

**ANNUAL PERFORMANCE REPORT
TAA COMMUNITY COLLEGE and CAREER TRAINING GRANTS**

A. GRANTEE IDENTIFYING INFORMATION

1. Grantee Name:	2. Grant Number:
3. Program/Project Name:	
4. Grantee Address:	5. Report Year End Date:
City _____ State _____ Zip Code _____	6. Report Due Date:

Performance Items	Year 1 (A) <small>(REPORT IF AVAILABLE)</small>	Year 2 (B)	Year 3 (C)
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B. CUMULATIVE PARTICIPANT OUTCOMES (ALL GRANT PARTICIPANTS)

1. Unique Participants Served/Enrollees			
2. Total Number of Participants Who Have Completed a Grant-Funded Programs of Study			
2a. Total Number of Grant-Funded Program of Study Completers Who Are Incumbent Workers			
3. Total Number Still Retained in Their Programs of Study (or Other Grant-Funded Programs)			
4. Total Number Retained in Other Education Program(s)			
5. Total Number of Credit Hours Completed (aggregate across all enrollees)			
5a. Total Number of Students Completing Credit Hours			
6. Total Number of Earned Credentials (aggregate across all enrollees)			
6a. Total Number of Students Earning Certificates - Less Than One Year (aggregate across all enrollees)			
6b. Total Number of Students Earning Certificates - More Than One Year (aggregate across all enrollees)			
6c. Total Number of Students Earning Degrees (aggregate across all enrollees)			
7. Total Number Pursuing Further Education After Program of Study Completion			
8. Total Number Employed After Program of Study Completion			
9. Total Number Retained in Employment After Program of Study Completion			
10. Total Number of Those Employed at Enrollment Who Receive a Wage Increase Post-Enrollment			

C. CUMULATIVE PARTICIPANT SUMMARY INFORMATION (ALL GRANT PARTICIPANTS)

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			
Degree	3a. Full-time Status			
	3b. Part-time Status			
Other Demographics	4. Incumbent Workers			
	5. Eligible Veterans			
	6. Participant Age (Mean)			
	7. Persons with a Disability			
	8. Pell-Grant Eligible			
	9. TAA Eligible			
	10. Other Demographic Measure (Optional - Entered by Applicant)			

D. ACHIEVEMENTS AND SUCCESSES

1. Summarize your most innovative achievement or your greatest success story from the previous year.
Please limit your response to 700 characters.

E. IMPLEMENTATION AND EVALUATION OF EVIDENCE-BASED OR TECHNOLOGY-ENABLED STRATEGIES

1. As appropriate based on your statement of work, how you have replicated strategies based on strong to moderate evidence at multiple sites , OR how you have taken online and technology-enabled courses and learning projects to scale beyond the community level to reach significant numbers of diverse students over a large geographic area, as identified in your application.

Please limit your response to 700 characters.

2. As appropriate based on your statement of work, describe any efforts you are undertaking to conduct a rigorous evaluation to identify the impact of project strategies on employment and educational outcomes, OR how you are enabling the wide-spread use of program materials and how the program is improving learning outcomes. Grantees are encouraged to work with third party evaluation experts to conduct such evaluations.

Please limit your response to 700 characters.

F. SERVICES and OUTCOMES for TAA ELIGIBLE INDIVIDUALS

1. Provide a description of how the program(s) have served TAA eligible individuals. Specifically, address: 1) the number of TAA Eligible individuals who participated in TAACCCT funded programs, 2) how many TAA Eligible individuals enrolled and obtained credentials, certificates or degrees, 3) how many TAA Eligible Individuals enrolled and did not attain credentials, certificates or degrees, and 4) the average duration and whether the duration of education and training was longer or shorter for these individuals than for other non-TAA eligible participants. You may use observations or participant records to compile and summarize this information.

Please limit your response to 700 characters.

G. REPORT CERTIFICATION/ADDITIONAL COMMENTS

1. Report Comments/Narrative:

Please describe any additional outcomes or information about your grant.

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 16 hours per response, 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 N-4643, 200 Constitution Avenue, NW, Washington, DC 20210.