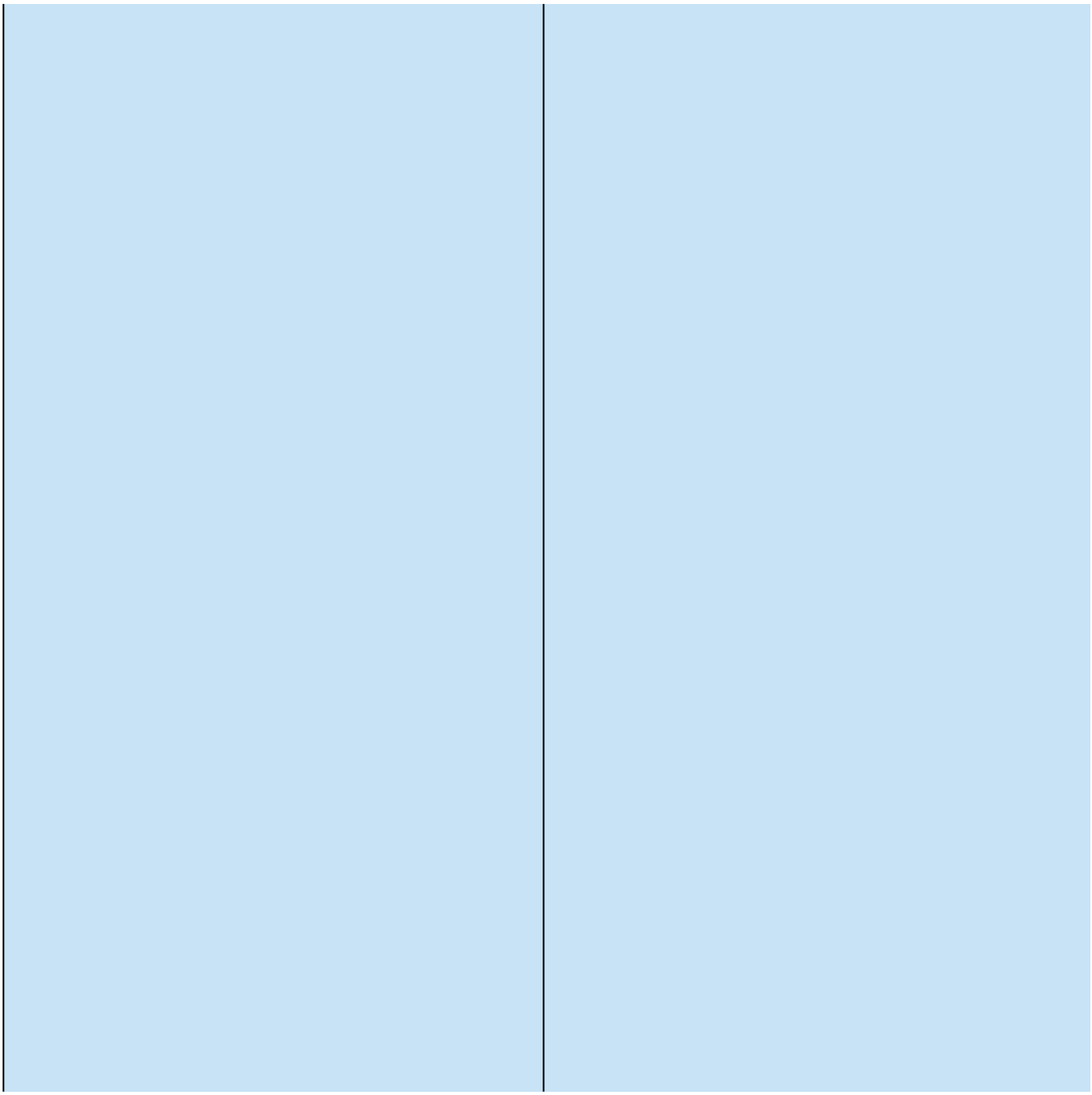


What wraparound services were provided with leveraged funding/other non-Good Jobs Challenge funding?

