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**Program Improvement Plan**

**Exhibit 9: Program Improvement Plan**

**Grantee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Program Improvement Plan must be submitted to the Office of Illinois Works (ILW) following every six (6) months of program implementation. Program Improvement Plans are a key part of ILW’s drive for continuous program improvement (strategically taking a good program to do even better).

* ***Table A*** features required outcome metrics that were outlined on the Grantee Work Plan.
* ***Table B*** focuses on ILW target populations goals outlined in the Program Planning Tool from the ILW NOFO.
* ***Table C*** captures areas that can be improved identified in Table A or Table B (these are areas that may be meeting or exceeding goals, but that the grantee knows that they can be further improved). Table C also allows programs to identify areas of performance they want to improve on that are not listed in Table A or Table B.

**Table A: Required ILW Outcome Metrics**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome** | **Performance****Goal** *(per cohort or up to current date)* | **Actual Performance** *(per cohort or up to current date)* | **Performance****Expectation** *(Not Meeting, Meeting, Exceeding)* |
| **Individuals Enrolled** |  |  |  |
| **Individuals Completed** |  |  |  |
| **Primary Transition**  |  |  |  |

**Table B: ILW Target Population Metrics**

|  |  |  |  |
| --- | --- | --- | --- |
| **ILW Target Population** | **Performance Goal** *(per cohort or up to current date)* | **Actual Performance** *(per cohort or up to current date)* | **Performance Expectation** *(Not Meeting, Meeting, Exceeding)* |
| **Women** |  |  |  |
| **Black, non-Hispanic** |  |  |  |
| **Hispanic/Latino** |  |  |  |
| **Asian** |  |  |  |
| **American Indian/Alaskan Native** |  |  |  |
| **Two of more races** |  |  |  |
| **Veterans** |  |  |  |

**Table C: Grantee Identified Improvement** *(Must include any metrics in Table A or B that are listed that are “Not Meeting” expectations and any other program area the grantee feels they can improve on regardless of whether it was listed on Tables A and B).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Area for Improvement**  | **Action Steps to Improve** | **Staff Responsible** | **Goal Date to Improve** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Name of person submitting this plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**