|  |  |  |  |
| --- | --- | --- | --- |
| Subrecipient Name: |  | Initiative: |  |
| Project Manager Assigned: |  | Subgrant Number, Grant Codes: |  |
| Contact Name, Title: |  | Email Address, Telephone: |  |

|  |  |
| --- | --- |
| Date of Report: |  |
| Report Period (mm/yyyy): |  |

1. A discussion of what was accomplished during this reporting period, including major activities, achievements and success stories.

1. Actual or anticipated issues or delays, and actions taken or planned to resolve them.

1. Cumulative expenditures for each fund source:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Cumulative WIOA 15 Percent Expenditures** | **\*Planned Cumulative Expenditures** | **Cumulative In-Kind Match** | **\*Planned**  **Cumulative In-Kind Match** |
|  |  |  |  |

\*Refer to Exhibit E, Funding and Expenditure Plan for this month’s Cumulative Planned amount.

1. Total Cumulative Participants Enrolled in CalJOBSSM within 30 day of services provided:

1. Have you verified the expenditure/participant data reported above with the reports available in CalJOBSSM?

Yes OR No (If no, provide an explanation below.)