STANDARDIZED QUARTERLY PERFORMANCE PROGRESS REPORT Employment and Training Administration H-1B READY TO WORK GRANTS Quarterly Report Form ETA Form No. 9166 Expiration 05/31/2016

| Δ GRA | NTEE IDENTIFYING INFORMATION | | | |
|--------------------|---|----------------------------|---------------------------|------------------------------------|
| | tee Name: | | | |
| 2 (""" | t Number: | | | |
| 2. Gran | t Number: | | | |
| 3. Prog | ram/Project Name: | | | |
| | | | | |
| 4 Gran | tee Address: | | | |
| | | | | |
| City: | ort Quarter End Date: mm/dd/yyyy | Zip Cod | e: | |
| 5. Repo | ort Quarter End Date: mm/dd/yyyy | | | |
| 6. Repo | ort Due Date: mm/dd/yyyy | | | |
| · | | | | |
| | Performance Items | Previous Quarter (A) | Current Quarter (B) | Cumulative Grant-to-Date (C) |
| B. GRA | NT SUMMARY INFORMATION | | | |
| 1. Tota | | | | |
| | Participants Served | | | |
| 3. New | Participants Served | | | |
| C. PAR | FICIPANT SUMMARY AND SERVICE INFORMATION | | | |
| der | 1a. Male | | | |
| Gender | 1b. Female | | | |
| Ethnicity | | | | |
| 돮 | 2a. Hispanic/Latino | | | |
| | 2b. American Indian or Alaskan Native | | | |
| | 2c. Asian 2d. Black or African American | | | |
| Race | 2e. Native Hawaiian or Other Pacific Islander | | | |
| | 2f. White | | | |
| | 2g. More Than One Race | | | |
| s | 3a. Eligible Veterans | | | |
| Other Demographics | 3b. Individuals with a Disability | | | |
| mogr | 3d. Incumbent Workers | | | |
| ier De | 3e. Unemployed Individuals | | | |
| 튬 | 3g. Long-term Unemployed | | | |
| | 4a. High School Graduate or Equivalent | | | |
| - Fe | 4b. 1 - 4 Years or More of College, or Full-time Technical or Vocational School | | | |
| Education Level | 4b.i Postsecondary Education Certificate or Diploma (non-degree) | | | |
| ucati | 4c. Associates Diploma or Degree | | | |
| Ξ. | 4d. Bachelor's Degree or Equivalent | | | |
| | 4e. Advanced Degree Beyond Bachelor's | | | |
| | 5a. Received Case Management Services | | | 1 |
| Services | 5b. Received Assessment Services | | | |
| | 5c. Received Supportive Services | | | |
| | 5d. Received Specialized Participant Services | | | |
| D TD: | 5e. Participated in Work Experience | | | |
| D. TRA | NING PROGRAM SERVICES | | | |
| | Number Began Receiving Education/Job Training Activities | | | |
| | 2. Number Entered On-the-Job Training Activities | | | |
| | 3a. Number Entered in Classroom Occupational Training Activities | 1 | | |

| | | | | 1 | | | | |
|---|--|----------------------|----------------------|---|--|--|--|--|
| Training Indicators | 3b. Number Entered in Contextualized Training Activities | | | | | | | |
| | 3c. Number Entered in Distance Learning Activities | | | | | | | |
| | 3d. Number Entered in Customized Training Activities | | | | | | | |
| | 3di. Number Entered in Incumbent Worker Training Activities | | | | | | | |
| | 3e. Number Participated in Registered Apprenticeship | | | | | | | |
| | 4. Number Completed Education/Job Training Activities | | | | | | | |
| | 5. Number Completed On-the-Job Training Activities | | | | | | | |
| E. TRAII | ING PROGRAM OUTCOMES - PERFORMANCE INDICATORS | | | | | | | |
| | Number Completed Training Program Activities and Obtained a Credential | | | | | | | |
| Se C Se | 1. Number completed training rogium reciviles and obtained a creatitud | | | | | | | |
| Training Program Outcomes | 2. Total Number of Credentials Received | | | | | | | |
| LTU/ unemployed Employment Outcomes | 3. Number Entered Unsubsidized Employment | | | | | | | |
| LT unem Emplo Outo | 3a. Number Completed Training & Entered Unsubsidized Training-Related Employment | | | | | | | |
| Worker | 4a. Total Number of Incumbent Workers Retained Current Position | | | | | | | |
| Incumbent Worker Employment Outcomes | 4b. Total Number of Incumbent Workers that Advanced into New Position | | | | | | | |
| | ION PERFORMANCE MEASURES | | | | | | | |
| | d Employment Rate | | | | | | | |
| | yment Retention | | | | | | | |
| | ge Earnings | | | | | | | |
| | RT CERTIFICATION/ADDITIONAL COMMENTS | | | | | | | |
| O. 1121 C | CONTROL OF THE CONTRO | | | | | | | |
| 1. Report Comments/Narrative: Attach a separate document that provides a discussion of the grant narrative items outlined in the reporting instructions found in the accompanying DOL H-1B Quarterly Performance Handbook. | | | | | | | | |
| 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 2.66 hours per record, 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 C-4518, 200 Constitution Avenue, NW, Washington, DC 20210-0001 | | | | | | | | |
| DOL, ETA Internal Use Only | | | | | | | | |
| DOL. FT | Internal Use Only | | Additional Comments: | | | | | |
| | | | | | | | | |
| Addition | al Comments: | | | | | | | |
| Addition Regiona | al Comments: Federal Project Officer: | | | | | | | |
| Addition Regiona | al Comments: | | | | | | | |