
Public Burden Statement - According to the Paperwork Reduction Act, this information collection is 1293-NEW. The time required to complete this collection. The obligation to respond is required to obtain or retain a benefit from the Department of Labor, Veterans' Employment and Training Service, 200 Constitution Avenue, NW, Washington, DC 20460.

PLEASE NOTE: Use the "Tab" key to navigate. Incorrect entries appear in red.

Grantee Name:

Grant #:

1. Planned Performance

- a. # of Assessments
- b. # of Participants Enrolled
- c. # Placed in Trans.or Perm Housing
- d. # Referred to VA for Benefits
- e. # Placed into Employment
- f. Average Hourly Wage at Placement
- g. Placement Rate (Calculated)
- h. Cost Per Placement (Calculated)
- i. # of Exiters
- j. # Earned Wages in 1st Quarter After Exit
- k. Entered Employment Rate (Calculated)
- l. # Earned Wages in 1st and 2nd Quarters After Exit
- m. # Earned Wages in 1st, 2nd and 3rd Quarters After Exit
- n. WIA Employment Retention Rate (Calculated)

p.	WIA Average 6-Month Earnings at Retention
q.	Average Hourly Wage at Retention
r.	# Earned Wages in the 2nd Quarter After Exit
s.	WIOA 2nd Qtr. Employment Rate (Calculated)
t.	# Earned Wages in the 4th Quarter After Exit
u.	WIOA 4th Qtr. Emp. Rate (Calculated)
v.	WIOA Median Earnings in the 2nd Qtr. After Exit

Planned Training Activities

Unduplicated Count of All Participants Trained

% of Participants Trained (Calculated)

Class-Room-Training

On-the-Job Training

Occupational Skills Training

Apprenticeship Training

Upgrading and Retraining

Life Skills and Money Management

Other Training

Planned Supportive Services

Job Search Assistance

Counseling/Vocational Guidance

Job Club Workshops

Compensated Work Therapy

Tools/Fees/Specific Work Clothing/Boots

Other Supportive Services

Planned Expenditures

Participant Services

Admin Costs

Stand Down (NTE \$10K per year)*

Total Expenditures (Calculated)

of 1995, no persons are required to respond to a collection of information unless such information collection is 1 hour per response, including the time to review instructions and the collection of information (38 U.S.C. 2021 and 2023). If you have any comments concerning the accuracy or quality of the information provided, send them to the Office of Management and Enterprise Services, Paperwork Reduction Project (38 U.S.C. 2021), Washington D.C. 20210.

United States Department of Veterans' Employment and Training Competitive Grants Planned Goals by Quarter

Enter name here

Period of Performance:

Grant Request Amount:

Enter grant # here

All Data entered *NON-Cumulative*

Quarterly Goals (Not Cumulative)			
<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00

All Data entered *NON-Cumulative*

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All Data entered *NON-Cumulative*

All Data entered *NON-Cumulative*

\$0.00	\$0.00	\$0.00	\$0.00

This collection displays a valid OMB control number. The valid OMB control number is [redacted]. For more information on OMB control numbers, search existing data sources, gather the data needed, and complete and review the collection. If you have any questions or suggestions for improving this form, please write to: U.S. Department of Justice, Office of Management and Enterprise Services, Paperwork Reduction Project (1545-0047), Washington, DC 20530

Labor Service Quarter

90 day F/U	180 day F/U	270 day F/U	365 day Final
<u>5th</u>	<u>6th</u>	<u>7th</u>	<u>8th</u>
0			
0.0%			
0	0		
0	0	0	
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\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
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\$0.00	\$0.00	\$0.00	\$0.00

revis

Approval 1293-NEW
Expires xx/xx/20xx

For this
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Department of

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VETS-700

ed October 2015

**United State Department of Labor
Veterans' Employment and Training Service
Competitive Grants Quarterly Technical Performance Report**

OMB Approval 1293-NEW
Expiration Date: xx/xx/20xx

Section 1

Grantee Name
Enter the name of the grantee here

Grant #
Enter the grant number here

Period Covered by this Report: Q1 July 1 - September 30

Total Grant Award Amount: Enter Value

You must provide correct information for the stop-light indicators to work properly.