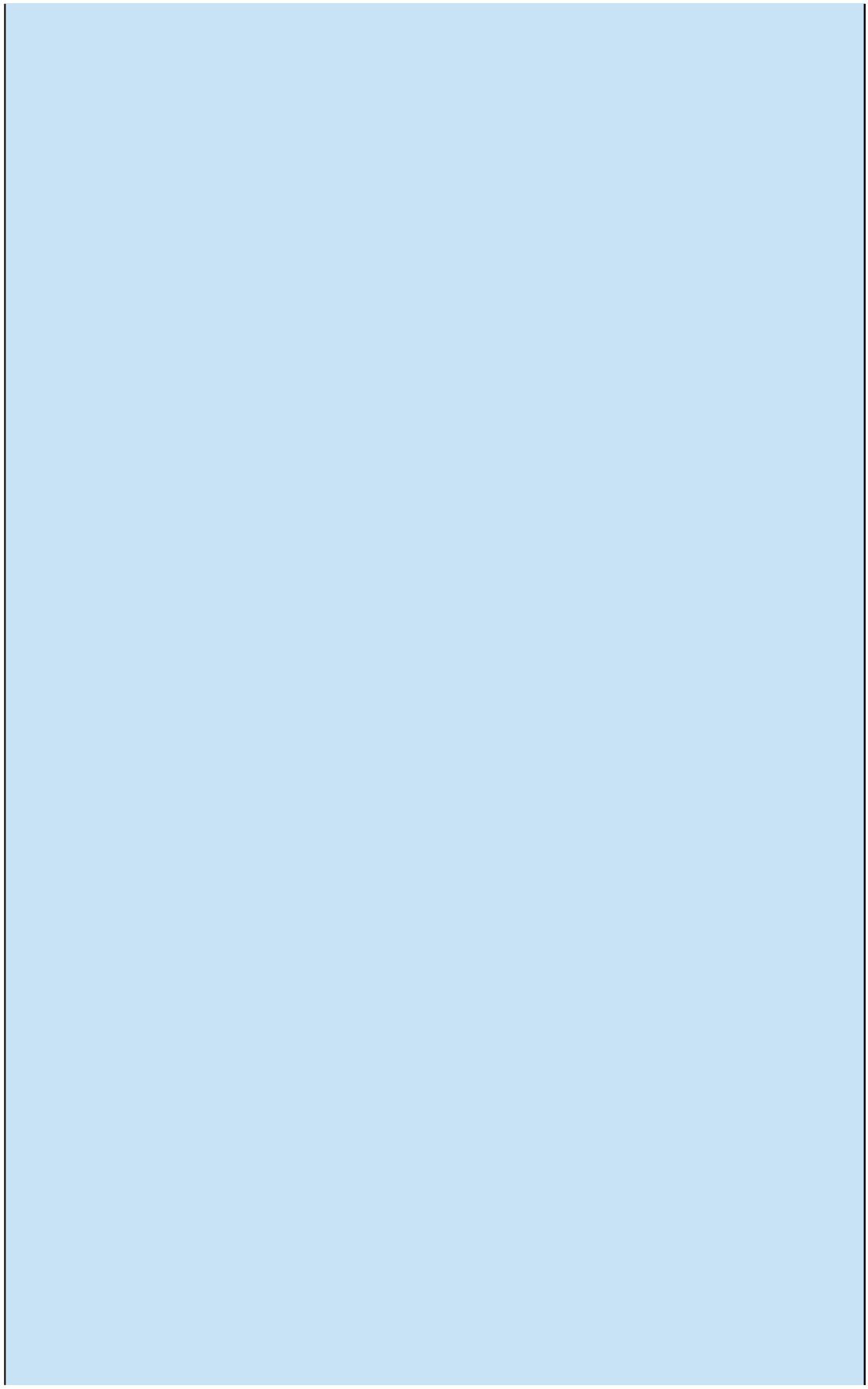
Select all that apply:

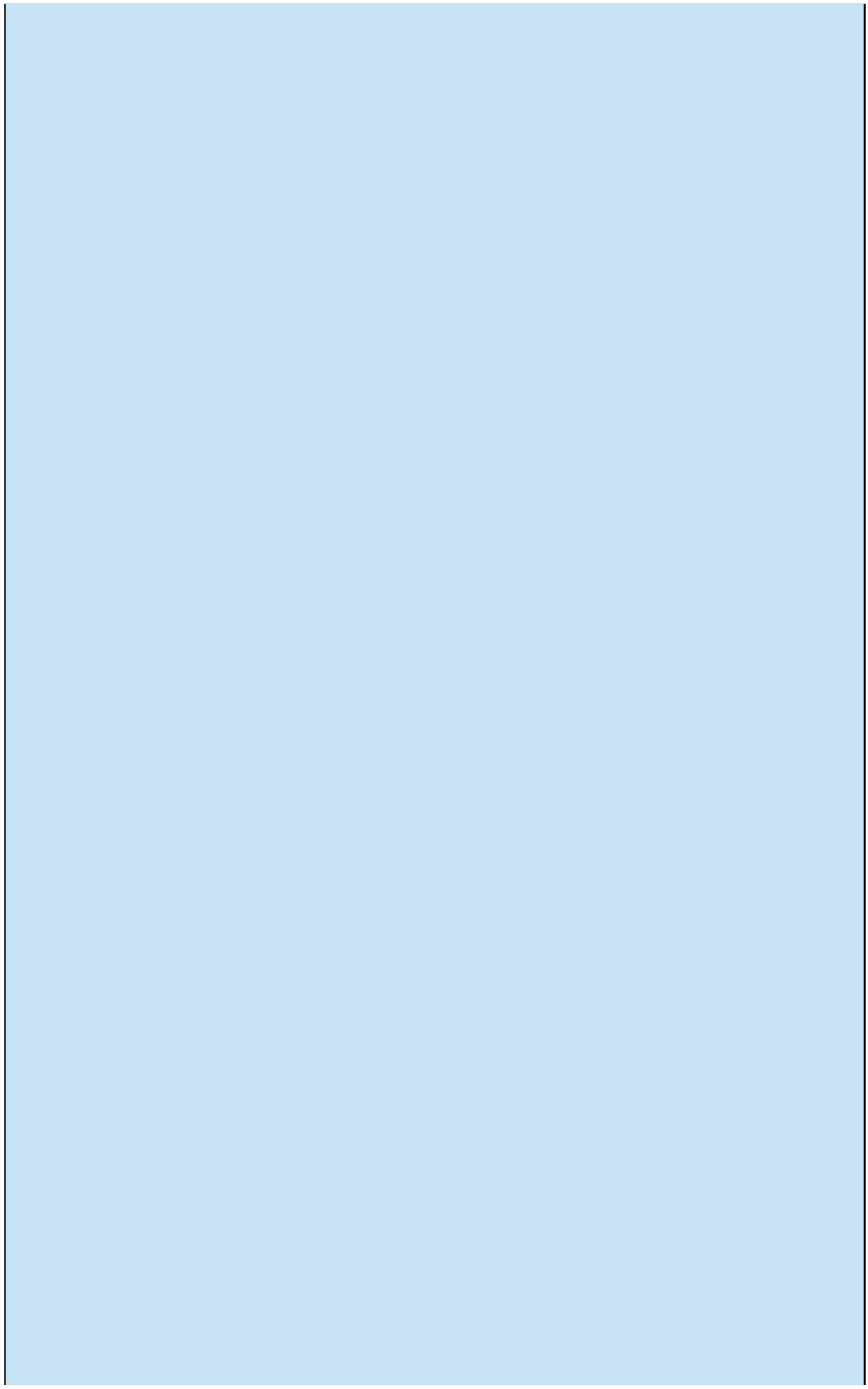
- Transportation
- Childcare
- Health Services
- Legal Services
- Counseling
- Education Services
- Clothing
- Laptops
- Wi-Fi
- Other learning equipment
- Work Supplies
- Financial and budgeting resources
- Other

