PY 23 QUARTERLY NARRATIVE REPORT

A Home for Everyone Economic Opportunity Program

This report is due October 16, January 15, April 15 and July 15. Please submit to your Worksytems Contract Manager.

Please see [A Home for Everyone (AHFE) EOP – Knowledge Base (worksystems.org)](https://help.worksystems.org/knowledge-base/a-home-for-everyone-ahfe-eop/) for Quarterly Report Guidance.

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| **Contractor Name:** | |
| **Name of Staff Completing Report:** | **Phone Number** |
| **Reporting Period:**  **Q1 (July-September)**  **Q2 (October-December)**  **Q3 (January-March)**  **Q4 (April-June)** | |

**I.** **Economic Opportunity**

Discuss service delivery implementation.

1. Describe successes and challenges related to service delivery including outreach, enrollment, career mapping & resource planning, training, job placement, and Career Boost program delivery (including enhanced services delivered only to SNAP participants in your program)
2. Specifically discuss housing stability efforts with participants and the rent assistance support.
3. Identify any issues related to communication with WSI staff, WorkSource staff, or partners.
4. Please state if you are currently taking new participants or if your caseload is full.

**II. Enrollment Plan & Performance Measures**

Complete the chart below to report on your organization’s progress towards contract goals. Discuss progress toward Enrollment Plan & Performance Measure goals, including enrollment capacity status, proportion of SNAP vs. non-SNAP customers in your program, successes and challenges. Please discuss how your organization’s recruitment connects with the larger community-wide efforts to address Multnomah County and the City of Portland’s homelessness crisis.

If your program is not on track to meet any of the goals, please provide narrative addressing quarter’s comparisons to goals.

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| **AHFE Vocational Case Management Program** | | | | | | |
| **Performance Measure** | **Maximum** | **Actual**  **Q1** | **Actual**  **Q2** | **Actual**  **Q3** | **Actual**  **Q4** | **Actual Year End** |
| **Enrollment** |  |  |  |  |  |  |
| **Enrollment capacity**  Includes Intensive phase participants and actively engaged participants in Retention and Advancement phase. Participants must meet the eligibility requirements of the Portland EOP. |  |  |  |  |  |  |
| **Success Measures** | **Goal** | **Q1**  **Total YTD** | **Q2 Total YTD** | **Q3**  **Total YTD** | **Q4**  **Total YTD** | **Actual**  **Year End** |
| Attainment of Unsubsidized Employment by full program exit | 70% |  |  |  |  |  |
| Attainment of Career Track Employment by full program exit # of individuals |  |  |  |  |  |  |
| Employment Rate in Q2 following the Exit to Follow-Up Date | 71% |  |  |  |  |  |
| Employment Rate in Q4 following the Exit to Follow-Up Date | 72% |  |  |  |  |  |
| Advancement in Employment as demonstrated by gain in earnings, wage, hours, or benefits # of individuals |  |  |  |  |  |  |
| **Participant Demographic Plan** |  | **Actual Q1** | **Actual Q2** | **Actual Q3** | **Actual Q4** | **Actual Year End** |
| Percentage of participants served that are people of color |  |  |  |  |  |  |

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| **Career Boost program** | | | | | |
| **Type of SNAP E&T Service** | **Annual Goal # SNAP Recipients Served** | **Actual # Served**  **(Year-to-Date)** | **Progress towards Annual Goal (%)** | **Actual # Served (During the Quarter)** | **How have your staff verified that monthly data is accurate and aligned between I-Trac Career Boost and iMatchSkills?** |
| Job Search Training |  |  |  |  |  |

**III. I-Trac data collection and entry.**

1. Describe your program’s plan and strategies to ensure timely and accurate contract required I-Trac data entry.
2. Describe how you ensure monthly services are entered in I-Trac EOP AHFE, as well as in I-Trac Career Boost records and in iMatchSkills for SNAP participants in your program.

**IV.** **Participant Stories**

Share participant stories for each category. Please include your best practices for serving homeless and housing insecure participants. **Please submit I-Trac ID# and a Release of Information (**[Success Story Release](https://help.worksystems.org/wp-content/uploads/2020/01/Success-Story-Release-TEMPLATE-FINAL-2019-04-17.docx)**) form signed by the participant for each story submitted.** Please do not include names or other personally identifiable information.

1. Success Stories (Stories that highlight customer success and what’s working well in the program). At least one submission should describe a SNAP customer served in your Career Boost program. Guidance found [here](https://help.worksystems.org/wp-content/uploads/2023/09/EOP-Success-Story-Template.pdf).
2. Challenging Stories (Stories that highlight customer challenges and how we can improve the program.)

**V.** **Technical Assistance/Training**

Submit suggestions and requests for technical assistance, training, or subjects for EOP Career Coach, Manager, or AHFE EOP specific meetings.

**VII.**  **contract budget**

Using the most recent billing workbook, please complete the chart below including an explanation of any variance-positive or negative- in budget versus actual to date for each of the budget line items in comparison to an average expenditure rate of 25% per quarter. Please track SNAP by entering two rows when a Funding Source is split across SNAP and non-SNAP (e.g. row 1 Fund 554 non-SNAP, row 2 Fund 554 SNAP).

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| --- | --- | --- | --- |
| Funding Source | Budget | Spent YTD | % Spent |
| AHFE 554 |  |  |  |
| AHFE SNAP 554 |  |  |  |
| WIOA Adult 200 |  |  |  |
| Other (please indicate funding source) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Budget** | **Spent YTD** | **% Spent** |
| Personnel |  |  |  |
| Operating |  |  |  |
| Participant Expense |  |  |  |
| Total Program Budget |  |  |  |