

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 Award¹: Click or tap here to enter text.	Business's Planned Contribution²: Click or tap here to enter text.
IWT Total Expenditures³: Click or tap here to enter text.	Business's Actual Contribution⁴: Click or tap here to enter text.

Planned and Actual Training(s)	
Planned Training Courses⁵: - Click or tap here to enter text. - Click or tap here to enter text. - Click or tap here to enter text. - Click or tap here to enter text. - Click or tap here to enter text. - Click or tap here to enter text.	Actual Training Courses⁶: - Click or tap here to enter text. - Click or tap here to enter text. - Click or tap here to enter text. - Click or tap here to enter text. - Click or tap here to enter text. - 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.			

¹ This amount is only the amount of funding the business is receiving. Business contributions should not be included in this total.

² This amount is the amount of funding the business planned on contributing.

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.

⁴ This amount is the actual amount of funding contributed by the business.

⁵ List all training courses that were approved for the IWT program.

⁶ List only trainings that were actually funded through the grant.

IWT Outcomes			
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.