



Monthly Narrative Report & Success Story - WIOA

Section I. Contact/Contract Information

Name of Organization	
Contract Number	
Grant Period of Performance	
Date Report Submitted	
Submitting Staff's Name and Title	
Program (check only one)	<input type="checkbox"/> AD <input type="checkbox"/> DW <input type="checkbox"/> ISY <input type="checkbox"/> OSY

Section II. Summary of Grant Progress

Contract Performance					
Metric	Contract Goal	Current Goal	Actual	+/-	Actual for Mo.
Enrollments					
Training Enrollments – WIOA					
Credentials Earned – WIOA					
Placements					
Average Unsubsidized Wage					

*If performance goals are not on track, issues, challenges (such as under-enrollment) encountered, or barriers to be addressed and strategies being implemented.

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Section III. Complete the following table using only the prior months data

Participant Data – Per ETO	
Number of participants enrolled	
Number of participants started training	
Number of participants work experience	
Number of participants completed training	
Number of participants work experience	
Number of industry recognized credentials received	

Number of measurable skill gains attained	
Number of participants placed in unsubsidized employment	
Number of participants exited from program	
Number of participants in follow-up services	
Number of participants per Career Planner Caseload*	

**If number of participants per Career Planner is above 75, what processes are you taking to reduce this to no more than 75?*

Section IV. Quality Assurance Describe efforts to use data, evidence, and evaluation findings to make improvements to programs and strategies.

File Reviews	
PINS of 5 file reviews completed	
Number of unique/unduplicated staff who had files reviewed	
List the top 3 most common errors identified & action taken	
1.	
2.	
3.	

Attach completed file review checklists/tool.

Eligibility & Enrollment Packets Completed by New Staff (employed in current role for 6 mos. or less)								
Staff Name	Start Date	6 mos. Anniv.	# of Eligibility Packets Completed	# of Eligibility Packets with Errors	Success Rate %*	# of Enrollment Packets Completed	# of Enrollment Packets with Errors	Success Rate %*

**If at 6 mos. the Success Rate is at or below 85% what corrective action is being taken?*

Section V. Corrective Actions as a Result of Monitoring (If applicable)

Section VI. Success Story Must include details from how the participant learned of the program, barriers overcome, and current situation or outcome.

Section VII. Key Issues and/or Technical Assistance Needs The purpose of this section is to describe any grant challenges and related technical assistance needs.

(The short report ends here. Proceed to the next page to complete long report only as necessary.)

Monthly Narrative Report & Success Story (Long Report Addendum)

Section VIII. Participant Satisfaction Survey

Is the EMI survey being used? ☐Yes ☐No

If No, has the alternate survey been approved (partners must provide approval documentation upon request)? ☐Yes ☐No

When will the satisfaction survey be conducted?

How many survey attempts were made?

What was the response rate?

What did participants respond to the most positively?

What did the participants respond to the least positively (The lowest rated item – even if the rating is positive)?

Describe how the results were shared with program staff.

Describe any changes made as a result of the survey.

What, if any satisfaction information would you like to share?

Section IX. Development and Implementation of Effective Practices and Program Model Strategies. Describe how the program model is achieving the program's intended purpose and the goals/objectives and activities outlined in the Scope of Work.

Section X. Status Update on Match and/or Leveraged Resources. Provide updates on the status of all match and/or leveraged resources. Identify any funding needs and sources and report the cumulative amount of any match and/or leveraged resources provided by the grantee and partners each quarter.

Section XI. Status Update on Employer Engagement Strategies. Share information related to promising practices and strategies that have strengthened existing employer partnerships and any efforts to develop new employer partnerships.

Section XII. What strategies are you using to monitor your progress to place participants into employment? Describe tools, benchmarks, regular check-ins, or tracking systems you rely on.

Section XIII. What type of follow up exit strategies are you using to monitor your progress to place participants into employment and post-secondary education upon exit? Examples may include mentioning surveys, alumni tracking systems, follow-up interviews, or any ongoing support services you offer.

Section XIV. Significant Activities and Accomplishments. Provide additional, in-depth information regarding promising approaches, new processes, and/or lessons learned that are not addressed elsewhere in the report.