## **Workforce Information Grants to States - Annual Narrative Report System**

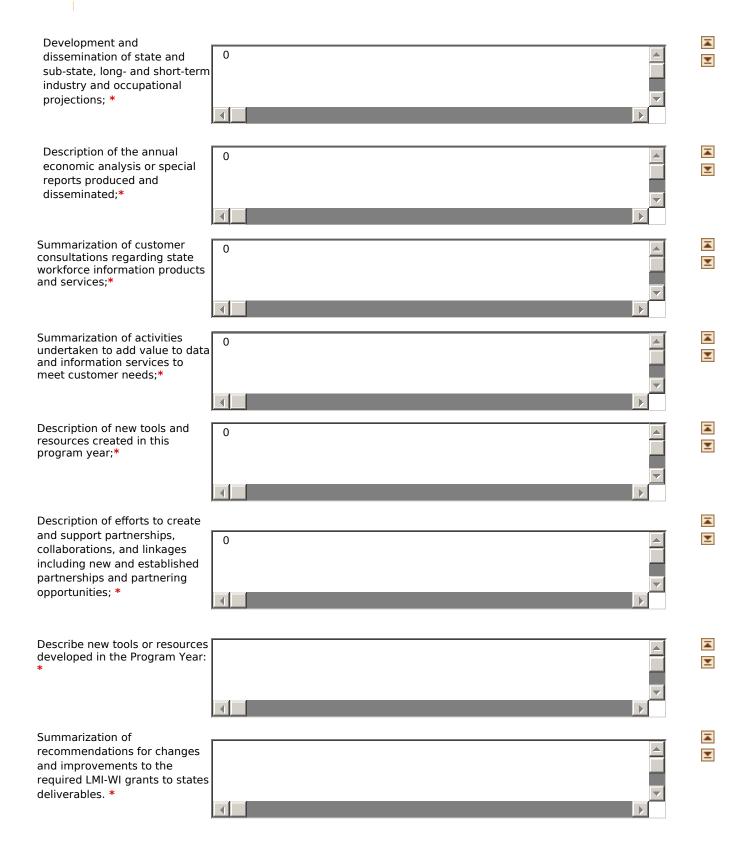
OMB Control No. 1205-0417, expires 07/31/2014. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for inputting this collection of information in this automated format is estimated to average one hour per state, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information; the obligation to reply is required to obtain or retain benefits (P.L. 105-220), for general program oversight, evaluation and performance assessment. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U. S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, 200 Constitution Avenue, NW, Washington, D.C. 20210.

WIGS Grantee:		<u>Home</u>   <u>Log out</u>
Report Date:		
Grant Number:		
Narrative		Certify
Narrative Definitions		
	The form has been suc	cessfully saved
File:" field below. To upload the file, click th	ne "Browse" button, navigate your system arrative report into the corresponding fie	re report in MS Word (.doc) or an accessible Acrobat (.pdf) using the "Narrative for the file, and click the "Save" button. Second using MS Word or other text d on this page and then click the "Save" button at the bottom of this page. Do is sufficient.
Document or File: *	0 Browse	
additional documents or tools may be ente	ered	tional File and Hyperlink fields. Up to five additional files or hyperlinks to
Do <b>not</b> use this field to upload the any Pers  Upload Additional File:	0	rmation containing SSNs as this area does not store them securely.
Provide Hyperlinks:	0 Browse	
	<u>S</u> ave	
Copy and paste the information	from each section of the annu	al narrative report into the text fields below.

Annual Performance Reports are required to address the end of program year status for the Workforce Information Grants to States (WIGS) deliverables following the format below: If you do not have information for a required section, please enter N/A in that field.

Population of the Workforce Information Database; \*

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Items marked with * are required to certify report			
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