OMB Control Number: 1205-0040 Expiration Date: XX/XX/XXXX

Sub-State Data in Support of SCSEP Grantee PY [Insert Year] Goal Negotiation **Grantee:** Date Submitted: Use this form to submit data by county in support of your proposed goals. You must list each county that you serve in the relevant Q [Insert Quarter] PY[Insert Year] Months state(s) (column A) and the number of authorized positions you have in each county (column B). Please identify in columns F-I the [Insert Months] program year, program quarter, or months as applicable and the name of the factor for which you are submitting data, e.g., unemployment rate for Hispanics. You may add addtional columns as needed. All data sources must be documented. Rate* Month Month Month Quarterly [Insert [Insert [Insert [Insert Factor] Month] Month] Month] Rate List Each County in **Authorized Positions for** Calendar Year [Insert Calendar Year [Insert Calendar Year [Insert Rate Rate Rate **Each State Served** Current PY [Insert Year] Year] [Insert Factor] Rate | Year] [Insert Factor] Rate | Year] [Insert Factor] Rate

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. Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is *required* (*PL* 114-144 Section 513) Send comments regarding the burden estimate or any other aspect of this collection of information, 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 and reference the OMB Control Number. Note: Please do not return the completed ETA 9180B to this address.

^{*}All data sources must be documented

^{**} Indicate whether monthly or quarterly rates

Goal Negotiation Calls May-14				
AM			АМ	15 16 AM
PM			PM	РМ
AM	19 AM	20 AM	21 AM	22 23 AM
PM	PM	PM	PM	PM
	26	27	28	29 30
HOLIDAY	AM	AM	AM	AM
	PM	PM	PM	РМ