



Narrative Report & Success Story - GO-MKE

Section I. Contact/Contract Information

Name of Organization (Check One)	☐ DCWS ☐ WCWI
Report Period Ending	
Date Report Submitted	
Submitting Staff's Name and Title	

Section II. Summary of Grant Progress and Performance Requirements (Complete the following table using only the prior months data for the current cohort)

Participant Data – Per ETO	Actual	Goal	On Target
Number of participants referred and enrolled		20 (100%)	☐ Yes ☐ No

If not on target, what actions will be taken to improve performance/prevent further underperformance?

Form Date: 07.28.26

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.