PROGRAM STATUS SUMMARY REPORT ETA FORM 9095

WIA Program Status Summary Title I-D, Section 167- National Farmworker Jobs Program (NFJP)

U.S. Department of Labor Employment and Training Administration

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| a. Grantee Name and Address | | b. Gran | b. Grant Number | | OMB Approval No: 1205-0425 Expires: 1/31/07 | |
|---|--------------|--------------|--------------------|--------|--|--|
| | | c. Peric | c. Period of Grant | | d. Reporting Period | |
| | | From: | To: | From: | To: | |
| I. Participation Summary | | Previous Per | iod Current F | Period | Grant Cumulative | |
| | | (A) | (B) | | (C) | |
| A. Total Participants Served (excluding individuals who <u>only</u> receive a determination of eligibility) | | | | | | |
| 1. New Participants | | | | | | |
| 2. Participants Carried Over From Previous Grant | | | | | | |
| B. Total Number of Participants Exiting Pro | gram | | | | | |
| II. Participant Outcomes | | | | | | |
| A. Placed in Unsubsidized Employment | | | | | | |
| B. Completed Training Services | | | | | | |
| III. Total Current Participants (End of Period) | | | | | | |
| IV. Participant Enrollments In Program Se | rvices | | | | | |
| A. Core Services | | | | | | |
| B. Intensive Services | | | | | | |
| C. Training Services | | | | | | |
| D. Related Assistance Services (only) | | | | | | |
| Remarks: | | | | | | |
| | | | | | | |
| III. CERTIFICATION I certify that to the best of my knowledge this report is correct and complete as set forth in the grant agreement. | | | | | | |
| Name and Title of Authorized Official | Phone Number | | Signature | | Date Submitted | |
| | () | | | | (Month, Day, Year) | |
| Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these reporting requirements are required to obtain or retain benefits (20 CFR 667.300). The public reporting burden for this collection of information is estimated to average seven (7) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the U.S. Department of Labor, Office of Performance and Technology, Room S-5206, 200 Constitution Avenue, Washington, D.C. 20210 (Paperwork Reduction Act Project 1205-0425). | | | | | | |
| See Reverse Side for Instructions | | | | | ETA 9095 | |

ETA 9095 Revised 2005

General Instructions. The PSS is required to be electronically submitted on a quarterly basis, cumulative by the Program Year quarters (i.e., beginning July 1, October 1, January 1, and April 1). Reports are due no later than 45 days after the end of each reporting quarter (20 CFR 667.300(3)(d). Please submit via the Internet at www.etareports.doleta.gov

a. Grantee Name and Address – NO ENTRY REQUIRED

b. Grant Number - NO ENTRY REQUIRED

c. Period of Grant - NO ENTRY REQUIRED

d. Reporting Period – NO ENTRY REQUIRED

Section I. Participation Summary

LINE I. A. Total Participants - Enter in column B the total number of participants in the program.

Participant is any individual who is determined eligible to participate in the program <u>and</u> receives a service funded by the program. Participant counts do not include individuals who <u>only</u> receive a determination of eligibility to participate in the program.

LINE I. A.1. New Participants – Enter in column B the number of new participants during the reporting period.

LINE I. A.2. Participants Carried Over From Previous Grant - Enter in column B the number of participants in the program on the last day of the previous program year whose participation continued in this program year. This number remains constant for the program year.

LINE I. B. Total Number of Participants Exiting the Program - Enter in column B the number of participants who have exited the program.

> Exit from the program occurs when a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services. The date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program.

Line II. A. Placed in Unsubsidized

Employment –Enter in column B the number of participants placed in unsubsidized employment.

Line II. B. Completed Training Services – Enter in column B the number of participants who completed at least one training service.

Section III. Total Current Participants (End-of-Period) - NO ENTRY REQUIRED

Section IV. Participant Enrollments in Program Services

LINE IV. A. Core Services - Enter in column B the number of participants who received at least one core service during the reporting period. Core Services are identified in WIA Section 134(d)(2).

LINE IV. B. Intensive Services - Enter in column B the number of participants who received at least one intensive service during the reporting period. Intensive Services are identified in WIA Section 134(d)(3)(C) and 20 CFR Section 669.370.

LINE IV. C. Training Services - Enter in column B the number of participants who received at least one training service during the reporting period. Training Services are identified in WIA Section 134(d)(4)(D) and Section 167(d) and 20 CFR Section 669.410.

LINE IV. D. Related Assistance Services (only) – Enter in column C, the <u>cumulative</u> number of participants who received one or more related assistance services <u>only</u> during the grant period. Related Assistance services are identified in 20 CFR Section 669.430.