1. Name of participant 2. PID

3. Grantee

**Host Agency Information**

4. Name of host agency

5. Host agency mailing address

a. Number and Street, Suite Number; or PO Box

b. City

c. State d. ZIP code

6. FEIN

7. Host agency type:  Not-for-profit  Government

7a. Date of host agency agreement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

7b. Date of host agency monitoring visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

8. Host agency site name and location

8a. Host agency job codes: i \_\_\_\_\_\_\_\_ ii \_\_\_\_\_\_\_\_ iii \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1. Art, Design, Entertainment, Sports, and Media | 8. Food Preparation and Service | 15. Production, Assembly, Light Industrial |
| 2. Business and Financial Operations | 9. Healthcare | 16. Protective Service |
| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 4. Computer and Mathematical | 11. Maintenance and Custodial | 18. Self-Employment |
| 5. Construction, Installation, and Repair | 12. Management | 19. Transportation and Material Moving |
| 6. Education, Training, and Library | 13. Office and Administrative Support |  |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service |  |

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average six (6) minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

8b. Host agency continued availability  Available  Not available

**Contact/Supervisor Information**

9. Name of contact person

10. Contact person’s mailing address if different from number 5

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. State e. ZIP Code

11. Contact person’s title

11a. Contact person’s salutation  Mr.  Ms.  Dr.

12. Contact person’s phone number

12a. Contact person’s fax number

12a1. Contact person’s cell phone number

12b. Contact person’s e-mail address

**Complete fields 12c-12i if supervisor is different from contact person (number 9). If supervisor is the same as contact person, skip to field 12j.**

12c. Name of supervisor

12d. Supervisor’s mailing address if different from number 5

a. Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box

c. City

d. State e. ZIP Code

12e. Supervisor’s title

12f. Supervisor’s salutation  Mr.  Ms.  Dr.

12g. Supervisor’s phone number

12h. Supervisor’s fax number

12h1. Supervisor’s cell phone number

12i. Supervisor’s e-mail address

12j. Funding source of supervisor or contact person/supervisor:

Federal  Non-federal $\_\_\_\_\_\_\_ (hourly rate) \_\_\_\_\_\_\_ (average hours per week)

**Assignment Information**

13. Assignment date (MM/DD/YYYY)

14. Start assignment date (MM/DD/YYYY)

15. End date (MM/DD/YYYY)

15a. Approved break in participation

Start date \_\_\_\_\_\_\_\_\_ (MM/DD/YYYY) Expected end date\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

Actual end date\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

15b. Reason for approved break in participation

|  |  |
| --- | --- |
| i. Family/health | iii. Administrative |
| ii. Personal | iv. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

15c. Comments on approved break in participation

16. Participant assigned to:

|  |
| --- |
| i. Grantee or sub-recipient/local project |
| ii. Workforce partner |
| iii. Other host agency |

16a. If participant assigned to i or ii:

1. CSA wage (per hour) $

2. Number of hours per week assigned \_\_\_\_\_\_\_\_\_\_\_\_

16b. Participant’s schedule

16c. Date of safety consultation with participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

16d. Does participant engage in volunteer work (in addition to  Yes  No

the community service assignment) during enrollment?

If yes, total number of volunteer activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Community service assignment code (Select only one code from following lists)

Service to the general community includes the following activities:

|  |  |  |
| --- | --- | --- |
| G1. Education | G6. Environmental Quality | G11. Counseling |
| G2. Health and Hospitals | G7. Public Works & Transportation | G12. Conservation |
| G3. Housing and Home Rehabilitation | G8. Social Services | G13. Community Betterment |
| G4. Employment Assistance | G9. Legal | G14. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| G5. Recreation, Parks, and Forests | G10. Financial |  |

Service to the elderly community includes the following activities:

|  |  |  |
| --- | --- | --- |
| E1. Project Administration | E6. Nutrition Programs | E11. Counseling |
| E2. Health and Home Care | E7. Transportation | E12. Conservation |
| E3. Housing and Home Rehabilitation | E8. Outreach/Referral | E13. Community Betterment |
| E4. Employment Assistance | E9. Legal | E14. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E5. Recreation/Senior Centers | E10. Financial | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

