



**WIA ADULT AND DISLOCATED WORKER PROGRAMS, and NATIONAL EMERGENCY GRANTS
MONTHLY REPORT**



ETA Form: ETA-9148

Report Due Date: mm/dd/yyyy

Report Month End Date: mm/dd/yyyy

State: _____

OMB No. 1205-XXXX

Expires: mm/dd/yyyy

Performance Items		Current Month (A)	Previous Month (B)	Program-to-Date (C)
A. PARTICIPANT SUMMARY INFORMATION				
WIA Adults	1. Total number of <u>new</u> participants served			
	2. Total number of participants served			
	3. Number of UI claimants			
	4. Number of low-income individuals			
	5. Number of Temporary Assistance to Needy Families (TANF) recipients			
	6. Number of public assistance individuals			
	7. Number of Veterans			
	8. Number of individuals with disabilities			
	9. Number of individual training accounts (ITA)			
	10. Number of participants in training			
	11. Number in on-the-job training (OJT)			
	12. Number in skill upgrading and retraining			
	13. Number in customized training			
	14. Number receiving supportive services (except needs-related payments)			
	15. Number receiving needs-related payments			
WIA Dislocated Workers	1. Total number of <u>new</u> participants served			
	2. Total number of participants served			
	3. Number of UI claimants			
	4. Number of Veterans			
	5. Number of individuals with disabilities			
	6. Number of individual training accounts (ITA)			
	7. Number of participants in training			
	8. Number in on-the-job training (OJT)			
	9. Number in skill upgrading and retraining			
	10. Number in customized training			
	11. Number receiving supportive services (except needs-related payments)			
	12. Number receiving needs-related payments			
National Emergency Grants	1. Total number of <u>new</u> participants served			
	2. Total number of participants served			
	3. Number of UI claimants			
	4. Number of Veterans			
	5. Number of individuals with disabilities			
	6. Number of individual training accounts (ITA)			
	7. Number of participants in training			
	8. Number in on-the-job training (OJT)			
	9. Number in skill upgrading and retraining			
	10. Number in customized training			
	11. Number receiving supportive services (except needs-related payments)			
	12. Number receiving needs-related payments			
B. REPORT CERTIFICATION/ADDITIONAL COMMENTS				
Grantee Remarks:				
Name of Grantee Certifying Official:		Telephone Number:	Email:	

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-XXXX, expiring XX/XX/XXXX. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number and expiration date. The obligation to respond is required to obtain or retain benefits (PL 105-220, sec. 172). Public reporting burden for this collection of information is estimated to average 26 hours per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. The reason for the collection of information is general program oversight, evaluation and performance assessment. Send comments regarding this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Performance and Technology, 200 Constitution Avenue, NW, Room S-5206, Washington, D.C. 20210 (Paperwork Reduction Project 1205-XXXX).