

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



OMB No. 1205-0474 Expires: 11/30/2009

ETA Form: ETA-9148 Report Due Date: mm/dd/yyyy Report Month End Date: mm/dd/yyyy

State:

	Performance Items	Current Month (A)	Previous Month (B)	Program-to-Date (C)
A. PARTICIPANT SUMMARY INFORMATION				
WIA Adults	Total number of <u>new</u> participants served			
	Total number of participants served			
	3. Number of UI claimants			
	Number of low-Income individuals			
	5. Number of Temporary Assistance to Needy Families (TANF) recipients			
	Number of public assistance individuals			
	7. Number of Veterans			
	Number of individuals with disabilities			
	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	Total number of <u>new</u> participants served			
	Total number of participants served			
	3. Number of UI claimants			
	4. Number of Veterans			
	5. Number of individuals with disabilities			
	Number of individual training accounts (ITA)			
	7. Number of participants in training			
	8. Number in on-the-job training (OJT)			
	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	Total number of <u>new</u> participants served			
	Total number of participants served			
	3. Number of UI claimants			
	4. Number of Veterans			
	5. Number of individuals with disabilities			
	Number of individual training accounts (ITA)			
	7. Number of participants in training			
	8. Number in on-the-job training (OJT)			
	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:				
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