

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