

ARRA High Growth and Emerging Industries (HGEI) Grants Data Elements				
No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
Global Edits				
	Duplicate Detection			A. If multiple records have the same Social Security Number (field 1), then no record can have a field 25 (Date of Participation) or a field 26 (Date of Exit) between the Date of Program Participation and the Date of Exit plus 90 days of any other record with the same Individual Identifier. B. If multiple records have the same Individual Identifier, then only the record with the most recent Date of Participation can have a blank Date of Exit.
	Age			A. Must be less than or equal to 100 years old at Date of Participation. Age = DATE OF PARTICIPATION minus DATE OF BIRTH
SECTION I - INDIVIDUAL INFORMATION				
SECTION I.A - IDENTIFYING AND DEMOGRAPHIC INFORMATION				
1	Social Security Number	Record the unique identification number assigned to the individual. At a minimum, this identifier for a person <u>must</u> be the same for every period of participation in the program.	XXX-XX-XXXX (No hyphens)	Mandatory field
2	Date of Birth	Record the individual's date of birth.	MM/DD/YYYY	
3	Gender	Indicate the participant's gender by selecting Male or Female Leave blank if the individual does not wish to disclose his/her gender.	1 = Male 2 = Female Blank = no self-disclosure	
4	Ethnicity Hispanic/Latino	Indicate the participant's ethnicity by selecting Yes or No . Leave blank if the participant does not disclose his/her ethnicity.	1 = Yes 2 = No Blank = no self-disclosure	
5	American Indian or Alaska Native	Indicate whether the participant is American Indian or Alaska Native by selecting Yes or Not Reported . Leave blank if the participant is not American Indian or Alaska Native or refused to report on this element.	1 = Yes Blank = not reported	
6	Asian	Indicate whether the participant is Asian by selecting Yes or Not Reported . Leave blank if the participant is not Asian or refused to report on this element.	1 = Yes Blank = not reported	
7	Black or African American	Indicate whether the participant is Black or African American by selecting Yes or Not Reported . Leave blank if the participant is not Black or African American or refused to report on this element.	1 = Yes Blank = not reported	
8	Hawaiian Native or other Pacific Islander	Indicate whether the participant is Hawaiian Native or other Pacific Islander by selecting Yes or Not Reported . Leave blank if the participant is not Hawaiian Native or other Pacific Islander or refused to report on this element.	1 = Yes Blank = not reported	
9	White	Indicate whether the participant is White by selecting Yes or Not Reported . Leave blank if the participant is not White or refused to report on this element.	1 = Yes Blank = not reported	
10	More Than One Race	Indicate whether the participant is More Than One Race by selecting Yes or Not Reported . Leave blank if the participant is not More Than One Race or refused to report on this element.	1 = Yes Blank = not reported	
SECTION I.B - ENROLLMENT INFORMATION				
11	Highest School Grade Completed	Indicate the highest school grade completed by the individual.	00 = No school grades completed 01 - 12 = Number of elementary/secondary school grades completed 13-15 = Number of college, or full-time technical or vocational school years completed 16 = Bachelor's degree or equivalent 17 = Education beyond the Bachelor's degree 87 = Attained High School Diploma 88 = Attained GED or Equivalent 89 = Disabled Person Attained a Certificate of Attendance/Completion	
12	High School Dropouts	Select Yes if the individual no longer attends any secondary school and has not received a secondary school diploma or its recognized equivalent. Select No if the individual does not meet any of the conditions described above. Leave blank if the participant did not report on this element.	1 = Yes 2 = No Blank = not reported	

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13	Eligible Veteran Status	<p>Select Yes, if the individual has served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable, as specified in 38 U.S.C. 101(2). Active service includes full-time Federal service in the National Guard or a Reserve component.</p> <p>Select Yes, other eligible person if the individual is a person who is</p> <p>(a) the spouse of any veteran who died of a service-connected disability,</p> <p>(b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:</p> <p>(i) missing in action;</p> <p>(ii) captured in the line of duty by a hostile force; or</p> <p>(iii) forcibly detained or interned in the line of duty by a foreign government or power;</p> <p>(c) the spouse of any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs; or</p> <p>(d) the spouse of any veteran who died while a disability was in existence.</p> <p>Select No if the individual does not meet any one of the conditions described above.</p>	<p>1 = Yes 2 = Yes, Other Eligible Person 3 = No</p>	
14	Limited English Proficient	<p>Select Yes if the individual is a person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or</p> <p>(b) who lives in a family or community environment where a language other than English is the dominant language.</p> <p>Select No if the individual does not meet the conditions described above.</p>	<p>1 = Yes 2 = No</p>	
