

OMB Approval No. 1205-0439

All quarterly entries are CUMULATIVE over all previous quarters

Date: 01/31/07

Expiration

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER													
	Admin	Progra	Qtr	Qtr	Qtr	Qtr	Qtr	Qt	Qtr	Qtr	Qtr	Qtr	Qtr	Qtr
		m	1	2	3	4	5	6	7	8	9	10	11	12
Implementation														
Schedule														
TOTAL PLANNED PARTICIPANTS														
RECEIVING INTENSIVE SERVICES														
ENROLLED IN TRAINING														
RECEIVING SUPPORTIVE SERVICES														
RECEIVING NEEDS-RELATED														
PAYMENTS														
Exits														
ENTERING EMPLOYMENT AT EXIT														
Total Expenditures:														
GRANTEE LEVEL														
SUPPORTIVE SERVICES														
PROGRAM MANAGEMENT AND														
OVERSIGHT														
 Admin Excluding NRP 														
Processing*														
NRP Processing														
OTHER *														
Indirect														
OTHER*														
Total Expenditures:														
Project Operator Level														
Core and Intensive Services														
	_													
Training Services														
SUPPORTIVE SERVICES														
NRPs														
OTHER*														
PROGRAM MANAGEMENT AND OVERSIGHT														
• ADMIN														
EXCLUDING NRP														
PROCESSING*														
NRP PROCESSING														
OTHER *														
TOTAL EXPENDITURES:														

GRANTEE AND PROJECT							
OPERATOR LEVEL							

^{*}This form must be accompanied by an appropriate budget narrative which lists, for each *ed line item, components of the costs, e.g. staff salaries, fringe benefits, equipment, travel, facilities, and the estimated cost amounts for each.

ETA 9103