Form ETA-9160

ROUNDS 2, 3 AND 4 ANNUAL PERFORMANCE REPORT
TAA COMMUNITY COLLEGE and CAREER TRAINING GRANTS

OMB No. *1205-0489*
Expires: 07/30/2018

A. GRANTEE IDENTIFYING INFORMATION

1. Grantee Name:

2. Grant Number:

3. Program/Project Name:

4. Grantee Address:

City _____   State _____   Zip Code _____

5. Report Year End Date:

6. Report Due Date:

Performance Items	Year 1 (A) *(REPORT IF AVAILABLE)*	Year 2 (B)	Year 3 (C)	Year 4 (D)

B. ANNUAL PARTICIPANT OUTCOMES (ALL GRANT PARTICIPANTS)

	Year 1 (A)	Year 2 (B)	Year 3 (C)	Year 4 (D)
1. Unique Participants Enrolled				
2. Total Number of Participants Who Have Completed a Grant-Funded Program of Study				
2a. Total Number of Grant-Funded Program of Study Completers Who Are Incumbent Workers				
3. Total Number of Participants Still Retained in Their Programs of Study (or Other Grant-Funded Programs)				
4. Total Number of Participants Retained in Other Education Program(s)				
5. Total Number of Grant-Funded Credit Hours Completed				
5a. Total Number of Participants Completing Credit Hours				
6. Total Number of Earned Certificates/Degrees				
6a. Total Number of Participants Earning Certificates - Less Than One Year				
6b. Total Number of Participants Earning Certificates - More Than One Year				
6c. Total Number of Participants Earning Degrees				
7. Total Number of Participants Enrolled in Further Education After Program of Study Completion and Exit				
8. Total Number of Participants Employed After Program of Study Completion and Exit				
9. Total Number of Participants Retained in Employment After Program of Study Completion and Exit				
10. Total Number of Participants Employed at Enrollment Who Receive a Wage Increase Post-Enrollment				

C. ANNUAL PARTICIPANT SUMMARY INFORMATION (ALL GRANT PARTICIPANTS)

		Year 1 (A)	Year 2 (B)	Year 3 (C)	Year 4 (D)
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.

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 (provided in weeks). 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 48 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.