Notes for Completing this Form

1. Enter information into **unlocked header fields** and enter data for each separate quarter in **unshaded cells** below. Use the "Tab" key to navigate.

2. Please note that entries that appear in a **red font** are **incorrect**. Please refer to directions or contact the DVET/GOTR with questions.

3. Please ensure you **select the appropriate "Period Covered by this Report"** and enter the **"Total Grant Award Amount"** in Section 1 before completing Section 2.

Section 2

Items with red and yellow indicators must be addressed in the Technical Performance Narrative

Quarterly (NON-Cumulative) Data Only 90 day F/U 180 day F/U 270 day F/U 365 day Final

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	5th Quarter	6th Quarter	7th Quarter	8th Quarter	Total
1. Actual Performance:									
a. # of Assessments (Enter the number of assessments completed during each quarter)	Enter Value	Enter Value	Enter Value	Enter Value					0
b. # of Participants Enrolled (Calculated from Participants tab; performance included in CAP determination)	0	0	0	0					0
c. # of Participants Co-Enrolled in AJC Services (Calculated from Participants tab)	0	0	0	0					0
d. # Placed in Trans. or Perm Housing (Calculated from Participants tab)	0	0	0	0					0
e. # Referred to VA for Benefits (Calculated from Participants tab)	0	0	0	0					0
f. # Placed into Employment (Calculated from Participants tab; performance included in CAP determination)	0	0	0	0					0
g. Average Hourly Wage at Placement (Calculated from Participants tab; performance not included in CAP determination)	\$0.00	\$0.00	\$0.00	\$0.00					\$0.00
h. Placement Rate (Calculated; performance included in CAP determination)									0%
i. Cost Per Placement (Calculated; performance included in CAP determination)									\$0.00
j. # of Veterans Served in 1 or More Special Population Groups (Calculated)									0
k. # of Exiters	0	0	0	0					0
Post-Program Outcomes									
l. # Earned Wages in 1st Quarter After Exit (Calculated from Exit tabs)		0	0	0	0				0
m. WIA Entered Employment Rate (Calculated from Exit tabs)		0%	0%	0%	0%				0%
n. # Earned Wages in 1st and 2nd Quarters After Exit (Calculated from Exit tabs)			0	0	0	0			0
o. # Earned Wages in 1st, 2nd and 3rd Quarters After Exit (Calculated from Exit tabs)				0	0	0	0		0
p. WIA Employment Retention Rate (Calculated from Exit tabs)				0%	0%	0%	0%		0%
q. WIA Average Earnings at Employment Retention (Calculated from tabs)				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
r. Average Hourly Wage at Retention (Calculated from Exit tabs)				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
s. # Earned Wages in the 2nd Quarter After Exit			0	0	0	0			0
t. WIOA 2nd Quarter Employment Rate (Calculated)			0%	0%	0%	0%			0.0%
u. # Earned Wages in the 4th Quarter After Exit					0	0	0	0	0
v. WIOA 4th Quarter Employment Rate (Calculated)					0%	0%	0%	0%	0.0%
w. WIOA Median Earnings in the 2nd Quarter After Exit (Calc.)			\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
2. Actual Training Activities (From Worksheet Tabs. No Entries Necessary.)	Enter Quarterly (NON-Cumulative) Data Only								
a. Unduplicated Count of All Participants Trained (Calculated from Participants tab; performance is not included in the determination of a CAP)	0	0	0	0					0
b. % of Participants Trained (Calculated)									0%
c. Classroom Training	0	0	0	0					0
d. On-the-Job Training	0	0	0	0					0
e. Occupational Skills Training	0	0	0	0					0
f. Apprenticeship Training	0	0	0	0					0
g. Skill Upgrading and Retraining	0	0	0	0					0
h. Other Training	0	0	0	0					0
3. Actual Supportive Services (From Worksheet Tabs. No Entries Necessary.)									
a. Job Search Assistance (Calculated from Participants tab)	0	0	0	0					0
b. Life Skills and Money Management	0	0	0	0					0
c. Counseling/Vocational Guidance (Calculated from Participants tab)	0	0	0	0					0
d. Job Club Workshops (Calculated from Participants tab)	0	0	0	0					0
e. Compensated Work Therapy (Calculated from Participants tab)	0	0	0	0					0
f. Tools/Fees/Specific Work Clothing/Boots (Calculated from Participants tab)	0	0	0	0					0
g. Other Supportive Services (Calculated from Participants tab)	0	0	0	0					0
4. Actual Expenditures:	Enter Quarterly (NON-Cumulative) Data Only								
a. Participant Services (Performance is included in the determination of a CAP)	Enter Value	Enter Value	Enter Value	Enter Value	Enter Value	Enter Value	Enter Value	Enter Value	\$0.00
b. Admin Costs (Performance is included in the determination of a CAP)	Enter Value	Enter Value	Enter Value	Enter Value	Enter Value	Enter Value	Enter Value	Enter Value	\$0.00
c. Total Expenditures (Calculated; performance is included in the determination of a CAP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

