2023-2024 QUARTERLY NARRATIVE REPORT

EOP DCJ Report

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

Please see [EOP Portland Quarterly Reporting Guide for PY 23](https://help.worksystems.org/wp-content/uploads/2023/09/EOP-Portland-Quarterly-Reporting-Guidance-PY-23.docx) 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.** **Service Delivery Implementation: Successes and Challenges**

Discuss service delivery implementation. Describe successes and challenges related to service delivery including communication with parole officers or diversion program staff, enrollment, career mapping & resource planning, training, job placement, and Career Boost program delivery (including enhanced services delivered only to SNAP participants in your program). Identify any issues related to communication with Worksystems staff, WorkSource staff, or partners.

**II. Enrollment Plan & Performance Measures**

Complete the charts 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. 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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| --- | --- | --- | --- | --- | --- | --- |
| **Portland EOP Career Coaching Program** | | | | | |  |
| **Performance Measure** | **Goal** | **Actual Q1** | **Actual Q2** | **Actual Q3** | **Actual Q4** | **Actual Year End** |
| **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. |  |  |  |  |  |  |
|  | **Goal** | **Q1 Total YTD** | **Q2 Total YTD** | **Q3 Total YTD** | **Q4 Total YTD** | **Actual Yer End** |
| Attainment of Unsubsidized Employment % | 65% |  |  |  |  |  |
| Employment Rate in Q2 following the Exit to Follow-up | 71% |  |  |  |  |  |
| Employment Rate in Q4 following the Exit to Follow -up | 72% |  |  |  |  |  |
| Advancement in employment as demonstrated by gain in earnings, wage or benefits. |  |  |  |  |  |  |
| Attainment of Career Track Employment  % |  |  |  |  |  |  |

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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.**  **Data Collection and Entry**

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

**IV.** **Success Stories**

Share participant stories for each category. Please include your best practices for serving EOP eligible population. **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. Success story guidance can be found [here](https://help.worksystems.org/wp-content/uploads/2023/09/EOP-Success-Story-Template.pdf).

1. Success Stories (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.
2. Challenging Stories (highlight customer challenges and how we can improve the program).

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

Submit suggestions and requests for technical assistance or training.

**VI.**  **contract budget**

Using the most recent billing workbook, please complete the chart below and include an explanation of any variance - positive or negative – in total program budget spending versus actual to date. Compare spending 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 500 non-SNAP, row 2 Fund 500 SNAP).

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| --- | --- | --- | --- |
| **Funding Source** | **Budget** | **Spent YTD** | **% Spent** |
| WIOA 200 |  |  |  |
| Mult Co – DCJ SNAP 553 |  |  |  |
| Reinvestment 752 |  |  |  |
| Reinvestment SNAP 752 |  |  |  |
| Other (please specify) |  |  |  |
| Other (please specify) |  |  |  |
| **Line Item** | **Budget** | **Spent YTD** | **% Spent** |
| Personnel |  |  |  |
| Operating |  |  |  |
| Participant Expense |  |  |  |
| Total Program Budget |  |  |  |
|  |  |  |  |