15	Individual with a Disability	<p>Select Yes if the individual indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.)</p> <p>Select No if the individual indicates that he/she does not have a disability that meets the definition.</p> <p>Leave blank if the individual does not wish to self-identify.</p>	<p>1 = Yes 2 = No Blank = no self-identification</p>	
16	Employment Status at Participation	<p>Record Not Employed if the individual is without a job and wants and is available to work.</p> <p>Record Employed if the individual does not meet any of the conditions described above.</p>	<p>1 = Not Employed 2 = Employed</p>	
17	Dislocated Workers	<p>Select Yes if the individual has been (a) terminated or laid-off or has received a notice of termination or lay-off from employment or (b) was self-employed but is now unemployed.</p> <p>Select No if the individual does not meet any of the conditions described above.</p>	<p>1 = Yes 2 = No Blank = not reported</p>	
18	Incumbent Workers	<p>Select Yes if the individual is an incumbent worker who needs training to secure full-time employment, advance in their careers, or retain their current occupations. This includes low-wage workers, workers who need to upgrade their skills to retain employment, and workers who are currently working part-time.</p> <p>Select No if the individual does not meet any of the conditions described above.</p>	<p>1 = Yes 2 = No Blank = not reported</p>	
19	Workers Impacted by National Energy and Environmental Policy	<p>Select Yes if the individual</p> <p>(a) is currently employed in an occupation in the utilities; transportation and warehousing; manufacturing; construction; mining, quarrying, and oil gas extraction; or other sectors that have been adversely affected by national energy and environmental policies and has received a notice of termination or lay-off from employment; or</p> <p>(b) was employed in an occupation in the utilities; transportation and warehousing; manufacturing; construction; mining, quarrying, and oil and gas extraction; or other sectors that have been adversely affected by national energy and environmental policies; and is now unemployed.</p> <p>Select No if the individual does not meet any one of the conditions described above.</p> <p>Leave blank if the participant did not report on this element.</p>	<p>1 = Yes 2 = No Blank = not reported</p>	<p>A. This field is specifically for those grants awarded under SGAs: SGA/DFA PY-08-18 and 20. Only grants awarded under these specific SGAs should report on this data element.</p>
20	Individuals in Need of Updated Training Related to the Energy Efficiency and Renewable Energy Industries	<p>Select Yes if the individual is</p> <p>(a) currently employed; or</p> <p>(b) was terminated or laid-off or has received a notice of termination or lay-off from employment, or (c) was self-employed but is now unemployed;</p> <p>and can benefit from training that will help them enter or advance in the energy efficiency and renewable energy industries identified in WIA section 171(e)(1)(B)(ii),</p> <p>and/or will enable them to acquire or enhance skills needed to enter occupations within one or more of the "growth, enhanced, and emerging" green industries referenced in the funding opportunity in which the grant was awarded.</p> <p>Select No if the individual does not meet any one of the conditions described above.</p> <p>Leave blank if the participant did not report on this element.</p>	<p>1 = Yes 2 = No Blank = not reported</p>	<p>A. This field is specifically for those grants awarded under SGAs: SGA/DFA PY-08-18 and 20. Only grants awarded under these specific SGAs should report on this data element.</p>
21	Individuals Seeking Employment Pathways Out of Poverty and into Self-Sufficiency	<p>Select Yes if the individual</p> <p>(a) resides in a high poverty area, which is an area where the poverty rate is 15% or greater; and</p> <p>(b) demonstrates that they could benefit from skill training that will help them enter or advance in the energy efficiency and renewable energy industries identified in WIA section 171(e)(1)(B)(ii),</p> <p>and/or will enable them to acquire or enhance skills needed to enter occupations within one or more of the "growth, enhanced, and emerging" green industries in accordance with the funding opportunity in which the grant was awarded.</p> <p>Select No if the individual does not meet the conditions described above.</p> <p>Leave blank if the participant did not report on this element.</p>	<p>1 = Yes 2 = No Blank = not reported</p>	<p>A. This field is specifically for those grants awarded under SGA/DFA PY-08-20. Only grants awarded under this specific SGA should report on this data element.</p>

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22	Individuals with a Criminal Record	Select Yes if the individual is or has been subject to any stage of the juvenile or criminal justice process, for whom services under this Act may be beneficial; or who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction. Select No if the individual does not meet any of the conditions above. Leave blank if the participant did not report on this element.	1 = Yes 2 = No Blank = not reported	A. This field is specifically for those grants awarded under SGAs: SGA/DFA PY-08-19 and 20. Only grants awarded under these specific SGAs should report on this data element
