**NATIONAL FARMWORKER JOBS PROGRAM**

**HOUSING ASSISTANCE SUMMARY**

**ETA FORM 9164**

Housing Assistance Summary

WIA, Title I-D, Section 167

National Farmworker Jobs Program (NFJP)

**U.S. Department of Labor**

Employment and Training Administration

|  |  |  |
| --- | --- | --- |
| a. Grantee Name and Address | b. Grant Number | OMB Approval No: 1205-0425  Expiration Date 12/31/2012 |
| c. Period of Grant  From: To: | d. Reporting Period  From: To: |

**Part 1: Temporary Housing Activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cumulative Quarters** | | | |
| **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** |
| 1. **Total Individuals Served** |  |  |  |  |
| 1. **New Individuals Served** |  |  |  |  |
| 1. **Individuals Carried Over From Previous Program Year** |  |  |  |  |
| 1. **Total Families Served** |  |  |  |  |
| 1. **New Families Served** |  |  |  |  |
| 1. **Families Carried over From Previous Program Year** |  |  |  |  |
| Remarks: | | | | |

**Part 2: Permanent Housing Activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cumulative Quarters** | | | |
| **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** |
| 1. **New Housing Units Under Development** |  |  |  |  |
| 1. **New Housing Units Completed** |  |  |  |  |
| 1. **Continuing Housing Units** |  |  |  |  |
| 1. **Individuals in Permanent Housing Activities** |  |  |  |  |
| 1. **Families in Permanent Housing Activities** |  |  |  |  |
| Remarks: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CERTIFICATION** I certify that to the best of my knowledge this report is correct and complete as set forth in the grant agreement. | | | |
| Name and Title of Authorized Official | Phone Number | Signature | Date Submitted (Month, Day, Year) |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The obligation to respond to this collection is required to obtain or retain benefit (Workforce Investment Act Section 185(a)). Public reporting burden for this collection of information is estimated to average 17 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Attention: National Farmworker Jobs Program, 200 Constitution Avenue, N.W., Room C-4510, Washington, DC 20210 and reference OMB Control Number 1205-0425. (Paperwork Reduction Act Project 1205-0425).

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**Part 3: Quarterly Narrative Progress Report**

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| --- |
| **A. Summary of Grant Activities – Temporary Housing:** |
| Attachment: |
| **B. Summary of Grant Activities – Permanent Housing:** |
| Attachment: |
| **C. Accomplishments:** |
| **D. Partnership Activities:** |
| **E. Key Issues and Challenges:** |
| **F. Additional Information (Optional):** |

**Instructions for Completing NFJP Housing Assistance Summary (HAS)**

**General Instructions**

The HAS is required to be electronically submitted on a quarterly basis, by the Program Year quarters (i.e., beginning July 1, October 1, January 1, and April 1). Reports are due no later than 45 days after the end of each reporting quarter (20 CFR 667.300(3)(d)). Please submit via the Internet at: [www.etareports.doleta.gov](http://www.etareports.doleta.gov/).

**Grant Information**

**a. Grantee Name and Address** – NO ENTRY REQUIRED

**b. Grant Number** – NO ENTRY REQUIRED

**c. Period of Grant** – NO ENTRY REQUIRED

**d. Reporting Period** – NO ENTRY REQUIRED

**Part 1: Temporary Housing Activities**

Part 1 of the HAS is to be completed by NFJP grantees receiving funding for temporary housing activities.

**LINE I. Total Individuals Served –** Enter in the column for the current reporting quarter (i.e. 1st quarter, 2nd quarter, 3rd quarter, or 4th quarter) the cumulative number of individuals served for the program year.

An **“Individual Served”** is a participant of the program or another individual that benefits from the housing services provided, typically a family member of the participant. For example, a participant of the program is provided temporary rental assistance, and the two family members residing with that participant benefit from the service. Therefore, three individuals have been served.

A **“Participant”** is any individual who is determined eligible to participate in the program and receives a service funded by the program. Participant counts do not include individuals who only receive a determination of eligibility to participate in the program.

**LINE I.A. New Individuals Served –** Enter in the column for the current reporting quarter the cumulative number of new individuals served during the program year.

**LINE I.B. Individuals Carried Over From Previous Program Year –** If applicable,enter the number of individuals served in the program on the last day of the previous program year who continued in this program year. This number remains constant for the program year.

**LINE II. Total Families Served –** Enter in the column for the current reporting quarter (i.e. 1st quarter, 2nd quarter, 3rd quarter, or 4th quarter) the cumulative number of families served for the program year.

