

Challenge Pilot Administrator's Quarterly Report

Administrator Name
[Fill in Administrator Name Here]

Report Period	
Quarter	Q1
Year	2008

Section 1. Administrator Information Update (If there were any changes)	
Name	
Site Address	

Section 2. Administrator Contact Information Update (If there were any changes)	
Administrator Contact Name	
Administrator Contact Title	
Administrator Contact Phone Number	
Administrator Contact Fax Number	
Administrator Contact E-mail Address	

Section 3. Coordinator Contact Information Update (If there were any changes)	
Coordinator Contact Name	
Coordinator Contact Title	
Coordinator Contact Phone Number	
Coordinator Contact Fax Number	
Coordinator Contact E-mail Address	

Section 4. Candidate Information Update
<p>Please list any Candidates who have dropped out or have been added since the last progress report. You must submit a Candidate Information Package for all new Candidates.</p>
<p>Form Approved OMB# 1218 – 0239 Expired 4 -30- 2008 Public reporting burden for this collection of information is voluntary and is estimated to average 5 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection other aspect of this collection of information, including suggestions for reducing this burden to the Division of Voluntary Programs, Department of Labor, Room N-3700, 200 Constitution Avenue, N.W., Washington, DC 20210.</p>