Re-imagination Resource Center Grant

Complete the work plan as applicable to your proposal in cumulative manner. Awarded applicants will be requested to provide a quarterly breakdown for the entire grant period at time of contracting. *CED reserves the right to require adjustments to program design and outcomes during the grant contracting process.*

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| --- | --- | --- | --- | --- |
| **Measurable Outcomes** | **Period 1:**  **Grant Start Date through 12/31/2025** | **Period 2:**  **Grant Start Date through 03/31/2025** | **Period 3:**  **Grant Start Date through 06/30/2026** | **Period 4:**  **Grant Start Date through 09/30/2026** |
| **Complete the following measures for Part 1 only** |  |  |  |  |
| **Total Training Sessions for Organization’s Staff** | *Enter number* | *Enter number* | *Enter number* | *Enter number* |
| **Total Number of Staff Employees Trained** | *Enter number* | *Enter number* | *Enter number* | *Enter number* |
| **Complete the following measures for Part 2 only** |  |  |  |  |
| **Total Entrepreneurial Training Sessions** | *Enter number* | *Enter number* | *Enter number* | *Enter number* |
| **Total Mentorship Sessions** | *Enter number* | *Enter number* | *Enter number* | *Enter number* |
| **Total Enrollment in Entrepreneurial Training** | *Enter number* | *Enter number* | *Enter number* | *Enter number* |
| **Total Enrollment in Mentorship** | *Enter number* | *Enter number* | *Enter number* | *Enter number* |
| **Total Start-ups facilitated** | *Enter number* | *Enter number* | *Enter number* | *Enter number* |
| **Complete the following measures for Part 3 only** |  |  |  |  |
| **Total Financial Assistance Grants Distributed** | *Enter number* | *Enter number* | *Enter number* | *Enter number* |
|  |  |  |  |  |