E. PLANNING FORM* 3 - Trade-WIA Dual Enrollment

## 1205-0439 <br> All quarterly entries are CUMULATIVE over all previous quarters

Expiration Date: 01/31/07

| Performance Factor | PROGRAM YEAR QUARTER |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{aligned} & \text { Admi } \\ & \mathrm{n} \end{aligned}$ | Progra <br> m | $\begin{aligned} & \mathrm{Qt} \\ & \mathrm{r} \end{aligned}$ | $\begin{aligned} & \mathrm{Qt} \\ & \mathrm{r} 2 \end{aligned}$ | $\begin{aligned} & \mathrm{Qt} \\ & \mathrm{r} 3 \end{aligned}$ | $\begin{aligned} & \mathrm{Qt} \\ & \mathrm{r} 4 \end{aligned}$ | $\begin{aligned} & \mathrm{Qt} \\ & \text { r } 5 \end{aligned}$ | $\begin{aligned} & \mathrm{Qt} \\ & \mathrm{r} 6 \end{aligned}$ | $\begin{aligned} & \mathrm{Qt} \\ & \mathrm{r} 7 \end{aligned}$ | $\begin{aligned} & \mathrm{Qt} \\ & \mathrm{r} 8 \end{aligned}$ | $\begin{aligned} & \mathrm{Qt} \\ & \mathrm{r} 9 \end{aligned}$ | $\begin{aligned} & \text { Qt } \\ & \text { r } \\ & 10 \end{aligned}$ | $\begin{aligned} & \text { Qt } \\ & \text { r } \\ & 11 \end{aligned}$ | Qt r 12 |
| Implementation Schedule |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Planned Participants |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Receiving Intensive Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Enrolled in Training (NEG-FUNDED ONLY) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Receiving Supportive Services (NEGFUNDED ONLY) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 (NEG-FUNDED ONLY) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| $\qquad$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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

