## **American Rescue Plan Act (ARPA)**

## **Business Work-Based Learning Grant (BWBL)**

## **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.

Short- and long-term goals may be used 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 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? |

Required measures on pages 2-3 will be tracked and reported via Salesforce. License will be provided to grant awardees. In addition, grant awardees are required to track individual participants and maintain records for auditing purposes.

In the chart below, please indicate the initiative goals, outputs, tools to measure the goals, and a goals timeline to support the required measures on pages 2-3.

| **Goals** | **Outputs** | **Tools used to measure** | **Timeline** |
| --- | --- | --- | --- |
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**Required Measures**

|  |  |
| --- | --- |
| **Measure** | **Target** |
| Number of non-profits/state government agencies participating in work-based learning or training activities |  |
| Number of individuals participating in work-based learning or training activities (include those receiving wages/wage reimbursement from ARPA and those participating in training only and not receiving wages from ARPA) |  |
| Number of individuals to receive wages or wage reimbursement through ARPA (include trainees to receive partial and 100% Wage from ARPA) |  |
| Number of individuals completing training (include those receiving wages/ wage reimbursement 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**

|  |  |
| --- | --- |
| **Measure** | **Amount** |
| 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 organizations participating in WBL or other grant activities |  |
| Number of female-owned organizations participating in WBL or other grant activities |  |
| Number of veteran-owned organizations participating in WBL or other grant activities |  |
| Number of disability owned organizations 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** |
|  |  |
|  |  |
|  |  |

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** |
|  |  |
|  |  |
|  |  |

Trainings Completed - *If an individual is expected to complete more than one training, please include them in the count for each applicable credential to be obtained.*

|  |  |
| --- | --- |
| **Number of individuals completing training** | **Provide type of training** |
|  |  |
|  |  |
|  |  |