



Innovation Network - Outcomes Worksheet

Planning Process

Industries Reviewed

Occupations Identified

Occupations Targeted

Total Projected Economic Impact \$ -

	Skills	Pipeline	Avg Wage	Proj Employment	Economic Impact
1 _____	<input type="checkbox"/>	<input type="checkbox"/>			\$ -
2 _____	<input type="checkbox"/>	<input type="checkbox"/>			\$ -
3 _____	<input type="checkbox"/>	<input type="checkbox"/>			\$ -
4 _____	<input type="checkbox"/>	<input type="checkbox"/>			\$ -
5 _____	<input type="checkbox"/>	<input type="checkbox"/>			\$ -

Community Partnerships

K-12

CTE

Adult
Education

Workforce
Boards

Post Secondary
Education

Chamber of
Commerce

Economic
Development

Other

	Partner Name	Point of Contact Name & Title	Point of Contact email	Type of Partnership	Completed Letter of Commitment?
1	_____	_____	_____		
2	_____	_____	_____		
3	_____	_____	_____		
4	_____	_____	_____		
5	_____	_____	_____		
6	_____	_____	_____		
7	_____	_____	_____		
8	_____	_____	_____		
9	_____	_____	_____	=	
10	_____	_____	_____	=	
11	_____	_____	_____	=	
12	_____	_____	_____		
13	_____	_____	_____		
14	_____	_____	_____		
15	_____	_____	_____		
16	_____	_____	_____		
17	_____	_____	_____		
18	_____	_____	_____		
19	_____	_____	_____		
20	_____	_____	_____		
21	_____	_____	_____		
22	_____	_____	_____		
23	_____	_____	_____		
24	_____	_____	_____		
25	_____	_____	_____		
26	_____	_____	_____		
27	_____	_____	_____		
28	_____	_____	_____		

29 _____

30 _____

Employer Partnerships

	Employer Name	Industry	Approx. Size of Workforce (within geographic area of grant request)	Participated in Talent Supply Chain Feedback Session (Onsite Across State)?	Completed Letter of Commitment?
1	_____	_____	_____	_____	
2	_____	_____	_____	_____	
3	_____	_____	_____	_____	
4	_____	_____	_____	_____	
5	_____	_____	_____	_____	
6	_____	_____	_____	_____	
7	_____	_____	_____	_____	
8	_____	_____	_____	_____	
9	_____	_____	_____	_____	
10	_____	_____	_____	_____	
11	_____	_____	_____	_____	
12	_____	_____	_____	_____	
13	_____	_____	_____	_____	
14	_____	_____	_____	_____	
15	_____	_____	_____	_____	
16	_____	_____	_____	_____	
17	_____	_____	_____	_____	
18	_____	_____	_____	_____	
19	_____	_____	_____	_____	
20	_____	_____	_____	_____	
21	_____	_____	_____	_____	
22	_____	_____	_____	_____	
23	_____	_____	_____	_____	
24	_____	_____	_____	_____	
25	_____	_____	_____	_____	
26	_____	_____	_____	_____	
27	_____	_____	_____	_____	
28	_____	_____	_____	_____	
29	_____	_____	_____	_____	
30	_____	_____	_____	_____	