|  |
| --- |
| **Legal Business Name of School:**  |
| **Contact Person:**  |
| **Phone:**  | **Email:**  |
| **Reporting Period:** July 2024 - June 2025 |
| **Impact on enrollment capacity***Describe the impact of the WA CDL Grant funds on expanding your training capacity: (a) How were expansion resources, such as equipment purchase or upgrades, expansion of training space, and curriculum development, used to expand your training capacity? (b) How did offering student financial assistance help more students enroll and/or help more students complete training?* |
|  |
| **Impact on students***In what ways did the WA CDL Grant financial assistance help enrolled students? What specific measures did you take to ensure inclusive access to training for students? Did your school use the funds to provide students with childcare assistance, or other support described in the program guidelines?* |
|  |
| **Challenges and successes** *Please outline the challenges and successes experienced in using the WA CDL Grant funds to achieve enrollment capacity expansion and student completion outcomes. What strategies did you use to address challenges or capitalize on successes during the contract period?* |
|  |
| **Implementation***Please supply the information requested below.*  |
| * How many students were provided financial assistance through the WA CDL Grant?
* Of those, how many completed their training program? How many dropped from their training program?
 |
| **Testimonial(s)** *We invite you to contribute a testimonial highlighting the WA CDL Grant impacts and benefits, for example, how it enabled you to expand enrollment capacity and increase CDL completions. Please include the name and title of the person giving the testimonial. Prior to submission, please also ensure that the individual has given consent for the testimonial’s use in the public domain, encompassing future promotional materials and public reports. Your insights are invaluable in showcasing the tangible difference WA CDL Grant funding makes.* |
|  |