18. Community service assignment title

18a. Participant’s job code\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1. Art, Design, Entertainment, Sports, and Media | 8. Food Preparation and Service | 15. Production, Assembly, Light Industrial |
| 2. Business and Financial Operations | 9. Healthcare | 16. Protective Service |
| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 4. Computer and Mathematical | 11. Maintenance and Custodial | 18. Self-Employment |
| 5. Construction, Installation, and Repair | 12. Management | 19. Transportation and Material Moving |
| 6. Education, Training, and Library | 13. Office and Administrative Support |  |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service |  |

18b. Participant’s workers’ compensation code\_\_\_\_\_\_\_\_\_\_\_

19. Total hours paid in quarter

|  |  |
| --- | --- |
| Quarter 1 | Quarter 3 |
| Quarter 2 | Quarter 4 |

20. Types of training received (Check all that apply)

|  |  |
| --- | --- |
| a. General training (basic skills) | d. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. Specialized training (specific job/industry) | e. None |
| c. On-the-job experience (OJE) |  |

20a.1. Type of supportive service provided:

|  |  |
| --- | --- |
| i. Dependent care (child or adult) | v. Needs-related payments, such as utilities or food |
| ii. Health and medical services | vi. Special job-related or personal counseling |
| iii. Housing, including temporary shelter | vii. Transportation |
| iv. Incidentals such as work shoes, badges, uniforms, eyeglasses, and tools | viii. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

20a.2. Date supportive service provided\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

20a.3. Supportive service provided by:

|  |
| --- |
| i. Grantee or sub-recipient/local project |
| ii. Workforce partner  iii. Both i and ii |
| iv. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

21. Total hours of paid training received in quarter

|  |  |
| --- | --- |
| Quarter 1 | Quarter 3 |
| Quarter 2 | Quarter 4 |

22. Community service assignment comments**Sub-Grantee Provided** **Training Information**

**Training Provider Information**

23. Name of training provider or OJE employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Training provider or OJE employer mailing address

a. Number and Street, Suite Number; or PO Box

b. City

c. State d. ZIP code

25. Training provider continued availability  Available  Not available

**Contact Person Information**

26. Name of training provider or OJE employer contact person

27. Contact person’s mailing address if different from number 24

a. Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box

c. City

d. State e. ZIP Code

28. Contact person’s title

29. Contact person’s salutation  Mr.  Ms.  Dr.

30. Contact person’s phone number

31. Contact person’s fax number

31a. Contact person’s cell phone number

32. Contact person’s e-mail

**Training Information**

33. Types of training received (Check only one per training record)

|  |  |
| --- | --- |
| a. General training (basic skills) | d. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. Specialized training (specific job/industry) |
| c. On-the-job experience (OJE) |  |

34. Job code for which training is provided, if relevant \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1. Art, Design, Entertainment, Sports, and Media | 8. Food Preparation and Service | 15. Production, Assembly, Light Industrial |
| 2. Business and Financial Operations | 9. Healthcare | 16. Protective Service |
| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 4. Computer and Mathematical | 11. Maintenance and Custodial | 18. Self-Employment |
| 5. Construction, Installation, and Repair | 12. Management | 19. Transportation and Material Moving |
| 6. Education, Training, and Library | 13. Office and Administrative Support |  |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service |  |

35. Participant’s workers’ compensation code in training \_\_\_\_\_\_\_\_\_\_\_

36. Start training date (MM/DD/YYYY)

37. End training date (MM/DD/YYYY)

38. Average number of hours of training per week\_\_\_\_\_\_\_\_\_\_\_

39. Average number of hours of community service per week during training\_\_\_\_\_\_\_\_\_

40. If OJE, wages paid by:

Sub-grantee  Employer and reimbursed by sub-grantee at rate of \_\_\_\_\_%

41. Training wage (per hour) $

42. Total wages paid to participant or reimbursed to employer $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

44. Training Comments