

STANDARDIZED QUARTERLY PERFORMANCE PROGRESS REPORT
 Employment and Training Administration
 H-1B TECHNICAL SKILLS TRAINING GRANTS
 and
 H-1B JOBS AND INNOVATION ACCELERATOR CHALLENGE GRANTS
 Quarterly Report Form
 OMB No. 1205-0 NEW

A. GRANTEE IDENTIFYING INFORMATION

1. Grantee Name: _____

2. Grant Number: _____

3. Program/Project Name: _____

4. Grantee Address: _____

City: _____ State: _____ Zip Code: _____

5. Report Quarter End Date: *mm/dd/yyyy*

6. Report Due Date: *mm/dd/yyyy*

Performance Items	Previous Quarter (A)	Current Quarter (B)	Cumulative Grant-to-Date (C)
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B. GRANT SUMMARY INFORMATION

1. Total Exiters			
2. Total Participants Served			
3. New Participants Served			

C. PARTICIPANT SUMMARY INFORMATION

Gender	1a. Male			
	1b. Female			
Ethnicity/Race	2a. Hispanic/Latino			
	2b. American Indian or Alaskan Native			
	2c. Asian			
	2d. Black or African American			
	2e. Native Hawaiian or Other Pacific Islander			
	2f. White			
	2g. More Than One Race			
Other Demographics	3a. Eligible Veterans			
	3b. Individuals with a Disability			
	3c. Employed Individuals			
	3d. Unemployed Individuals			
	3e. Dislocated Workers			
	3f. Long-term Unemployed			
Education Level	4a. High School Graduate or Equivalent			
	4b. 1 - 4 Years or More of College, or Full-time Technical or Vocational School			
	4c. Associates Diploma or Degree			
	4d. Bachelor's Degree or Equivalent			
	4e. Advanced Degree Beyond Bachelor's			

D. PROGRAM SERVICES

Training Indicators	1. Number Began Receiving Education/Job Training Activities			
	2. Number Participated On-the-Job Training Activities			
	3a. Number Participated in Classroom Occupational Training Activities			
	3b. Number Participated in Contextualized Training Activities			
	3c. Number Participated in Distance Learning Activities			
	3d. Number Participated in Customized Training Activities			
	3di. Number Participated in Incumbent Worker Training Activities			
	4. Number Completed Education/Job Training Activities			
	5. Number Completed On-the-Job Training Activities			

E. PROGRAM OUTCOMES - PERFORMANCE INDICATORS

Education Outcomes	1. Number Completed Program Activities and Obtained a Credential			
	2. Total Number of Credentials Received			
Employment Outcomes	3. Number Entered Unsubsidized Employment			
	3a. Number Entered Unsubsidized Training-Related Employment			
	3b. Number Retained Employment			
Incumbent Worker Outcomes	4a. Total Number of Employed Retained Current Position with Current Employer			
	4b. Total Number of Employed that Advanced into New Position with Current Employer			
F. COMMON PERFORMANCE MEASURES				
1. Entered Employment Rate				
2. Employment Retention				
3. Average Earnings				
G. REPORT CERTIFICATION/ADDITIONAL COMMENTS				
1. Report Comments/Narrative: Attach a separate document that provides a discussion of the grant narrative items outlined in the reporting instructions found in the accompanying DOL H-1B Quarterly Performance Handbook.				
2. Name of Grantee Certifying Official/Title:			3. Telephone Number:	
4. Email Address:				
Persons are not required to respond unless this form displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits (Workforce Investment Act [Section 185(a)(2)]). Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, averages 10 hours per record, including time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, ETA, Room C-4518, 200 Constitution Avenue, NW, Washington, DC 20210-0001				
DOL, ETA Internal Use Only				
Additional Comments:				
Regional Federal Project Officer:				
National Program Office Notes:				