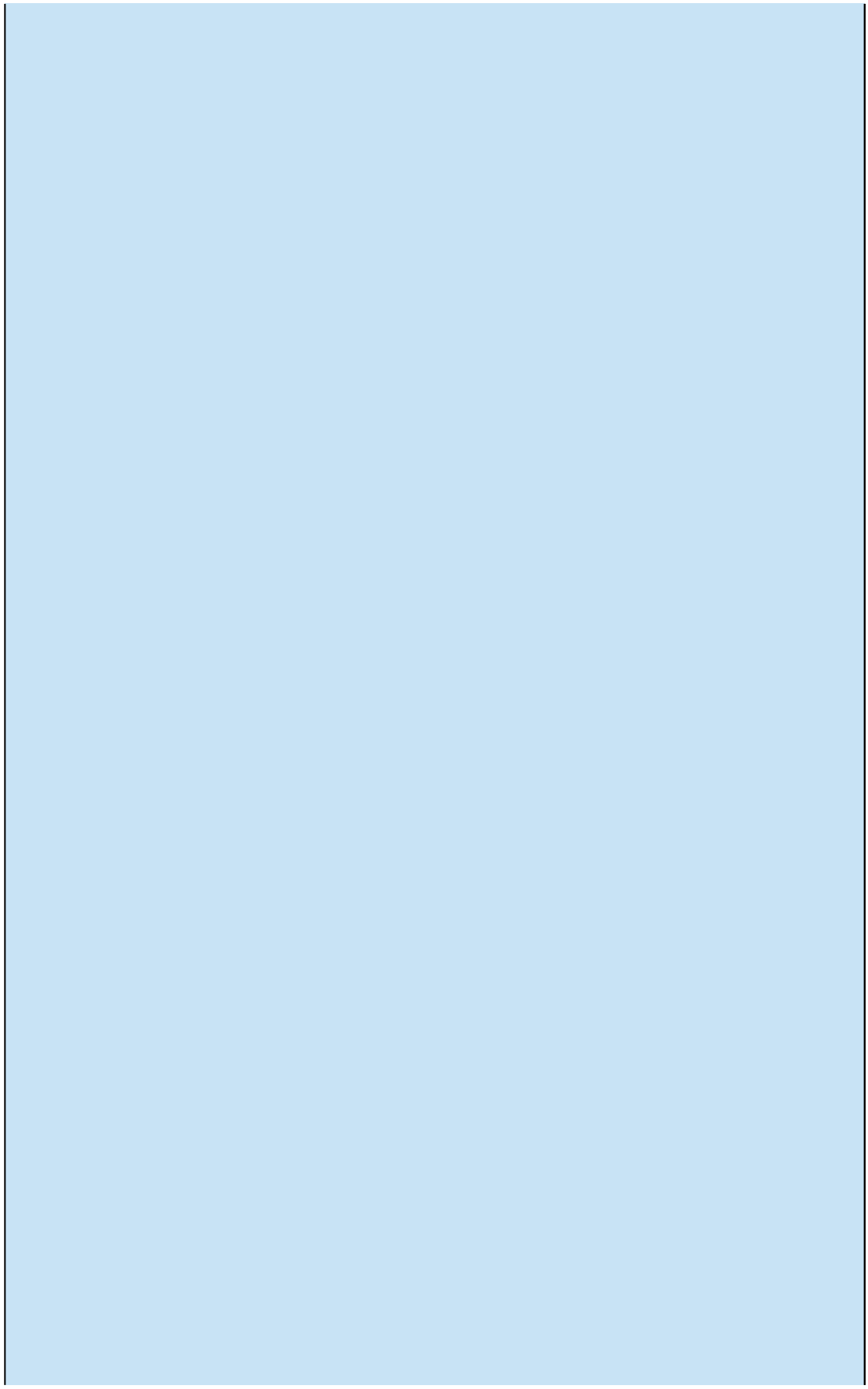
How many GJC Participants used these services? (leveraged funding/other non-Good Jobs Challenge funding)	What was the total cost of these services provided? (leveraged funding/other non-Good Jobs Challenge funding)
# of Participants	*Provide an ESTIMATE of the total cost of services you partner or fund with other organizations*

