

**STANDARDIZED QUARTERLY PERFORMANCE REPORT
ENHANCED TRANSITIONAL JOBS DEMONSTRATION (ETJD) GRANT**

Report Due Date: mm/dd/yyyy

OMB No. 1205-XXXX

Expires:

A. GRANTEE IDENTIFYING INFORMATION				
Grantee Name:		Grant Number:		
Program/Project Name:		Project or Sub-Project ID/Number:		
		Report Quarter End Date:		
City _____ State _____ Zip Code _____		Enrollment Goal:		
Performance Items	Previous Quarter (A)	Current Quarter (B)	Cumulative for Program Year (C)	Program-to-Date (D)
B. PARTICIPANT SUMMARY INFORMATION				
1. Total Exiters				
2. Total Participants Served				
3. New Participants Served				
Gender	4a. Male			
	4b. Female			
Ethnicity / Race	5a. Hispanic/Latino			
	5b. American Indian or Alaska Native			
	5c. Asian			
	5d. Black or African American			
	5e. Hawaiian Native or Other Pacific Islander			
Education Level	5f. White			
	6a. 8th grade and under			
	6b. 9th grade - 12th grade			
	6c. High School graduate or equivalent			
	6d. One - three years of college, or full-time technical or vocational school			
Age	6e. Four years college or more			
	7a. 18 - 24			
	7b. 25 - 34			
	7c. 35 - 44			
	7d. 45 - 54			
	7e. 55 or older			
	8. Eligible Veterans			
	9. Limited English Proficient			
10. Persons with a Disability				
C. Additional Participant Information to Be Collected at Enrollment				
Child Custody	1a. Number of participants with active child support cases			
	1b. Number of participants with dependent children			
	1c. Number of participants with more than one active child support case			
2. History of Alcohol Abuse/Drug Use				
3. Average Number of Days Since Release				
4. Average Number of Years Incarcerated				
Post-Release Status	5a. Number of participants on parole			
	5b. Number of participants on probation			
	5c. Number of participants on other post-release supervision			
Type of Crime	6a. Property Crimes			
	6b. Drug Crimes			
	6c. Public Order Offenses			
	6d. Other Offenses			

Performance Items	Previous Quarter (A)		Current Quarter (B)		Cumulative for Program Year (C)		Program-to-Date (D)	
	Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator
	D. PROGRAM SERVICES, ACTIVITIES, AND OTHER RELATED ASSISTANCE							
1. Received Education or Job Training Activities								
2. Received Workforce Preparation Activities								
3. Community Involvement Activities								
4. Received Mentoring Activities								
5. Received Subsidized Employment								
6. Received Supportive Services								
7. Overall Participation Rate (participating in at least one activity from 1 through 5. Does not include supportive services.)								
Performance Items	Previous Quarter (A)		Current Quarter (B)		Cumulative for Program Year (C)		Program-to-Date (D)	
	Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator
	E. SHORT-TERM INDICATORS OF PERFORMANCE							
Leading Indicators of Performance								
1. Enrollment Rate								
2a. Number of Initial Unsubsidized Job Placements								
2b. Average Hourly Wage Rate at Placement								
2c. Number of Unsubsidized Job Re-Placements								
2d. Average Hours Worked 1st Week of Placement								
3. Number Obtained High School Diploma or GED								
4. Number Obtained a Certificate								
5. Entered Post Secondary Education								
6. Entered Vocational/Occupational Skills Training								
7. Percent of Non-Custodial Parent Participants with Child Support Payment in the Quarter								
9a. Number of Re-arrests for a New Crime								
9b. Number of Re-Incarcerations for Revocation								
F. LONG-TERM INDICATORS OF PERFORMANCE								
Common Performance Measures								
1. Entered Employment Rate								
2. Employment Retention (includes all participants who entered employment, regardless of follow-up)								
3. Attainment of a Degree or Certificate								
4. Average 6 Months Post-Program Earnings (includes only those who have been successfully contacted during follow-up)								
Additional Performance Measures								
5. Recidivism Rate								
6. Percent of Non-Custodial Parent Participants Paying Child Support in the First Three Quarters After Exit Quarter								
G. REPORT CERTIFICATION/ADDITIONAL COMMENTS								
Grantee Remarks:								
Name of Grantee Certifying Official:			Telephone Number:			E-mail:		

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-XXXX. 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 20 hours per quarterly report per grantee, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. Respondent's obligation to reply is required to obtain or maintain benefits. The reasons for the collection of information are 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, Division of Youth Services, Room N4511, 200 Constitution Avenue, NW, Washington, D.C. 20210 (Paperwork Reduction Project 1205-XXXX).