F.   *Quarterly Report Form*

Grantee:
Grant Number:
Project Type:
Project ID:
Project Name:
Project Quarter:
Performance Period Covered by this Report: _____ through _____

PERFORMANCE FACTOR	REGULAR or DISASTER Workforce Dev.	DISASTER Temporary Jobs	DUAL ENROLLMENT	TRADE ACT HEALTH INSURANCE
TOTAL PARTICIPANTS				
Receiving Intensive Services				▓
Enrolled in NEG-funded Training				▓
Receiving NEG-funded Supportive Services				
Receiving Needs-Related Payments			▓	
Employed in Temp. Disaster Relief Asst.	▓		▓	▓
Receiving Health Coverage Payments	▓	▓		
Exits				▓
Entering Employment at Exit				▓
TOTAL EXPENDITURES: GRANTEE LEVEL				
NRPs			▓	
Supportive Services				
Health coverage Payments	▓	▓	▓	
Program Management and Oversight				
- Administration, excl. NRP/Premium Payment Processing				
- NRP Processing			▓	▓
- Premium Payment Processing	▓	▓	▓	
- Other				
Indirect				
Health Coverage Payment Admin.	▓	▓	▓	
Other				
TOTAL EXPENDITURES: PROJECT OPERATOR LEVEL				▓
Participant Wages	▓		▓	▓
Participant FBs	▓		▓	▓
Core and Intensive Services				▓
NEG-funded Training				▓
NEG-funded Supportive Services				▓
NRPs			▓	▓
Project Management and Oversight				▓
- Administration, excl. NRP Processing			▓	▓
- Other				▓
Other				▓
TOTAL EXPENDITURES: GRANTEE AND PROJECT OPERATOR				▓

Comments: _____

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