

ANNUAL OUTCOME GOAL PLAN FY 2016 PERFORMANCE GOALS AND ACTUALS			
State or County:			
	FY 2015 GOAL	FY 2015 ACTUAL	FY 2016 GOAL
1. Caseload			
TANF Recipients	0	0	0
RCA Recipients	0	0	0
No Federal Cash Assistance	0	0	0
Total	0	0	0
2. Entered Employment			
Full Time	0	0	0
Part Time	0	0	0
Total	0	0	0
2a. TANF Recipients Entered Employment			
Full Time	0	0	0
Part Time	0	0	0
Total	0	0	0
2b. RCA Recipients Entered Employment			
Full Time	0	0	0
Part Time	0	0	0
Total	0	0	0
2c. No Federal Cash Assistance Entered Employment			
Full Time	0	0	0
Part Time	0	0	0
Total	0	0	0
Cash Assistance Recipients Placed In Employment			
	0	0	0
3. Federal Cash Assistance Terminations			
TANF Recipients	0	0	0
RCA Recipients	0	0	0
Total	0	0	0
4. Federal Cash Assistance Reductions			
TANF Recipients	0	0	0
RCA Recipients	0	0	0
Total	0	0	0
5. Entered Full Time Employment Offering Health Benefits			
TANF Recipients	0	0	0
RCA Recipients	0	0	0
No Federal Cash Assistance	0	0	0
Total	0	0	0

**ANNUAL OUTCOME GOAL PLAN
FY 2016
PERFORMANCE GOALS AND ACTUALS**

State or County: _____

FY 2015
GOAL

FY 2015
ACTUAL

FY 2016
GOAL

6. Average Hourly Wage of Refugees Entering Full Time Employment

\$ -

\$ -

\$ -

7. 90-Day Retention Rate

Percentage _____

7a. 90-Day Retention Rate Calculator

Unduplicated #
of Retentions

Unduplicated #
of Entered
Employments

Total _____

The previous actual Retention Rate is calculated by dividing the total unduplicated number of retentions by the total unduplicated number of entered employments from July of the previous CY through June of the current CY.

8. Office of Refugee Resettlement Funding

FY 2015 Actual

FY 2016 Proposed

Social Services Formula Funding _____

Targeted Assistance Formula Funding _____

Discretionary Grant Funding

\$ -

\$ -

Total Liquidated Funding

\$ -

\$ -

Cost per Entered Employment

Agency Point of Contact

Please provide the name, title and contact information for the agency staff person best equipped to respond to questions regarding your Annual Outcome Goal Plan submission.

First and Last Name

Title

Telephone Number

Email

Deadline for submission

The completed FY 2016 Annual Outcome Goal Plan: Performance Goals and Actuals and Performance Narrative should be submitted via email to GPRA@ACF.hhs.gov by **November 14, 2015**.

For Office of Refugee Resettlement use only:

Date submitted: _____

Submission type: Initial Revision

Status: Approved In process - clarification needed