



OMB Control Number 1205-0NEW

Expiration Date: xx/xx/xxxx

Unemployment Insurance Supplemental Budget Request Activities:

Quarterly Program Reporting Form & Instructions

Prepared By
Employment and Training Administration
United States Department of Labor

Public Burden Statement

This reporting requirement is approved under the Paperwork Reduction Act of 1995. 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 is estimated to average 10 hours for the first two quarterly reports and an average of 5 hours for future quarterly reports, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. Responses will be used 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 Performance and Technology, 200 Constitution Avenue, NW, Room S-5206, Washington, D.C. 20210.



I. GENERAL INSTRUCTIONS

Recipients of funding for Unemployment Insurance Supplemental Budget Request (SBR) activities are required to submit quarterly progress reports to the United States Department of Labor’s Employment and Training Administration (USDOL/ETA) in order to comply with the reporting and record keeping requirements of these grants. Each state recipient of SBR funds must submit a narrative Quarterly Progress Report (QPR) containing updates on the progress and implementation of each grant project as listed in the award letter. The instructions and performance reporting form (ETA 9165) for completing this report can be found under Section II and Appendix A of these instructions. Should changes in definitions resulting from new legislation or related regulations occur, appropriate revisions will be issued to reflect these changes.

II. REPORT FORMS AND INSTRUCTIONS

The QPR provides narrative updates on the implementation of projects as described in each state’s statements of work and a self-assessment of the status of each project per quarter. The instructions for states to complete the QPR can be found under Appendix A. The format for the QPR can be found in Attachment A.

III. DUE DATES

All quarterly reports under Section II are due to ETA no later than 45 days after the end of each reporting quarter. The table below shows the expected due dates for each reporting quarter.

Reporting Quarters	Due Dates
October 1 st – December 31 st	February 14 th
January 1 st – March 31 st	May 15 th
April 1 st – June 30 th	August 14 th
July 1 st – September 30 th	November 14 th

Should the due date of the report fall on a Saturday, Sunday, or holiday, the report is due the previous business day.

IV. SUBMISSION PROCEDURES

Information contained in the UI SBR quarterly reports (ETA 9165) must be submitted by email directly to the ETA regional office. An ETA Federal Project Officer will review and accept the report within 30 days of the end of the reporting quarter, saving the document in ETA’s online grants management system as part of the official grant file. A grantee must specifically request approval through the Federal Project Officer prior to submitting any modifications to a submitted report. The modification will then be reviewed by the Federal Project officer and submitted to the ETA national office for comment and approval.

Appendix A

**Instructions for Completing the
Quarterly Narrative Progress Report (ETA 9165)
Unemployment Insurance Supplemental Budget Request Activities**

SBR General Information

State Name:

Grant Number:

Report Quarter Ending:

Date of Submission:

Project Name: This is the name of the funded project identified in the grant statement of work. States shall complete one full report (Parts A-I) per funded project.

UIPL Number: This is the number of the UI Program Letter from which the supplemental funding was obligated.

Project Contact Information

Contact Information:

This section is to provide the contact information (i.e., Name, Title, Address, etc.) for the state official who is the project lead responsible for the day-to-day operation and implementation of the project. This may be a different person than the project certifying official.

Project Report

A. Summary of Project

This section is an executive summary of the project. Each funded SBR project will have its own separate quarterly progress report (ETA 9165) through the quarter the project ends. Use this section to provide a short summary of the project's purpose. This summary should only change during the life of the grant if the state has received an approved modification to the grant Statement of Work.

B. Timeline for Grant Activities, Milestones, and Deliverables

Use this section to provide the timelines for and the progress in completing grant activities, key milestones, and deliverables for this quarter. Use the timeline in the grant's statement of work to identify all major program activities for the entire life of the grant. The timeline will paint a picture of project flow that includes start and end dates, schedule of activities, and projected outcomes. In order to reap the most benefit from the timeline, it is important that it be updated each quarter noting the actual date of completion as each activity is accomplished. Items to incorporate in the timeline include: project goals, milestones, special events, important deadlines and deliverables.

C. Project Implementation and Funding Status

Use this section to provide a description of the implementation of key activities in line with the grant's Statement of Work for the current quarter. Place an 'X' in one of the four check-boxes provided below to provide an assessment of implementation progress. The assessment should be supported by the status narrative noting if the project is on schedule, behind schedule, ahead of schedule, or complete this quarter. In addition, please provide the funding status for this project for the end of the quarter, including the total funding, total obligated, funding balance, and time remaining to expend funds.

D. Project Challenges, Risk Mitigation Efforts/Modification Requests, and Technical Assistance Needs

Use this section to summarize any significant challenges to project implementation encountered during the quarter, and describe any risk mitigation efforts or actions taken to address the identified challenges. In addition, a status update shall be provided on the resolution of challenges identified in previous quarters. This section should also include any questions you have for DOL and note any identified needs for technical assistance from DOL or others. The narrative should also indicate whether the grantee is requesting a modification to any project strategies and how the modification request changes the original project proposal. If a modification has been requested, the narrative should also indicate the status of the modification request. If states have nothing to report, that should be specified.

E. Best Practices, Promising New Strategies and Success Stories

Use this section to describe promising approaches, innovative processes, or grant success stories. States may also describe any lessons learned and how those lessons learned will be implemented. Throughout the implementation of the project, states may discover new strategies that emerge as a result of data-driven continuous improvement. As progress is made with a new and promising strategy, or as data is gathered to support it, states should document the progress and data each quarter. If states have nothing to report, that should be specified.

F. Additional Outcome Information

This section allows states to report any grant-specific outcomes not captured in other sections of the quarterly narrative progress report, including, but not limited to, any specific outcomes included in the statement of work.

Certification

G. Name of Grantee Certifying Official

Use this section to provide the name of the state official who is certifying submission of the report to the Department.

H. Telephone Number

Provide the area code (###) and telephone number ((###) ###-####) of the authorized state official.

I. Email Address



Provide the email address of the authorized state official.

Attachment A - Form ETA-9165 (Word file)