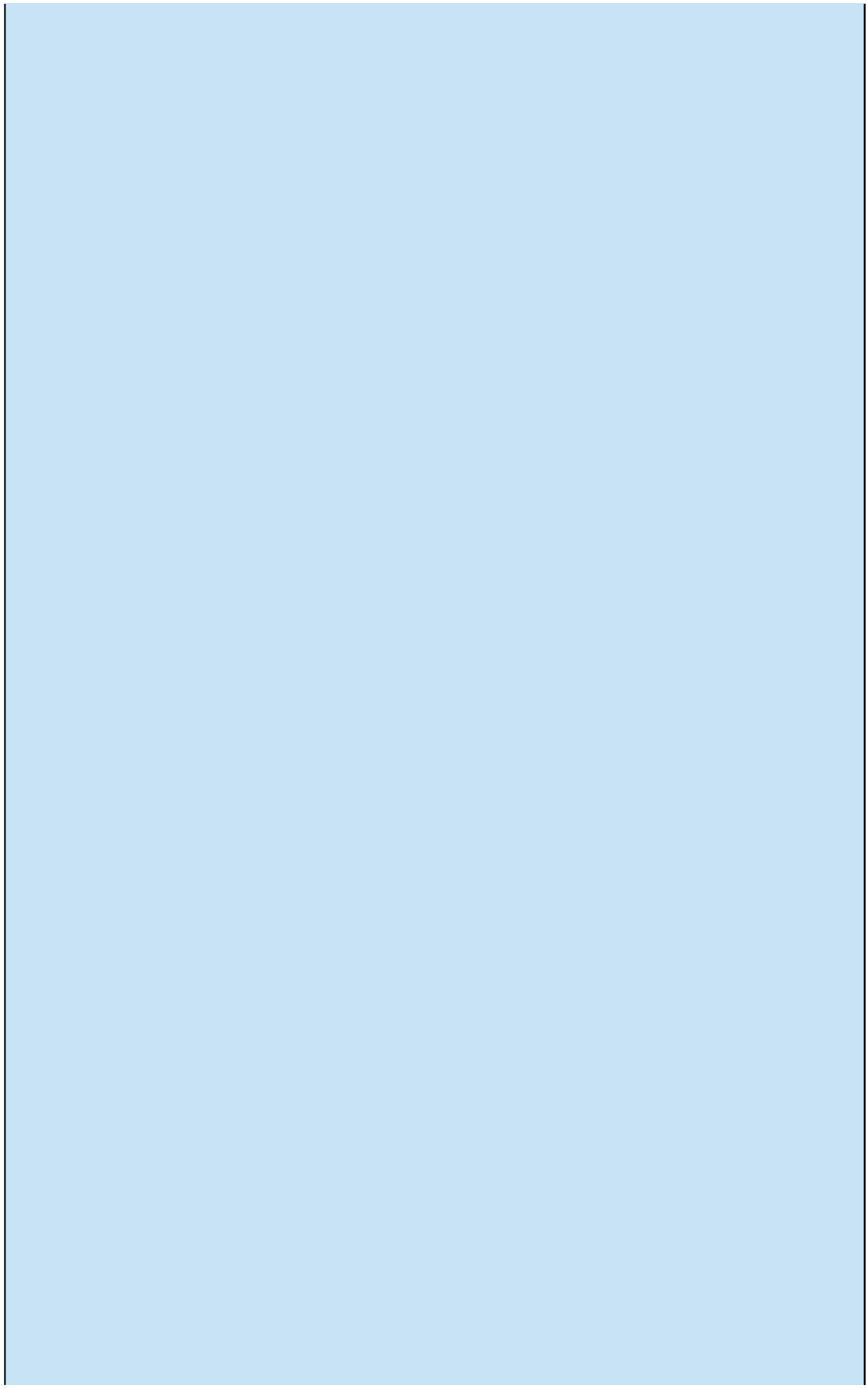


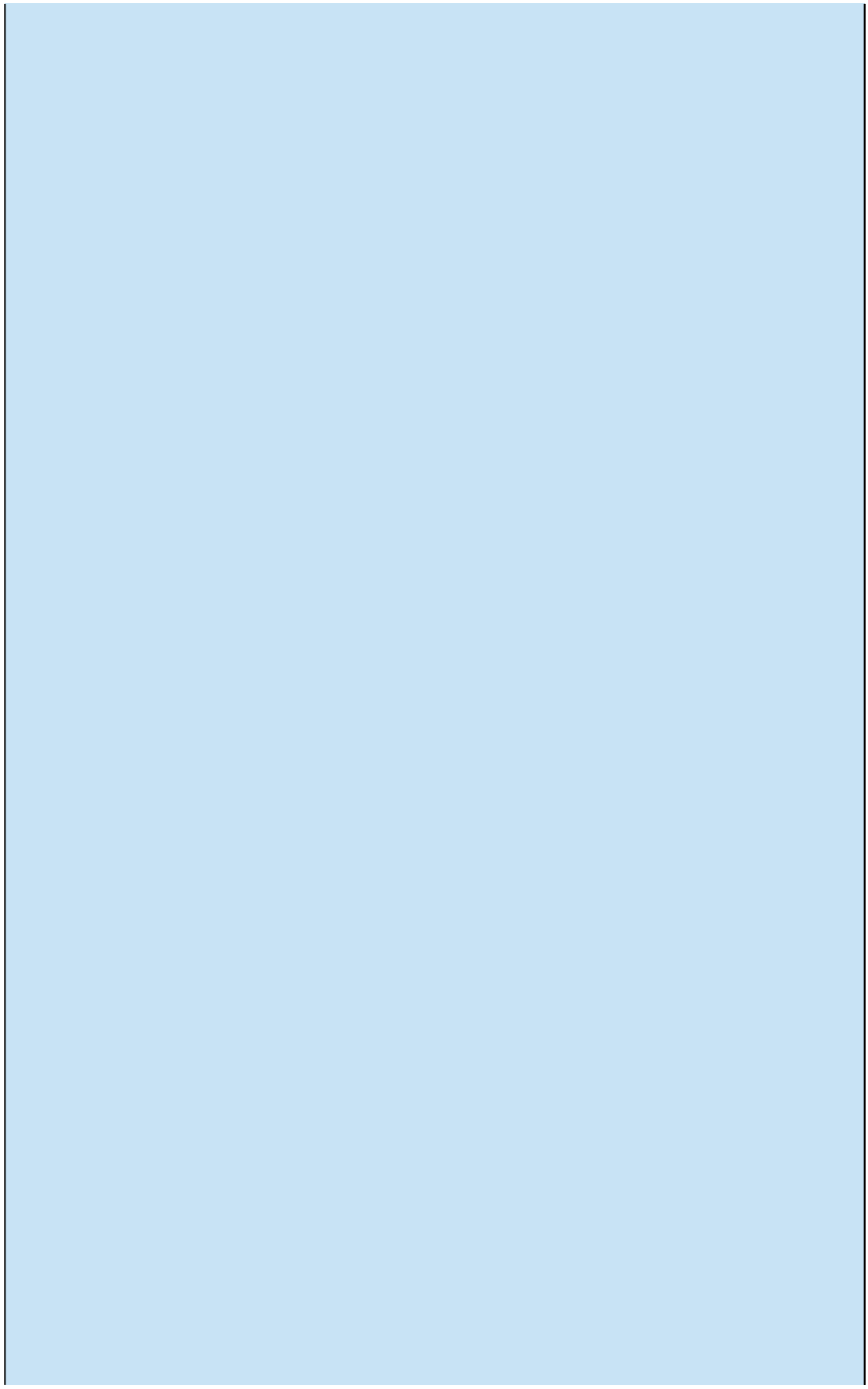
Name of Training Provider	Name of Training Program

