



**YOUTH SERVED WITH WIA RECOVERY ACT RESOURCES  
MONTHLY REPORT**



ETA Form: ETA-9149  
 Report Due Date: mm/dd/yyyy  
 Report Month End Date: mm/dd/yyyy

OMB No. 1205-XXXX  
 Expires: mm/dd/yyyy

State: \_\_\_\_\_

Performance Items		Current Month (A)		Previous Month (B)		Program-to-Date (C)	
<b>A. PARTICIPANT SUMMARY INFORMATION</b>							
1. Total number of <u>new</u> participants served							
2. Total number of participants served							
Gender	3a. Male						
	3b. Female						
4. Ethnicity: Hispanic/Latino							
Race	5a. American Indian or Alaska Native						
	5b. Asian						
	5c. Black or African-American						
	5d. Hawaiian Native or Other Pacific Islander						
	5e. White						
Education Level	6a. 8th grade and under						
	6b. 9th grade - 12th grade						
	6c. High School graduate or equivalent						
	6d. 1 - 3 years of college, or full-time technical or vocational school						
	6e. 4 years college or more						
School Status	7a. In-school youth						
	7b. Out-of-school youth						
Age	8a. 14 - 18						
	8b. 19 - 21						
	8c. 22 - 24						
9. Individuals with disabilities							
10. Eligible Veterans							
11. Number of participants placed in summer employment							
12. Number of participants placed in work experiences outside of the summer months							
13. Number of participants served receiving educational achievement services							
14. Number of participants receiving employment services							
15. Number of participants receiving additional support services for youth							
16. Number of participants receiving leadership development opportunities							
17. Number of participants receiving follow up services							
18. Number of summer employment participants enrolled in services beyond summer employment							
Performance Items		Current Month (A)		Previous Month (B)		Program-to-Date (C)	
		Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator
<b>B. LEADING INDICATORS of PERFORMANCE</b>							
1. Work readiness attainment rate							
2. Summer employment completion rate							
<b>C. REPORT CERTIFICATION/ADDITIONAL COMMENTS</b>							
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 to obtain or retain benefits (PL 105-220, Sec 172). Public reporting burden for this collection of information is estimated to average 29 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).