State of Wisconsin

Department of Workforce Development

Division of Employment and Training

**QUEST DWG Subaward Quarterly Progress Report - DCF**

The Division of Employment and Training (DET) will use the information from this quarterly report to monitor the progress of the subaward, help the subrecipients and/or project operators identify implementation challenges, and identify any promising practices to be shared with others. DET will also use the information to complete the ETA-9179 quarterly narrative report due to the Department of Labor.

Reports are due no later than 30 days after the last day of the calendar quarter. Submit progress reports to [DETWIOAAnalysts@dwd.wisconsin.gov](mailto:DETWIOAAnalysts@dwd.wisconsin.gov).

**Section I: Project Operator Information**

1. Project Operator:
2. Subaward ID:
3. Quarter End Date:

**Section II: Progress of Subaward**

1. Provide an update of your project's progress for the quarter. Include a description of key accomplishments and outcomes achieved.

1. Provide a detailed update of outreach activities conducted this quarter. Provide a copy of any outreach documents (e.g., flyers, mailers) developed this quarter.

1. If applicable, provide a detailed update on the number of businesses contracted this quarter as a result of QUEST funding. Of those businesses, how many total childcare slots have become available?

1. Describe any key activities completed this quarter, including partnership development and coordination with other organizations involved in addressing childcare deficiencies.

1. Provide a detailed update of any performance improvement efforts conducted this quarter including monitoring activities and training and technical assistance activities.

1. Describe next steps or additional activities planned in the next quarter.

1. If you have no updates for this section, explain why.

**Section III: Development and Implementation of Effective Practices and Program Model Strategies**

1. Describe how the work you have done through the QUEST grant has helped address the needs of:
   1. The community; and
   2. The program participants.

1. Describe any lessons learned this quarter and how you will integrate those lessons into ongoing project activities.

1. Describe how QUEST activities have contributed to the use of services by underserved populations and facilitate equitable services across targeted populations and underserved communities.

1. If you have no updates for this section, explain why.

**Section IV: Status Update on Strategic Partnership Strategies**

1. Describe the partners that are currently involved in this project and the specific roles and contributions of each partner.

1. Report any new partners that have been brought into the project or identify any previous partners that have left the project.

1. Identify any challenges encountered and/or resolved in the development and management of the partnership(s).

1. If you have no updates for this section, explain why.

**Section V: Key Issues and Technical Assistance Needs**

1. Summarize any significant issues, or challenges encountered during the quarter and any resolution of issues or challenges identified in previous quarters. Describe actions taken or plans to address the identified issues or challenges.

1. Describe any questions you have for DWD-DET and/or any technical assistance needs you have.

**Section VI: Significant Activities, Accomplishments, and Success Stories**

1. Describe in detail any promising practices, innovative processes, and/or strategic partnerships your project developed or engaged in during this quarter.

1. If available, please highlight one or two subaward- or participant-level success stories from this quarter. If providing a participant success story, ensure a release of information is on file. In documenting the success story, please describe:
   1. background, problem, issue, or concern prior to the project involvement;
   2. response or intervention provided by the project;
   3. results and outcomes, including who benefited and what changed or improved; and,
   4. evidence of the success, including how the data was obtained and the methods used to measure success.

**Section VII: Evidence and Evaluation**

1. If applicable, describe how you are using or planning to use data, evidence, and evaluation findings to make improvements to the project. Include a discussion on accomplishments, strategies being implemented, and any barriers to success.

1. If applicable, describe how you are using or planning to use data, evidence, and evaluation findings to inform policy development.

1. If applicable, please include information on any studies or evaluations you are conducting related to your project, including any internal evaluations. Describe the study, data source(s), and whether a third party is managing this project.

1. As part of the evaluation described above (if applicable), or as a separate project, are you using, or do you plan to use administrative data to better understand the QUEST DWG, your subaward, or the population you are serving? If so, what data sources are you using, or would you like to use? What research or management questions can this data help you answer?

1. If you have no updates for this section, explain why.

**Section VIII: Additional Information**

1. Describe any leveraged resources provided to your project this quarter, if applicable. If leveraged resources were provided this quarter, please include the organization(s) that contributed the resources, ways in which the resources were used during the quarter, cumulative amount of leveraged resources, and type of leveraged resources (cash or in-kind).

1. Provide other important project-specific information not yet captured in other sections of this report, including any products, outside of outreach materials, developed as part of this project.

**Section IX: Project Data Report**

1. Fill in the Data Report Table for the end of each reporting quarter:

|  |  |
| --- | --- |
| **Participants** |  |
| Number of new businesses partnered with or served |  |
| Number of continued businesses partnered with or served |  |
| Number of existing childcare slots filled |  |
| **Expenditures - Please summarize** |  |
| Contracted Services Amount |  |
| Administrative Costs |  |
| Indirect Costs Amount |  |
| **Total Expenditures** | 0.00 |