## **American Rescue Plan Act (ARPA) Grant Goals, Outcomes, and Measures**

In the **Goals, Outcomes, and Measures** section, applicants are asked to consider the strategies and activities necessary to meet the overall goals of the planned project and to use that information to complete the following forms. Applicants must use the forms provided.

*Note: Use additional forms as needed for each additional goal and/or strategy.*

You may use short- and long-term goals as appropriate. State the strategy(ies) and describe the activities necessary to accomplish each goal. Indicate the responsible parties (e.g., individuals, committees) and time frames associated with each activity. Goals should be straightforward and emphasize what the Local Area Workforce Development Board (WDB) wants to accomplish.

Goals should follow the SMART Goals outline below.

**S** = **Specific**: What exactly do you want to achieve? **M** = **Measurable**: *“****If you can't measure it, you can't manage it?”* How much? How**

 **many? How will you know when a goal has been accomplished?
A** = **Attainable:** Are the goals actually attainable in the given time frame?
**R** = **Realistic**: Realistic, in this case, means **"doable."**
**T** = **Timely**: What can be accomplished during the grant period?

Participants will be subject to Workforce Innovation and Opportunity Act (WIOA) performance measures for North Carolina (NC).

Participants will also be subject to the measures outlined on pages 2 and 3 of this attachment.

In the chart below, please indicate the initiative goals, outcomes, tools to measure the goals, and a goals timeline. **Please complete a separate chart for each grant initiative.**

**Grant Category and Initiative Name:**

| **Goals** | **Outcomes** | **Tools used to measure** | **Timeline** |
| --- | --- | --- | --- |
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***Note: If a measure is not applicable to your grant activities, please state N/A in the tables.***

***Please complete separate tables for each grant initiative.***

**Required Measures**

 **Measure Target**

|  |  |
| --- | --- |
| Number of businesses participating in work-based learning or other grant activities |  |
| Number of individuals participating in work-based learning or other grant activities (include those receiving wages from ARPA and those participating in training only and not receiving wages from ARPA) |  |
| Number of individuals to receive wages or wage through ARPA (include trainees to receive partial and 100% Wage from ARPA) |  |
| Number of individuals completing training (include those receiving wages from ARPA and those not receiving wages from ARPA) |  |
| Amount of wages paid with ARPA funds |  |

 **Required Measures to be tracked and do not require targeting**

|  |  |
| --- | --- |
| **Average Wage Rate of all Trainees** |  |
| Number of individuals retained as employees after training is complete  |  |
| Number of individuals that assumed more responsibilities after training is complete |  |
| Number of individuals that received a pay increase after training is complete |  |
| Number of individuals that demonstrated increased skills after training is complete |  |
| Number of Historically Underutilized Business (HUB) Certified Businesses participating in WBL or other activities  |  |
| Number of minority-owned businesses participating in WBL or other grant activities |  |
| Number of female-owned businesses participating in WBL or other grant activities |  |
| Number of veteran-owned businesses participating in WBL or other grant activities |  |
| Number of disability owned businesses participating in WBL or other grant activities |  |

**Optional Measures** If certification and/or credentials are planned, provide targets below. If training is provided, certifications/credentials are not optional.

Certifications Obtained *If an individual is expected to receive more than one certification, please include them in the count for each applicable credential to be obtained.*

|  |  |
| --- | --- |
| **Number of individuals obtaining certifications** | **Provide type of certification** |
|  |  |
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|  |  |

Credentials Obtained *If an individual is expected to receive more than one credential, please include them in the count for each applicable credential to be obtained.*

|  |  |
| --- | --- |
| **Number of individuals obtaining credentials** | **Provide type of credential** |
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**Additional proposed measures** Please list any additional performance measures with targeted performance.

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| --- | --- |
| **Measure** | **Target** |
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