

**WIA AND WP DISCRETIONARY GRANTS AND SET ASIDE PROJECTS
QUARTERLY PROJECT STATUS REPORT**

Project Title:

Quarterly Report for the quarter ending (Month, Year)	<i>December,08</i>
Workforce Region	<i>Adams</i>
Contact Person	
Telephone Number	303/ - ext
Fax Number	303/ -
E-Mail Address	
Funding Source and Program Year	
Original Grant Amount	
Period of Performance	
Vax # or Contract Encumbrance Number	
Actual Start Date	

- Check this box if this is a Closeout Report
 Check this box if this is a Follow-up Report

I. PROJECT DESCRIPTION -Describe the purpose and goals of the project and identify whether the grant’s primary focus is client services, planning, and/or capacity building. This narrative should not change throughout the period of the grant unless the scope of work changes. List any approved modifications that occurred during the quarter, if applicable:

II. PROJECT STATUS -Describe your progress in meeting the defined project goals within the most recent quarter:

III. CUMULATIVE QUARTERLY OUTCOMES

A. Identify each quarterly goal as specified in the approved grant and the cumulative outcome at the end of the quarter:

GRANT ACTIVITY AND PERFORMANCE GOALS	PLANNED	ACTUAL	% OF GOAL

B. Identify each quarterly deliverable and benchmark as specified in the approved grant:

GRANT DELIVERABLES/BENCHMARKS	PLANNED	ACTUAL

IV. CUMULATIVE QUARTERLY EXPENDITURES

A. Provide planned and actual expenditures (including the financial breakdown of the categories) for the quarter:

EXPENDITURES	PLANNED	ACTUAL	% OF GOAL
PROGRAM:			
Salaries, Fringe Benefits, Travel	---		---
Equipment	---		---
Supplies	---		---
Contractual	---		---
Operating Overhead	---		---
Direct Training & Related Supportive Services	---		---
Other Client Related Services	---		---
TOTAL CUMULATIVE EXPENDITURES			

B. Cost Sharing/Matching Summary

List the partners who have contributed resources to this project. Include the planned and actual contributions for the current quarter and whether they were cash/in-kind:

PARTNER	PLANNED CONTRIBUTION(S)	ACTUAL CONTRIBUTIONS	TYPE OF CONTRIBUTION
			<i>In-Kind</i>
			<i>Cash</i>
			<i>In-Kind</i>
			<i>In-Kind</i>

V. SUCCESSSES AND CHALLENGES -Describe accomplishments and/or challenges that you have experienced or encountered:

VI. SUPPLEMENTAL INFORMATION - Provide any additional information about the grant that was not covered in the questions above:

VII. CLOSEOUT REPORTS

A. Discuss strategies and techniques that were effective, and ones that didn't work. Describe any unanticipated challenges. Provide information about ways to improve project operation or outcomes, and suggest strategies that could be useful in applying this concept to other populations or implementing it in other regions.

B. Describe any "best practices" from the project that will be incorporated in your local workforce activities? Indicate whether you plan to submit this project as a "best practice" on www.e-colorado.org, and if not, why not?

C. List any of the activities, outcomes, or deliverables/benchmarks that will be tracked and monitored beyond the grant's period of performance. Identify the end date for follow-up activities. And, provide a description of how you will monitor any activities that will occur after the grant has ended:

VIII. FOLLOW-UP REPORTS (This is a one-time report that is required within 30 days of all follow-up activities being completed).

Include a narrative and/or chart to show your final outcomes as a result of the additional tracking of grant activities beyond the period of performance:

IX. SIGNATURES

Designated Grant Lead:

Signature:

Date Signed:

Workforce Regional Director:

Signature:

Date Signed:

Workforce Board Chair*:

Signature:

Date Signed:

* Workforce Board Chair signature is required for Closeout and Follow-Up Reports