23	Disadvantaged Workers within Areas of Poverty	Select Yes if the individual (a) has no or low income; (b) resides in a high poverty area, which is an area where the poverty rate is 15% or greater; and (c) demonstrates that they could benefit from skill training that will help them enter or advance in the energy efficiency and renewable energy industries identified in WIA section 171(e)(1)(B)(ii), and/or will enable them to acquire or enhance skills needed to enter occupations within one or more of the "growth, enhanced, and emerging" green industries in accordance with the funding opportunity in which the grant was awarded. Select No if the individual does not meet the conditions described above. Leave blank if the participant did not report on this element.	1 = Yes 2 = No Blank = not reported	A. This field is specifically for those grants awarded under SGA/DFA PY-08-19. Only grants awarded under this specific SGA should report on this data element.
24	Individuals Impacted by Automotive-related Restructuring	Select Yes if the individual resides in one of the 312 counties impacted by automotive-related restructuring as identified by The Center for Automotive Research and in accordance with the funding opportunity in which the grant was awarded. Only residents of the communities included on The Center for Automotive Research list will qualify for this status. Select No if the individual does not meet the conditions described above. Leave blank if the participant did not report on this element.	1 = Yes 2 = No Blank = not reported	A. This field is specifically for those grants awarded under SGAs: SGA/DFA PY-08-18, SGA/DFA PY-08-20, and SGA/DFA PY-09-01. Only grants awarded under these specific SGAs should report on this data element.
SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION				
SECTION II.A - PROGRAM PARTICIPATION DATA				
25	Date of Program Participation	Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program.	MM/DD/YYYY	A. Must be less than or equal to field 26 (Date of Exit) and all service fields in section II.B of the record layout.
26	Date of Exit	Record the date on which the participant exited the program. For most participants this will be the date that the last service funded by the program or a partner program is received by the participant or the date of incarceration, whichever occurs first. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days, has no planned gap in service, and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program. For special "Other Reasons" for exit, to include only death, incapacitation for health reasons, and inability to participate because of the need to care for a family member, the date of exit is the date that occasioned the other reason for program exit.	MM/DD/YYYY	A. This date will be auto generated by the system to be the date on which the individual received his/her last service.
27	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	Select Health/Medical if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. Select Deceased if the participant was found to be deceased or no longer living. Select Family Care if the participant is providing care for a family member that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. Leave blank if the none of the above reasons apply.	02 = Health/Medical 03 = Deceased 04 = Family Care Blank = none of the above	A. Must be blank if field 26 (Date of Exit) and field (Date Entered Follow-up Services) is blank.
SECTION II.B - SERVICES AND OTHER RELATED ASSISTANCE DATA				
Education or Job Training Activities				
28	Date Entered Began Receiving Education/ Job Training Activities	Enter the date on which the participant began receiving education or job training activities. Education or job training activities includes: training associated with acquiring an associates degree; classroom training; occupational skills training; on-the-job training; programs that combine workplace training with related instruction, which may include cooperative education programs; skill upgrading and training; customized training and other education and training activities that are competency-based. Other grant-funded services, such as career awareness or career exploration activities, do not meet the criteria for education/job training.	MM/DD/YYYY	
29	Industry Type	Use the appropriate code to record the industry in which the individual began education or training activities.	1 = NAICS Sector 11 - Agriculture, Forestry, Fishing and Hunting 2 = NAICS Sector 21-Mining, Quarrying, and Oil and Gas Extraction 3 = NAICS Sector 22 - Utilities 4 = NAICS Sector 23 - Construction 5 = NAICS Sectors 31-33 - Manufacturing 6 = NAICS Sector 42 - Wholesale Trade 7 = NAICS Sectors 44-45 - Retail Trade 8 = NAICS Sectors 48-49 - Transportation & Warehousing	A. Must be answered if date entered into field 28 (Began Receiving Education /Job Training Activities).

