

**STANDARDIZED QUARTERLY PERFORMANCE PROGRESS REPORT**  
 Employment and Training Administration  
 H-1B READY TO WORK GRANTS

Quarterly Report Form  
 OMB No. 1205-0507  
 ETA Form No. 9166  
 Expiration ~~03/31/2016~~ Expiration 5/31/2016

**A. GRANTEE IDENTIFYING INFORMATION**

1. Grantee Name: \_\_\_\_\_

2. Grant Number: \_\_\_\_\_

3. Program/Project Name: \_\_\_\_\_

4. Grantee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Report Quarter End Date: mm/dd/yyyy \_\_\_\_\_

6. Report Due Date: mm/dd/yyyy \_\_\_\_\_

Performance Items	Previous Quarter (A)	Current Quarter (B)	Cumulative Grant-to-Date (C)
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**B. GRANT SUMMARY INFORMATION**

1. Total Exiters			
2. Total Participants Served			
3. New Participants Served			

**C. PARTICIPANT SUMMARY AND SERVICE INFORMATION**

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			
Other Demographics	3a. Eligible Veterans			
	3b. Individuals with a Disability			
	<del>3c. Employed Individuals</del>			
	3d. Incumbent Workers			
	3e. Unemployed Individuals			
	<del>3f. Dislocated Workers</del>			
Education Level	3g. Long-term Unemployed			
	4a. High School Graduate or Equivalent			
	4b. 1 - 4 Years or More of College, or Full-time Technical or Vocational School			
	4b.i Postsecondary Education Certificate or Diploma (non-degree)			
	4c. Associates Diploma or Degree			
Services	4d. Bachelor's Degree or Equivalent			
	4e. Advanced Degree Beyond Bachelor's			
	5a. Received Case Management Services			
	5b. Received Assessment Services			
	5c. Received Supportive Services			
	5d. Received Specialized Participant Services			
	5e. Participated in Work Experience			

**D. TRAINING PROGRAM SERVICES**

1. Number Began Receiving Education/Job Training Activities			
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Training Indicators	2. Number Entered On-the-Job Training Activities			
	3a. Number Entered in Classroom Occupational Training Activities			
	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			
<b>E. TRAINING PROGRAM OUTCOMES - PERFORMANCE INDICATORS</b>				
Training Program Outcomes	1. Number Completed Training Program Activities and Obtained a Credential			
	2. Total Number of Credentials Received			
LTU/unemployed Employment Outcomes	3. Number Entered Unsubsidized Employment			
	3a. Number Completed Training & Entered Unsubsidized Training-Related Employment			
	<del>3b. Number Retained Employment</del>			
Incumbent Worker Employment Outcomes	4a. Total Number of Incumbent Workers Retained Current Position			
	4b. Total Number of Incumbent Workers that Advanced into New Position			
<b>F. COMMON PERFORMANCE MEASURES</b>				
	1. Entered Employment Rate			
	2. Employment Retention			
	3. Average Earnings			
<b>G. REPORT CERTIFICATION/ADDITIONAL COMMENTS</b>				
<b>1. Report Comments/Narrative:</b> 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				
<i>DOL, ETA Internal Use Only</i>				
Additional Comments:				
Regional Federal Project Officer:				
National Program Office:				

