### ATTACHMENT B: PERFORMANCE OUTCOMES FORM (July 1, 2023- June 30, 2024)

##### Adult

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| --- |
| Organization Name: |
| Fiscal Contact: | Title: |
| Phone: | Email: |
|  **PERFORMANCE OUTCOMES SUMMARY** |
| Total Participants to be Served: |  |
| Total Cost Per Participant: |  |
| **PROPOSED PERFORMANCE OUTCOMES** |
| Enrollments: Individualized Services |  |
| Enrollments: Training Services  |  |
| Exits to Employment |  |

**Dislocated Worker**

|  |
| --- |
| Organization Name: |
| Fiscal Contact: | Title: |
| Phone: | Email: |
|  **PERFORMANCE OUTCOMES SUMMARY** |
| Total Participants to be Served: |  |
| Total Cost Per Participant: |  |
| **PROPOSED PERFORMANCE OUTCOMES** |
| Enrollments: Individualized Services |  |
| Enrollments: Training Services |  |
| Exits to Employment |  |

#####

##### Youth

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| --- |
| Organization Name: |
| Fiscal Contact: | Title: |
| Phone: | Email: |
|  **PERFORMANCE OUTCOMES SUMMARY** |
| Total Participants to be Served: |  |
| Total Cost Per Participant: |  |
| **PROPOSED PERFORMANCE OUTCOMES** |
| Enrollments |  |
| Exits to Employment |  |
| Exits to Post-Secondary Education |  |