Ohio MEANS Jobs | **Delaware County**
A proud partner of the American Job Center network

Incumbent Worker Report

This report may be used for initial and final reports. Email completed reports to gowbi@clarkstate.edu.

☐ **Initial Report** (due 30 days after contract is signed) Date of contract:
☐ **Final Report** (due 15 days after last payment made) Date of last payment:

SUBGRANTEE

County Name: System:
Contact Name: Title:
Phone: Email:
Date Submitted:

COMPANY

Name: Phone:
Address:
City, State: Zip:
Product/Service:
Number of years of operation in Ohio:
Number of full-time employees:
Current on state obligations? ☐Y ☐N
Committed to retaining operations & employees in Area 7? ☐Y ☐N
Willing to participate in full range of services at One-Stop? ☐Y ☐N

FUNDING PRIORITY

Reason: If "Other":

Type of Match		Projected Budget			Actual Budget	
		Employer	One-Stop		Employer	One-Stop
☐Cash	Amount $			Amount $		
☐In Kind*	Amount $			Amount $		

*If in-kind, type:

TRAINING

Preferred Provider: Training provider:
Description of training:

Type:	Projected:	Actual:
Total budget		
Number of trainees		
Start date		
End date		

MEASURABLE OUTCOMES

Initial goals:
Final results: