***Project Goals***

By using the Performance Goals template below, indicate the planned goals for each of your training programs. Include the number: enrolled in training, completing training, enrolled in post-secondary education, placed in unsubsidized employment, retained 6 and 12 months, and experiencing a wage/benefit increase (as applicable).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Enrollment | Program Completed | Post-secondary Ed Enrollment | Credential Completion | Employed | Retained | |
| 6 months | 12 months |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

***Assessments Utilized***

Indicate what assessments will be used for your customers to achieve employment and training goals.

|  |  |
| --- | --- |
| Assessment Name | Summary of Assessment |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

***Project Timeline***

List the major project activities in the first column. In the second column, indicate the timelines for completion of the activities. Timelines may be specified by the month of the project (e.g., month 1, month 2, etc.) or by specific dates. In the third column, indicate the staff by name and title responsible for performing the activities, and indicate the organizational affiliation of each staff person listed. The fourth column must describe the deliverable associated with the project activity.

| Activity | Timeline | Responsible Staff/Entity | Deliverable |
| --- | --- | --- | --- |
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***Training Program Summary***

Provide information on each training program being offered. Include the employment partners and the training providers. Complete one training program summary per program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Training Program | Enrolled | Completed | Enrolled in  Postsecondary Ed. | Employed | Retained | Wage/Benefit  Increase |
|  |  |  |  |  |  |  |  |
| Duration of Training Hours/Weeks | |  | Credentials Earned | |  | | |
| Summary of Training Program |  | | | | | | |

**Employer Partners:**

|  |  |  |
| --- | --- | --- |
| **Employer Partner Name** | **Occupation(s)** | **Skill Acquisition** |
|  |  |  |
| **Employers’ involvement in curricula development, use of instructional materials used by employer, assistances in training activities** | **Employers hiring strategy of program completers** | **Employers’ retention strategy** |
|  |  |  |

**Training Providers:**

|  |  |  |
| --- | --- | --- |
| **Training Provider** | **Training Offered** | **Credentials Earned** |
|  |  |  |
| **Address** | **Primary Contact** | **Phone Number** |
| **Syllabus/Outline of Training Provided** | | |
|  | | |

***Training Program Summary***

Provide information on each training program being offered. Include the employment partners and the training providers. Complete one training program summary per program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Training Program | Enrolled | Completed | Enrolled in  Postsecondary Ed. | Employed | Retained | Wage/Benefit  Increase |
|  |  |  |  |  |  |  |  |
| Duration of Training Hours/Weeks | |  | Credentials Earned | |  | | |
| Summary of Training Program |  | | | | | | |

**Employer Partners:**

|  |  |  |
| --- | --- | --- |
| **Employer Partner Name** | **Occupation(s)** | **Skill Acquisition** |
|  |  |  |
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|  |  |  |

**Training Providers:**

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|  |  |  |
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|  | | |

***Training Program Summary***

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Training Program | Enrolled | Completed | Enrolled in  Postsecondary Ed. | Employed | Retained | Wage/Benefit  Increase |
|  |  |  |  |  |  |  |  |
| Duration of Training Hours/Weeks | |  | Credentials Earned | |  | | |
| Summary of Training Program |  | | | | | | |

**Employer Partners:**

|  |  |  |
| --- | --- | --- |
| **Employer Partner Name** | **Occupation(s)** | **Skill Acquisition** |
|  |  |  |
| **Employers’ involvement in curricula development, use of instructional materials used by employer, assistances in training activities** | **Employers hiring strategy of program completers** | **Employers’ retention strategy** |
|  |  |  |

**Training Providers:**

|  |  |  |
| --- | --- | --- |
| **Training Provider** | **Training Offered** | **Credentials Earned** |
|  |  |  |
| **Address** | **Primary Contact** | **Phone Number** |
| **Syllabus/Outline of Training Provided** | | |
|  | | |