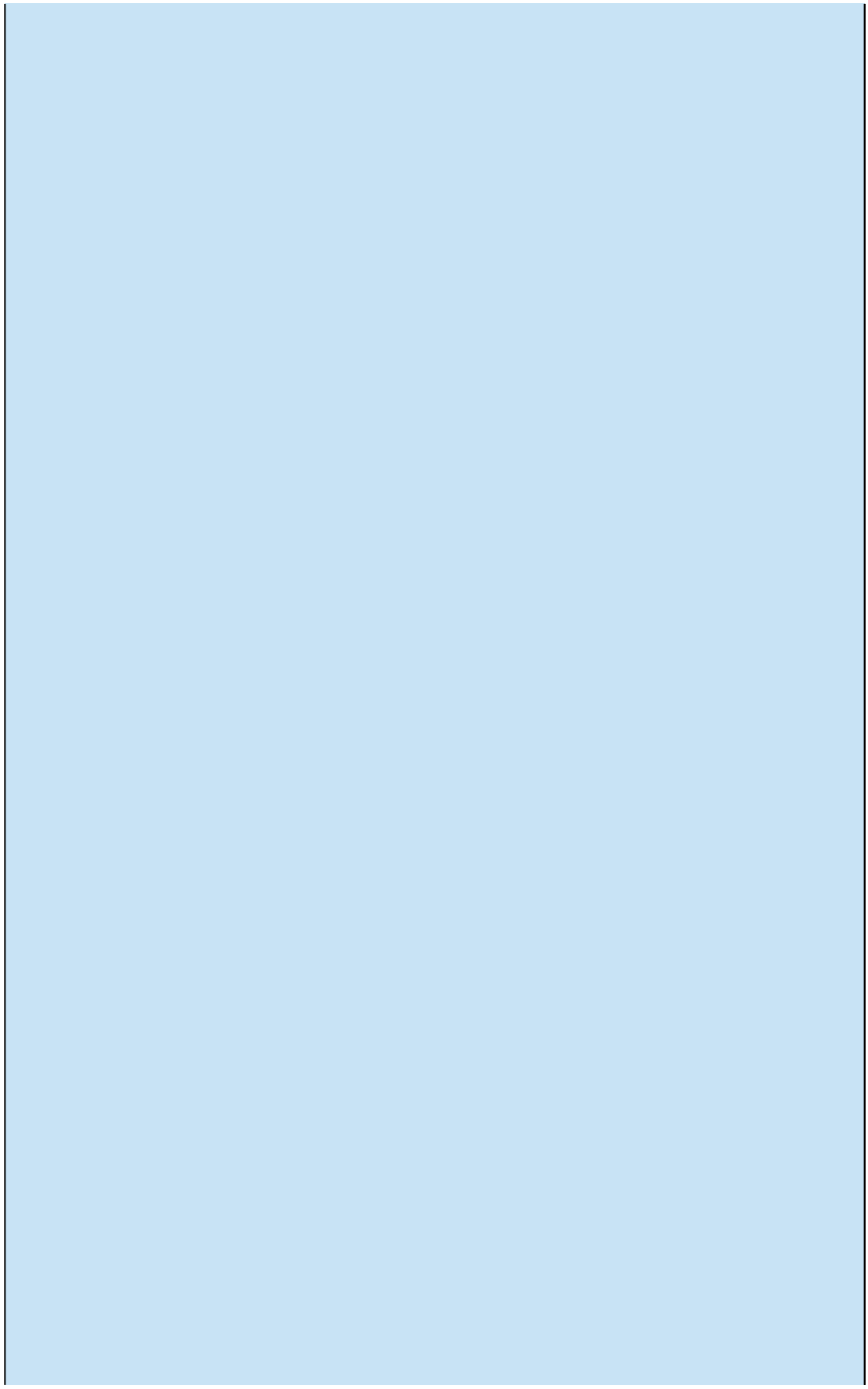


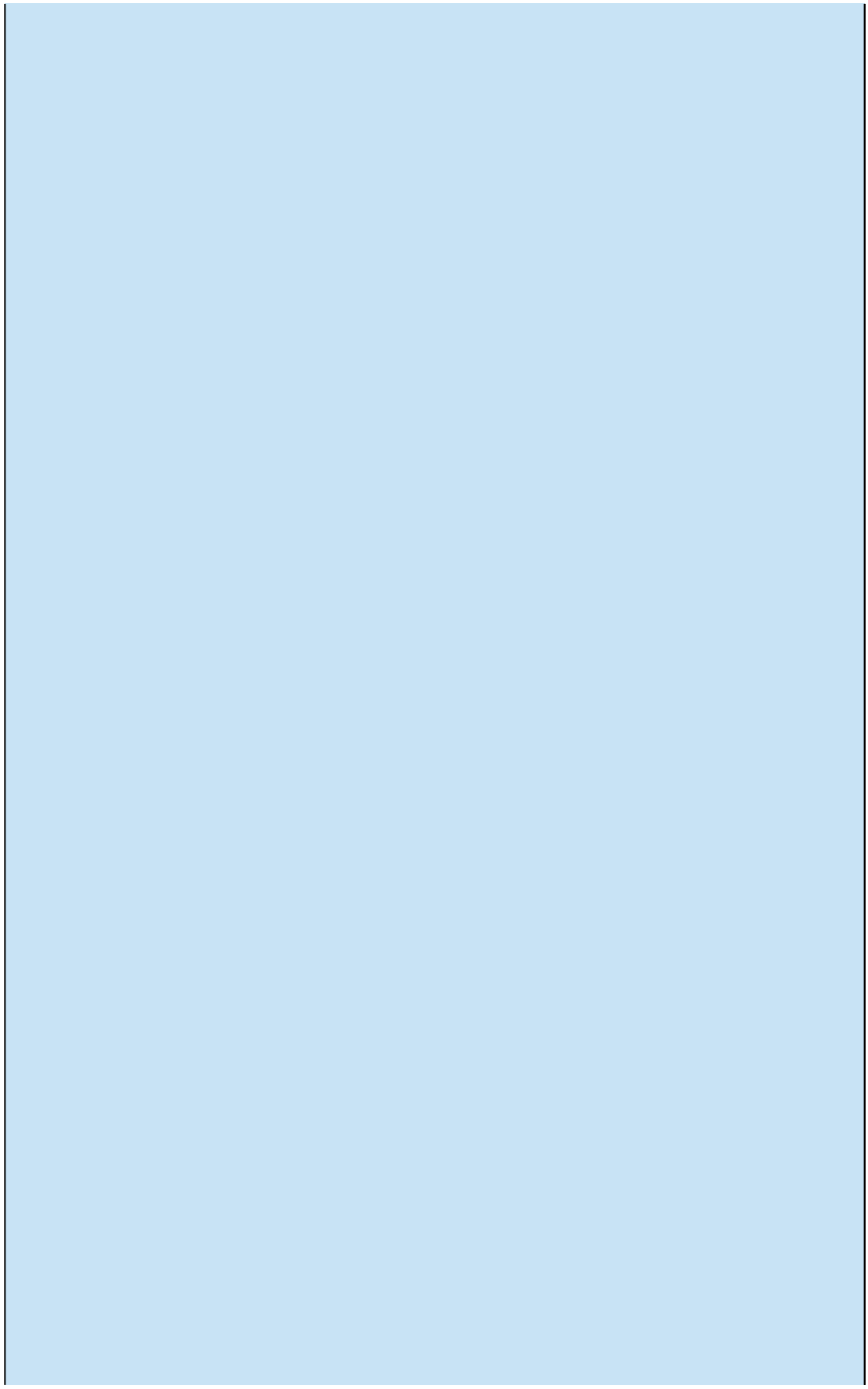


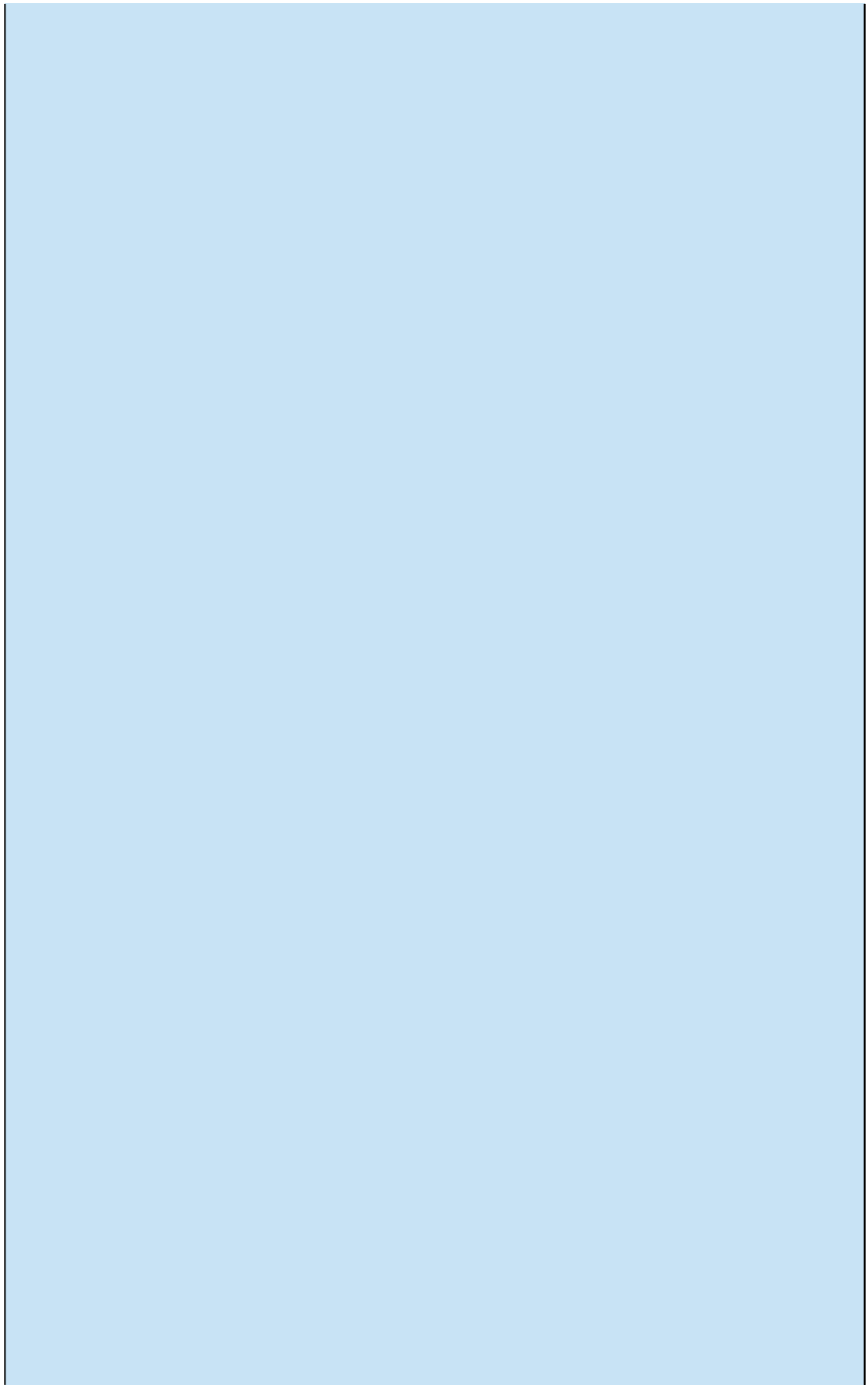


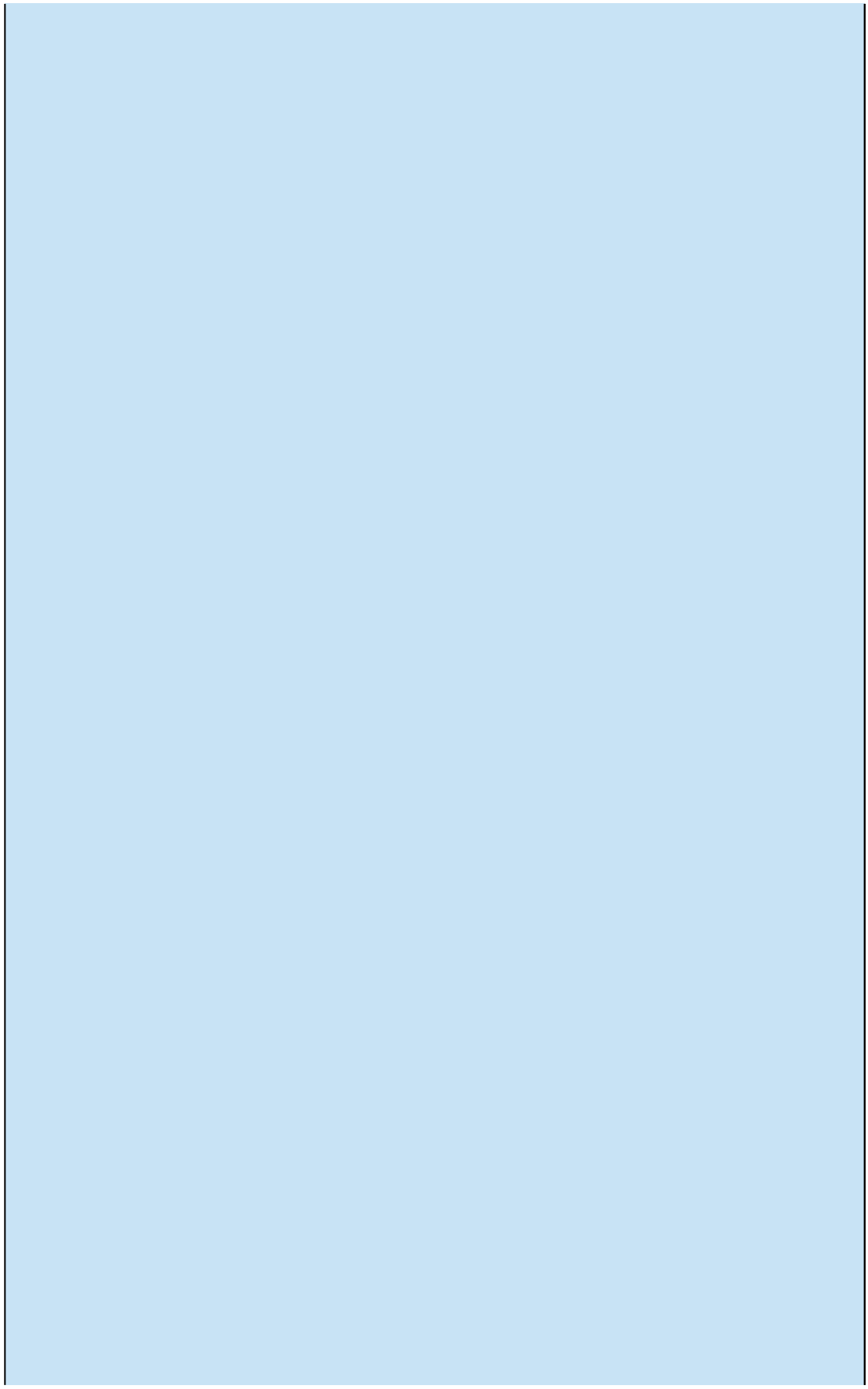


