**WIOA Incumbent Worker Training Program**

Final Program Report

|  |
| --- |
| **Basic Information** |
| **Business Name:** Click or tap here to enter text. | **Agreement Number:** Click or tap here to enter text. |
| **Agreement Begin Date:** Click or tap here to enter text. | **Agreement End Date:** Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Modifications** | **Reason** | **Modification Date** |
| **Modification #1:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Modification #2:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Modification #3:** | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Planned and Actual Expenditures** |
| **IWT Total Award[[1]](#footnote-1):** Click or tap here to enter text. | **Business’s Planned Contribution[[2]](#footnote-2):** Click or tap here to enter text. |
| **IWT Total Expenditures[[3]](#footnote-3):** Click or tap here to enter text. | **Business’s Actual Contribution[[4]](#footnote-4):** Click or tap here to enter text. |

|  |
| --- |
| **Planned and Actual Trainees (enter unduplicated employee counts)** |
| **Number of planned trainees:** | Click or tap here to enter text. | **Number of actual trainees:** | Click or tap here to enter text. |

|  |
| --- |
| **IWT Outcomes** |
| **Number of trainees who successfully completed training:** | Click or tap here to enter text. | **Number of trainees who earned a credential:** | Click or tap here to enter text. |
| **List type/(s) of credential/(s) earned.** Click or tap here to enter text. |
| **Number of trainees who remained employed following completion of training:** | Click or tap here to enter text. | **Number of trainees who received a promotion:** | Click or tap here to enter text. |
| **Number of trainees who received a wage increase:** | Click or tap here to enter text. | **Number of new jobs created resulting from trainee promotions:** | Click or tap here to enter text. |
| **Did the training help the company avoid a layoff or save existing jobs?** | [ ]  **Yes** [ ]  **No****If yes, how many jobs were saved?** Click or tap here to enter text. |
| **Describe any other outcomes experienced because of IWT.** | Click or tap here to enter text. |

|  |
| --- |
| **Use the space below to provide comments on the Incumbent Worker Training program.** |
| Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted By** |  |  |  |
| Name: | Click or tap here to enter text. |  Signature: |  |
| Title: | Click or tap here to enter text. |  Date: | Click or tap to enter a date. |

1. *This amount is only the amount of funding the business is receiving*. Business contributions should not be included in this total. [↑](#footnote-ref-1)
2. *This amount is the amount of funding the business planned on contributing.* [↑](#footnote-ref-2)
3. *This amount is only the amount of awarded funding spent by the business during training*. Business contributions should not be included in this amount. [↑](#footnote-ref-3)
4. *This amount is the actual amount of funding contributed by the business.* [↑](#footnote-ref-4)