

**North Carolina Incumbent Workforce Development Program
Final Training Project Report
July 1, 2010 – June 30, 2010**

Please complete the requested information and submit to the Local Workforce Development Board representative within the timeframe requested. Space will expand as text is entered.

<p>For internal LWDB use only. This is to be completed prior to submission to the Division of Workforce.</p> <p>Development: LWDB Name: _____</p> <p>A. Amount of grant award (to include the administrative fee): _____</p> <p>B. Actual funds expended (to include the administrative fee): _____</p> <p>C. Amount to be de-obligated (A - B = C): _____</p> <p>Signature of Authorized LWDB representative _____</p>
--

Please complete the requested information and submit to the Local Workforce Development Board representative within the timeframe requested.

Company Information

Business Name: _____

Business Address: _____

Name of Business Representative Completing this report: _____

Title: _____

Training Information

Complete the information for all participants in the training provided through this grant.

1. How did this training avert lay-offs?

--

2. Planned # of trainees (count each 1 time – do not include those who attended an overview/introduction to the training): _____
3. Actual # of trainees (count each 1 time – do not include those who attended an overview/introduction to the training): _____

4. How many trainees have kept their jobs as a result of this training?
Be as accurate as possible: _____

5. Was training provided to the employees as approved in the application? Yes/No _____

If no, please explain:

6. Was any of the training provided through this grant available from a publicly funded local community college or university? Yes/No _____

If yes, and you did *not* choose that source as a training vendor, please explain why:

7. How many businesses were involved in this training? _____

If more than one, did all businesses participate as proposed in the application?
Yes/No _____

If no, please explain:

Customer Satisfaction

1. How did you hear about the Incumbent Workforce Development Training Program?

2. Please briefly describe the company's overall experience with this training program.

3. Were you satisfied with the training that was provided? Yes/No _____

If no, please explain:

4. Would you recommend the Incumbent Workforce Development Training Program to other businesses? Yes/No_____

If no, please explain:

5. If this training was provided for a multiple business collaborative, please explain how it was or was not an effective training delivery method.

Training Outcomes

If the business’s grant was awarded prior to September 2010 please fill out all Training Outcomes information

If grants awarded after September 2010 please only fill out the section that is specific to the type of grant the business received, Lay-Off Aversion through Skill Attainment or Lay-Off Aversion through Process Improvement.

For Grants awarded as Lay-Off through Skill Attainment

1. Describe how trainees’ skill levels were increased as a result of the training.

--

2. Certifications/Licenses/Credentials: If applicable, list the type(s) and quantity of skill certifications/licenses/credentials received by the trainees. Do not include “Certificates of Completion”.

TYPE	QUANTITY

3. Did any trainees receive a wage increase after completion of training? Yes/No_____

If yes, please complete the following:

# of Trainees	% of Increase
Ex: 3	5

4. Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training? Yes/No_____

If yes, how many? _____

5. If other outcomes were realized, please describe.

For Grants awarded as Lay-Off through Process Improvement

1. How did the training help to increase the efficiency or quality of your company's operations?

2. If applicable, please indicate the estimated monetary value the company has saved, or projects to save, as a direct result of this training grant. (Example: Process Improvement, Waste Reduction, Cost Avoidance, etc . . .)

Description of Savings	\$ Amount
	Total:

3. If other outcomes were realized, please describe.