

F.

Quarterly Report Form

OMB Approval No. 1205-0439

Expiration date: 01/31/07

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

| PERFORMANCE FACTOR                                     | REGULAR or<br>DISASTER<br>Workforce Dev. | DISASTER<br>Temporary Jobs | DUAL<br>ENROLLMENT | TRADE ACT<br>HEALTH<br>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: \_\_\_\_\_

ETA 9104

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding the burden estimate or any other aspect of this collection, including suggestions for reducing this burden to the U. S. Department of Labor, Office of National Response, Room N-5422, Washington D.C. 20210. (Paperwork Reduction Project 1205-0439).