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			9 = NAICS Sector 51 - Information 10 = NAICS Sector 52 - Finance & Insurance 11 = NAICS Sector 53 - Real Estate & Leasing 12 = NAICS Sector 54 - Professional, Scientific, and Technical Services 13 = NAICS Sector 55 - Management of Companies & Enterprises 14 = NAICS Sector 56 - Administrative & Support and Waste Management & Remediation Services	
			15 = NAICS Sector 61 - Educational Services 16 = NAICS Sector 62 - Health Care & Social Assistance 17 = NAICS Sector 71 - Arts, Entertainment, and Recreation 18 = NAICS Sector 72 - Accommodation and Food Services 19 = NAICS Sector 81 - Other Services (except Public Administration) 20 = NAICS Sector 92 - Public Administration	
30	Green Industry Sector	Use the appropriate code to record the green industry sector in which the individual began education or training activities.	1 = Energy-Efficient Building, Construction, and Retrofitting 2 = Renewable Electric Power 3 = Energy Efficient and Advanced Drive Train Vehicle 4 = Biofuels 5 = Deconstruction and Materials Use 6 = Energy Efficiency Assessment (serving residential, commercial, or industrial sectors) 7 = Manufacturers that produce sustainable products (using environmentally sustainable processes and materials) 8 = Other Green Industries	A. This field is specifically for those grants awarded under SGAs: SGA/DFA PY-08-18, SGA/DFA PY-08-19, and SGA/DFA PY-08-20. Only grants awarded under these specific SGAs should report on this data element. Must be answered only if field 28 (Began Education or Job Training Activities) is Yes and if field 29 has data selected.
31	Type of Education or Job Training	Use the appropriate code to record the type of Education/Job Training the individual began.	1 = On-the-Job Training Activities 2 = Apprenticeship Activities 3 = Pre-apprenticeship Activities 4 = Classroom Training Activities 5 = Other Training Activities	
32	Date Entered On-the Job Training Activities	Enter the date on which the participant began On-the-Job Training Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
33	Date of Last On-the Job Training Activities	Enter the last date on which the participant received On-the-Job Training Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
34	Date Entered Apprenticeship Activities	Enter the date on which the participant began Apprenticeship Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
35	Date of Last Apprenticeship Activities	Enter the last date on which the participant received Apprenticeship Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
36	Date Entered Pre-apprenticeship Activities	Enter the date on which the participant began Pre-Apprenticeship Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
37	Date of Last Pre-apprenticeship Activities	Enter the last date on which the participant received Pre-apprenticeship Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
38	Date Entered Classroom Training Activities	Enter the date on which the participant began Classroom Training Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
39	Date of Last Classroom Training Activities	Enter the last date on which the participant received Classroom Training Activities	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).

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40	Date Entered Other Training Activities	Enter the date on which the participant began Other Training Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
41	Type of Other Training Activities	Enter the type of Other Training Activities (i.e. distance learning).	Text Blank = did not receive other training activities	A. Mandatory field if date is entered in field 40.
42	Date of Last Other Training Activities	Enter the last date on which the participant received Other Training Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education/Job Training Activities).
43	Type of Service	Use the appropriate code to record the type of Service the participant has received.	1 = Basic Skills Training 2 = Assessment Services 3 = Case Management Services 4 = Retention and Follow-Up Services 5 = Supportive Services	
44	Date Entered Basic Skills Training	Enter the date on which the participant began Basic Skills Training.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
45	Date of Last Basic Skills Training	Enter the last date on which the participant received Basic Skills Training	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
46	Date Began Receiving Assessment Services	Enter the date on which the participant began Assessment Services.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
47	Date of Last Assessment Services	Enter the last date on which the participant received Assessment Services.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
48	Date Began Receiving Case Management Services	Enter the date on which the participant began Case Management Services.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
49	Date of Last Case Management Services	Enter the last date on which the participant received Case Management Services.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
50	Date Began Receiving Retention and Follow-up Services	Enter the date on which the participant began Retention and Follow-up Services.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
51	Date of Last Retention and Follow-up Services	Enter the last date on which the participant received Retention and Follow-up Services.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
52	Date Began Receiving Supportive Services	Enter the date on which the participant began Supportive Services.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
53	Date of Last Supportive Services	Enter the last date on which the participant received Supportive Services.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 25 (Date of Program Participation).