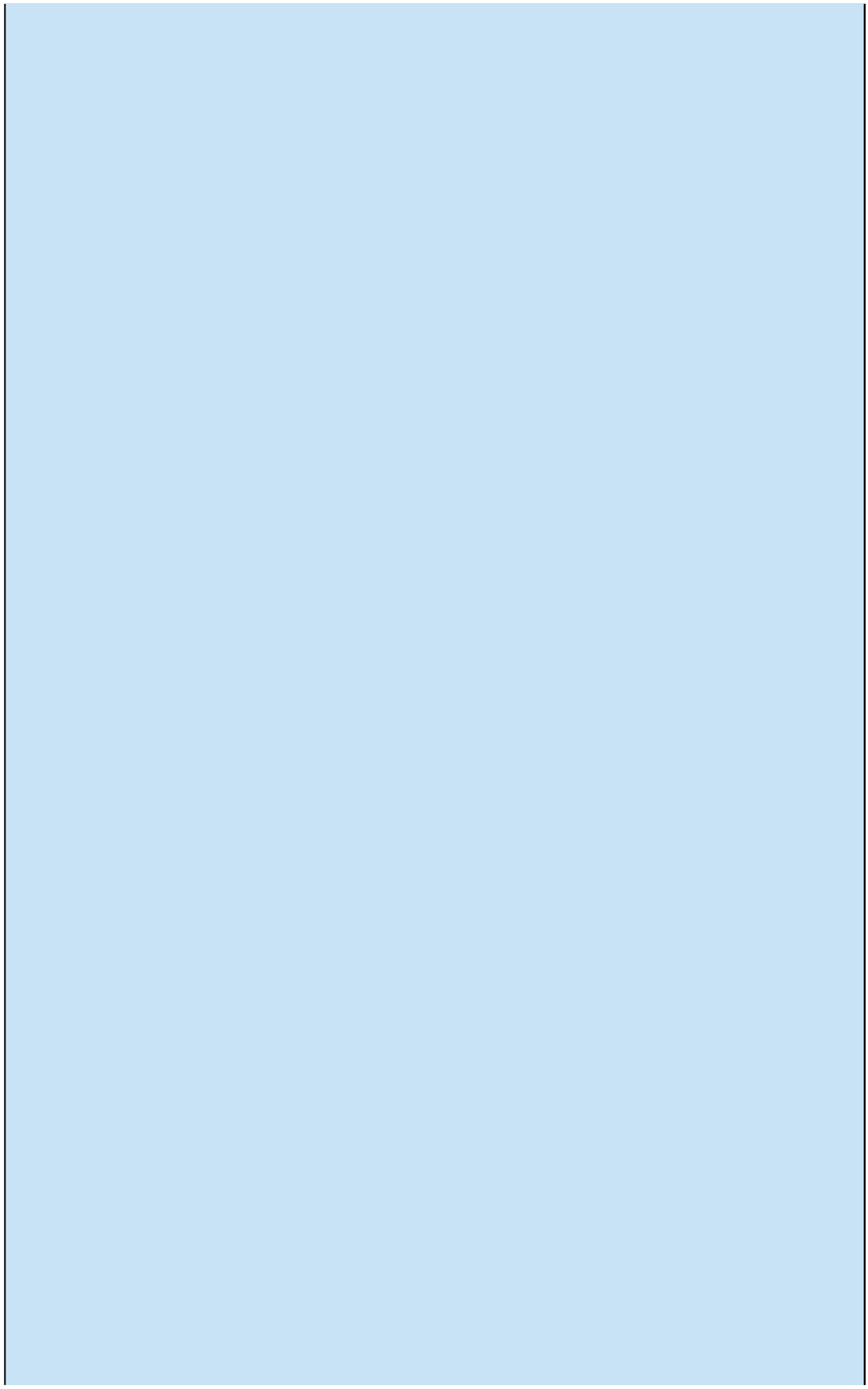


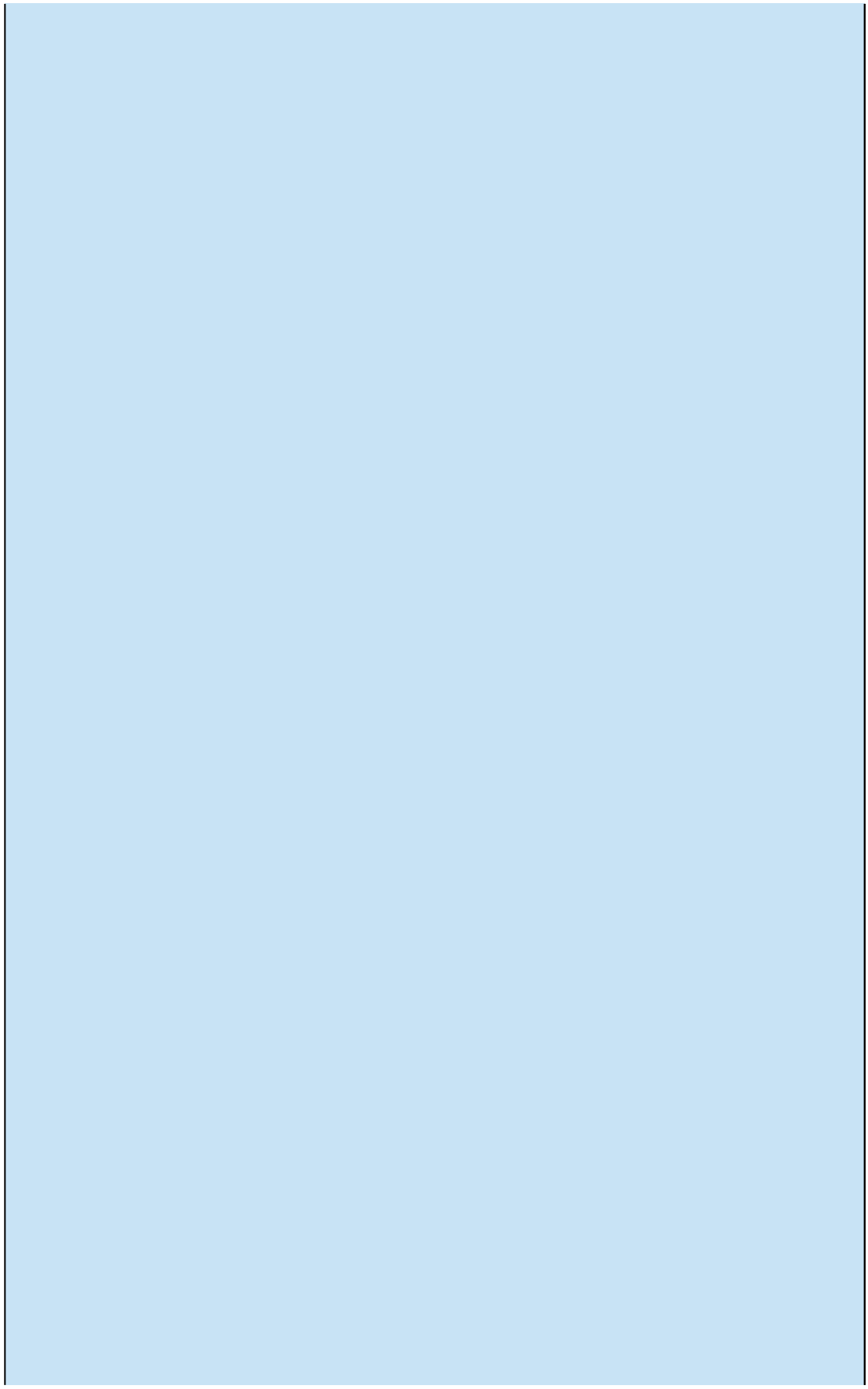












What is the total institutional cost spent per participant from recruitment to placement? REMOVE	Total people that successfully completed the program
	Provide the total number of participants since the training program began. ADDED

Total program cost

Total cost is inclusive of total tuition, total wraparound services, staffing, and marketing. ADDED