A “Family” is two or more individuals falling under one of the relationships described in 20 CFR 669.110: spouse; child, grandchild, or great grandchild, including legally adopted children; stepchild; brother, sister, half brother, half sister, stepbrother, or stepsister; parent, grandparent, or other direct ancestor but not foster parent; foster child; stepfather or stepmother; uncle or aunt; niece or nephew; father-in-law, mother-in-law, or son-in-law; or daughter-in-law, brother-in-law, or sister-in law. For example, a participant of the program is provided temporary rental assistance, and the two family members residing with that participant benefit from the service. Three individuals have been served, and one family has been served. If a participant of the program has no other family member that is a participant or benefits from the housing services provided, then that participant is not to be recorded as a “Family” for the purposes of this report.

**LINE II.A. New Families Served –** Enter in the column for the current reporting quarter the cumulative number of new families served during the program year.

**LINE II.B. Families Carried Over From Previous Program Year –** If applicable,enter the number of families served in the program on the last day of the previous program year who continued in this program year. This number remains constant for the program year.

**Part 2: Permanent Housing Activities**

Part 2 of the HAS is to be completed by NFJP grantees receiving funding for permanent housing activities.

**LINE I. New Housing Units under Development –** Enter in the column for the current reporting quarter (i.e. 1st quarter, 2nd quarter, 3rd quarter, or 4th quarter) the cumulative number of permanent farmworker housing units in pre-development, under construction, or undergoing rehabilitation.

**Line II. New Housing Units Completed –** Enter in the column for the current reporting quarter the cumulative number of new permanent farmworker housing units that have been completed or rehabilitated and are ready for occupancy.

**Line III. Continuing Housing Units –** Enter in the column for the current reporting quarter the cumulative number of permanent farmworker housing units receiving continuing services, such as property management, through NFJP permanent housing funding.

**Line IV. Individuals in Permanent Housing Activities –** Enter in the column for the current reporting quarter the cumulative number of individuals residing in permanent farmworker housing developed or supported through NFJP grant funds, or partaking in other NFJP permanent housing activities. Refer to the description of individuals served in the instructions for Part I, Line I.

**Line V. Families in Permanent Housing Activities –** Enter in the column for the current reporting quarter the cumulative number of families residing in permanent farmworker housing developed or supported through NFJP grant funds, or partaking in other NFJP permanent housing activities. Refer to the description of a family in the instructions for Part I, Line II.

**Part 3: Quarterly Narrative Progress Report**

In Part 3 of the HAS, grantees will provide a narrative progress report for grant activities for the quarter. Part 3 is to be completed by all NFJP housing assistance grantees.

**A. Summary of Grant Activities – Temporary Housing Activities.** In this section, NFJP grantees receiving funding for temporary housing activities should describe grant activities for the quarter. The description should include the types of housing services provided and the number receiving those services. Grantees should include a comparison of the activities planned for the quarter to the activities completed in the quarter. In addition to the summary provided in Section A, grantees may provide additional information for the quarter in an attachment. Grantees should upload narrative information in MS Word (.doc) or Adobe Acrobat (.pdf) format in the field provided. To upload the file, type in your file name and the complete path to that file, or browse your system for the file.

**B. Summary of Grant Activities – Permanent Housing Activities.** In this section, NFJP grantees receiving funding for permanent housing activities should describe grant activities for the quarter. The description should include the status of development and rehabilitation projects. Grantees should include a comparison of the activities planned for the quarter to the activities completed in the quarter.In addition to the summary provided in Section B, grantees may provide additional information for the quarter in an attachment. Grantees should upload narrative information in MS Word (.doc) or Adobe Acrobat (.pdf) format in the field provided. To upload the file, type in your file name and the complete path to that file, or browse your system for the file.

**C. Accomplishments –** In this section, grantees should describe key program accomplishments for the quarter. This section may also be used to share participant success stories.

**D. Partnership Activities –** Inthis section, grantees should describe key activities undertaken with partners in the quarter, including collaboration with existing partners and any efforts to develop new partnerships.

**E. Key Issues and Challenges –** In this section, grantees should describe any significant issues or challenges encountered, and describe any actions already taken or strategies to be implemented to address those issues or challenges. This section may be used to identify any technical assistance (TA) needs of the grantee.

**F.** **Additional Information (Optional) –** This section may be used by grantees to provide any additional information not provided in other sections of the quarterly narrative progress report.