

## Canada-Ontario Job Grant Training Outcome Report

**Name of Employer or Consortium:**

**Employer Application Number:**

**Training Provider Name:**

**Course/Module Title:**

**Training Start Date:** (mm/dd/yyyy)

**Training End Date:** (mm/dd/yyyy)

**Course Module Number:**

Number of approved trainees for training session?	
Number of trainees who completed training?	
Number of trainees who did not attend training?	
Number of trainees refunded for not attending training?	

**Payment Reconciliation:**

Payment amount already released to Employer/Consortium	\$
15% Hold back amount according to agreement	\$
Refund amount received (or will receive) by Employer or Consortium for trainees who did not attend training	\$
Hold back amount requested to be released	\$

**Employment Status Post-Training:**

Number of trainees who are employed by the employer?	
Number of trainees who are not employed by the employer?	

**Comments :**

Name of Signing Authority for Employer or Consortium

Signature

Date