Arkansas Department of Commerce
Office of Skills Development (OSD) Grants Performance Report

Email completed report to aceosdgrants@arkansas.gov

Project Title / Name:

Table 2. Provide the following information related to the actual education / training program(s) completed.

#	Title of Education / Training Course (a Course may be listed more than once if it has multiple 'Course Topics')	Total Education or Training Hours	Hourly Billing Rate for Actual Classroom Time ($) (See Grant Table 1)	Total Number of Students or Trainees	Avg. Cost Per Trainee	No. of Trainees Qualified as Trainers	Training Start Date	Training End Date	Number of Credentials (e.g. certificates, credit hours) Granted Upon Completion	New Jobs Created Corresponding to This Training	Projected Cost Savings Corresponding to This Training	Dollar Value of New / Additional Investment Corresponding to This Training
1												
2												
3												
4												
5												
6												
	Total training hours -->	0.00	$ 0.00	0	$ 0.00			**Totals -->**	0	0	$ 0.00	$ 0.00

↑

Total number of distinct individuals trained (takes into account individuals attending more than one course)

Table 3. Provide the following information related to costs (information by Course and Organization must correspond directly to that in Table 2 and Table 3).

#	Title of Education / Training Course	Training Time Cost (based on reported Trainer / Educator hourly rate for instruction) ($)	Facilities Cost ($)	Equipment Cost ($)	Total Travel Cost ($ - flight, hotel, meal, car)	Instruction Materials Cost ($)	Other Costs ($)	Itemization of Other Costs (describe 'Other Costs')	Margin / Administrative / Indirect Costs ($)	**Subtotal of Costs for This Course ($)**	In-Kind Contributions: Itemization (describe 'In-Kind Contributions')	In-Kind Contribu-tion Value ($)	
1		$ 0.00								$ 0.00			
2		$ 0.00								$ 0.00			
3		$ 0.00								$ 0.00			
4		$ 0.00								$ 0.00			
5		$ 0.00								$ 0.00			
6		$ 0.00								$ 0.00			
	COLUMN TOTALS -->	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	**<-- CUM. TOTAL COST**	$ 0.00	**<-- Total In-Kind Contribution Value**

Explain any deviataions between the Tables 2 and 3 above and the Tables 2 and 3 in the original OSD Grants application.

DATA REGARDING TRAINEES / STUDENTS THAT COMPLETE TRAINING

#	Title of Education / Training Course(es)	Trainee Last Name	Trainee First Name	Year of Birth	City of Current Residence	Title	Education (High School, Associate's, Bachelor's, Master's)	Pre-Training Certification / License	Certification or Other Credential Received Upon Training Completion	Total Time Employed by Organization	Total Years of Work Experience	Hourly Wage at Start of Training	Hourly Wage at End of Training
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

DATA REGARDING TRAINEES / STUDENTS THAT COMPLETE TRAINING

#	Title of Education / Training Course(es)	Trainee Last Name	Trainee First Name	Year of Birth	City of Current Residence	Title	Education (High School, Associate's, Bachelor's, Master's)	Pre-Training Certification / License	Certification or Other Credential Received Upon Training Completion	Total Time Employed by Organization	Total Years of Work Experience	Hourly Wage (or Salary) at Start of Training	Hourly Wage (or Salary) at End of Training
21													
22													
23													
24													
25													
26													
27													
28													
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31													
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39													
40													

DATA REGARDING TRAINEES / STUDENTS THAT COMPLETE TRAINING

#	Title of Education / Training Course(es)	Trainee Last Name	Trainee First Name	Year of Birth	City of Current Residence	Title	Education (High School, Associate's, Bachelor's, Master's)	Pre-Training Certification / License	Certification or Other Credential Received Upon Training Completion	Total Time Employed by Organization	Total Years of Work Experience	Hourly Wage at Start of Training	Hourly Wage at End of Training
41													
42													
43													
44													
45													
46													
47													
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