SECTION III - PROGRAM OUTCOMES INFORMATION				
SECTION III.A - INDICATORS OF PERFORMANCE				
54	Date Completed Education or Job Training Activities	Enter the date the participant completed Education or Job Training Activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to field 28 (Date Entered Began Education or Job Training Activities).
55	Attained Degree or Certificate	Select individual attained a certificate if the individual attain a certificate in recognition of attainment of technical or occupational skills. Select individual attained an AA, AS, or AAS if individual attained an associate's degree. Select individual attained a BA or BS if individual attained a bachelor's degree. Select individual attained other degree if individual attained another type of degree.	1 = Certificate 2 = Associate's Degree 3 = Bachelor's Degree 4 = Other Degree	
56	Number of Degrees/ Certificates Attained	Enter the number of degrees/certificate the individual attained.	Text Blank = no certificate achieved	

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57	Entered Unsubsidized Employment	Select Yes if the individual has entered unsubsidized employment. Select No if the individual has not entered unsubsidized employment. Enter here only for those individuals who have completed.	1 = Yes 2 = No	
58	Entered Unsubsidized Training-related Employment	Select Yes if the individual has entered training-related employment. Select No if the individual has not entered training-related employment	1 = Yes 2 = No	A. Must be answered only if field 57 (Entered Unsubsidized Employment) is Yes
59	Industry of Entered Employment	Use the appropriate code to record the industry in which the individual entered unsubsidized employment.	1 = NAICS Sector 11 - Agriculture, Forestry, Fishing and Hunting 2 = NAICS Sector 21-Mining, Quarrying, and Oil and Gas Extraction 3 = NAICS Sector 22 - Utilities 4 = NAICS Sector 23 - Construction 5 = NAICS Sectors 31-33 - Manufacturing 6 = NAICS Sector 42 - Wholesale Trade 7 = NAICS Sectors 44-45 - Retail Trade 8 = NAICS Sectors 48-49 - Transportation & Warehousing	A. Must be answered only if field 58 (Entered Unsubsidized Training-Related Employment) is Yes
			9 = NAICS Sector 51 - Information 10 = NAICS Sector 52 - Finance & Insurance 11 = NAICS Sector 53 - Real Estate & Leasing 12 = NAICS Sector 54 - Professional, Scientific, and Technical Services 13 = NAICS Sector 55 - Management of Companies & Enterprises 14 = NAICS Sector 56 - Administrative & Support and Waste Management & Remediation Services	
			15 = NAICS Sector 61 - Educational Services 16 = NAICS Sector 62 - Health Care & Social Assistance 17 = NAICS Sector 71 - Arts, Entertainment, and Recreation 18 = NAICS Sector 72 - Accommodation and Food Services 19 = NAICS Sector 81 - Other Services (except Public Administration) 20 = NAICS Sector 92 - Public Administration	
60	Green Industry Sector	Use the appropriate code to record the green industry in which the individual entered unsubsidized training-related employment, if applicable	1 = Energy-Efficient Building, Construction, and Retrofitting 2 = Renewable Electric Power 3 = Energy Efficient and Advanced Drive Train Vehicle 4 = Biofuels 5 = Deconstruction and Materials Use 6 = Energy Efficiency Assessment (serving residential, commercial, or industrial sectors) 7 = Manufacturers that produce sustainable products (using environmentally sustainable processes and materials) 8 = Other Green Industries	A. This field is specifically for those grants awarded under SGAs: SGA/DFA PY-08-18, SGA/DFA PY-08-19, and SGA/DFA PY-08-20. Only grants awarded under these specific SGAs should report on this data element. Must be answered only if field 58 (Entered Unsubsidized Training-Related Employment) is Yes and is field 59 has data selected.
61	Employment Retention	Select Yes if the individual has retained unsubsidized employment in the first and second quarters following initial placement. Select No if the individual has not entered unsubsidized employment in the first and second quarters following initial placement. Enter here only for those individuals who have completed.	1 = Yes 2 = No	
Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information, which is required to obtain or retain benefits (PI 106-107, Sec 8), is estimated to average 1.8 hours per response per participant, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The reason for the collection of information is general program oversight, evaluation and performance assessment. 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, ETA, Rm N-4643, 200 Constitution Avenue, NW, Washington, DC 20210.				