



Quarterly Performance Report Form ETA-9104 National Emergency Grant Electronic Application System

Grantee:
Grant #:
Project Type:
Project:
Grant Quarter:
Performance Period Covered by this Report:

Receiving Intensive Services	
Enrolled In NEG-Funded Training	
Receiving NEG-Funded Supportive Services	
Receiving NEG-Funded Supportive Services	
Exits	
Entering Employment At Exit	
Total Participants	
Supportive Services	
Program Management & Oversight	
Administration, excl. NRP Processing*	
Other	
Total—Program Management and Oversight	
Indirect	
Other	
Total Expenditures: Grantee Level	
Core and Intensive Services	
NEG-Funded Training	
NEG-Funded Supportive Services	
Program Management & Oversight	
Other	
Total—Program Management & Oversight	
Other	
Total Expenditures: Project Operator Level	
Total Expenditures: Grantee and Project Operator	

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 107-210). Public reporting burden for this collection of information is estimated to average **30** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).