VETS-701

Public Burden Statement - According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1293-NEW. The time required to complete this information collection is 3 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. The obligation to respond is required to obtain or retain a benefit (38 U.S.C. 2021 and 2023). If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Veterans' Employment and Training Service, 200 Constitution Avenue, N.W., Washington D.C. 20210.

Instructions: Enter the demographic information on the "VETS-701B Participant Information" tab provided and the #s will automatically calculate on this tab and the VETS-701 TPR tabs.

Demographics	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total	
	Enrollments	Placements	Enrollments	Placements	Enrollments	Placements	Enrollments	Placements	Enrollments	Placements
GENDER										
Male	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0	0
ETHNICITY										
Hispanic or Latino	0	0	0	0	0	0	0	0	0	0
Not Hispanic or Latino	0	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0	0
RACE (NOT AN UNDUPLICATED COUNT as participants may select more than one racial category for those who are multiracial.)										
American Indian or Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0	0
RACE (UNDUPLICATED COUNT. Multiracial appears as a separate category.)										
American Indian or Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0
Multiracial	0	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0	0
AGE										
18-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-44	0	0	0	0	0	0	0	0	0	0
45-54	0	0	0	0	0	0	0	0	0	0
55-64	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0	0
LAST MILITARY SERVICE										
0-3 Years Ago	0	0	0	0	0	0	0	0	0	0
4-7 Years Ago	0	0	0	0	0	0	0	0	0	0
8-11 Years Ago	0	0	0	0	0	0	0	0	0	0
12-15 Years Ago	0	0	0	0	0	0	0	0	0	0
16-19 Years Ago	0	0	0	0	0	0	0	0	0	0
20+ Years Ago	0	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0	0
OTHER SUBGROUPS										
Economically Disadvantaged	0	0	0	0	0	0	0	0	0	0
Welfare/Public Assistance Recipient	0	0	0	0	0	0	0	0	0	0
Homeless	0	0	0	0	0	0	0	0	0	0
Homeless with Family	0	0	0	0	0	0	0	0	0	0
Incarcerated or Recently Incarcerated at Risk of Homelessness	0	0	0	0	0	0	0	0	0	0
Homeless Female	0	0	0	0	0	0	0	0	0	0
Disabled	0	0	0	0	0	0	0	0	0	0
Special Disabled	0	0	0	0	0	0	0	0	0	0
Campaign Badge	0	0	0	0	0	0	0	0	0	0
Recently Separated/Newly Separated	0	0	0	0	0	0	0	0	0	0
Stand-Down	0	0	0	0	0	0	0	0	0	0
Chronically Homeless	0	0	0	0	0	0	0	0	0	0
Operation Iraqi Freedom	0	0	0	0	0	0	0	0	0	0
Operation Enduring Freedom	0	0	0	0	0	0	0	0	0	0

