**American Rescue Plan Act (ARPA) Grant** **Sample Report**

Monthly and quarterly reports will be required for all ARPA grants. Reports are the mechanisms by which the Division of Workforce Solutions (DWS) will understand the successes and challenges encountered and strategies for resolution. This report must provide monthly, quarterly, and cumulative information on the grant activities. **Separate monthly and quarterly reports must be submitted for each grant initiative.**

1. Grant Initiative Category, Name, and Summary Highlights:
2. Attach ARPA Grant Application Budget Chart showing expenditures and remaining balance per line item in new column.
3. Grant Initiative Status: Briefly describe the initiative and the accomplishments of the initiative goals to date.
4. Describe any challenges or successes that you have encountered. Include any strategies you want to share as best practices.
5. Attach the current *ARPA Grant* *Goals, Outcomes, and Measures* Chart, as appropriate.
6. Provide a Participant Count (if applicable).

|  |  |  |  |
| --- | --- | --- | --- |
| **Month or Quarter Ending:** | **Planned (cumulative)** | **Actual (cumulative)** | **% of Plan** |
| **Total Enrollments  (if applicable)** |  |  |  |
| **Total Terminations (Exits)** |  |  |  |

1. Demographics of participants (update as appropriate, if applicable).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Number Enrolled** | **Male** | **Female** | **Race-**  **Black** | **Race- White** | **Race- Other** | **Ages- 14-24** | **Ages- 25-35** | **Ages- 36-46** | **Ages 47-57** | **Ages 58+** |
|  |  |  |  |  |  |  |  |  |  |  |

1. Provide Expenditure Goals.

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Category (should match application form)** | **B. Budget Amount** | **C. Actual Expenditures** | **Balance (B-C)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

1. Ongoing monthly and quarterly reports are the mechanisms by which DWS will understand the successes, the challenges encountered, and the strategies for resolution. Grant recipients will be required to enter data ongoingly in the designated on-line grant portal during the life of the grant. Reports will be generated monthly and quarterly based on the on-going data entries.

***Note: If a measure is not applicable to your grant activities, please state N/A in the table.***

***Please complete a separate table for each grant initiative.***

All WIOA performance reports will be pulled directly from NCWorks.gov by DWS staff.

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure** | **Planned total** | **Actual total** | **% of total planned achieved** |
| Number of businesses participating in work-based learning or other grant activities |  |  |  |
| Number of individuals participating in work-based learning or other grant activities (include those receiving wages from ARPA and those participating in training only and not receiving wages from ARPA) |  |  |  |
| Number of individuals to receive wages or wage through ARPA (include trainees to receive partial and 100% Wage from ARPA) |  |  |  |
| Number of individuals completing training (include those receiving wages from ARPA and those not receiving wages from ARPA) |  |  |  |
| Certifications |  |  |  |
| Credentials |  |  |  |
| Amount of wages paid with ARPA funds |  |  |  |
| Average Wage Rate of all Trainees |  |  |  |
| Number of individuals retained as employees after training is complete |  |  |  |
| Number of individuals that assumed more responsibilities after training is complete |  |  |  |
| Number of individuals that received a pay increase after training is complete |  |  |  |
| Number of individuals that demonstrated increased skills after training is complete |  |  |  |
| Number of Historically Underutilized Business (HUB) Certified Businesses participating in WBL or other grant activities |  |  |  |
| Number of minority-owned businesses participating in WBL or other grant activities |  |  |  |
| Number of female-owned businesses participating in WBL or other grant activities |  |  |  |
| Number of veteran-owned businesses participating in WBL or other grant activities |  |  |  |
| Number of businesses owned by persons with disabilities participating in WBL or other grant activities |  |  |  |

1. Please state any technical assistance needs.
2. **Workforce Development Board Director Signature & Date**

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