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# **H-1B Technical Skills Training & Jobs and Innovation Accelerator Challenge Grants Program Reporting Handbook Quarterly Performance Reporting & Instructions**

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## SECTION I - GENERAL OVERVIEW

### 1.1 - GENERAL INSTRUCTIONS

The H-1B Technical Skills Training (TST) and Jobs Accelerator (JA) grantees are required to submit quarterly program progress reports to the United States Department of Labor's, Employment and Training Administration (USDOL/ETA) to comply with the reporting and record keeping requirements of the grant. Each grantee must submit a Quarterly Progress Report containing updates on the implementation and progress specified in each grant Statement of Work (SOW). A Progress Report contains both a Quarterly Performance and Quarterly Narrative Report.

ETA will provide H-1B grantees with a web-based reporting system "HUB" that will allow grantees to submit their Quarterly Progress Reports. The system will generate a Quarterly Performance Report (QPR) form using participant records that grantees will upload as one data file into the HUB system. Grantees will have the ability to upload/input a Quarterly Narrative Report (QNR). Grantees will need to certify both a QPR and QNR before quarterly progress reports will be considered fully submitted.

Quarterly progress reports will assist ETA in tracking grant activities and outcomes as well as provide a "snapshot" of grant funded activities for the quarter and cumulative quarters throughout the grant period of performance. Each reporting quarter, ETA will produce a performance outcomes report of the H-1B Grants Program using both QPR and QNR aggregate data that grantees submit to ETA. This report will be used to inform the Department of Labor Secretary, Congress and the general public on the progress of performance outcomes for all H-1B TST and JA grants.

H-1B grantees must also submit a Final Performance Report that incorporates both Quarterly Performance data and a Final Narrative report.

The instructions and performance reporting forms for completing these reports can be found in Section I General Instructions, [1.3 Instructions for Quarterly Progress Reports](#); [1.4 Submission Process](#), and [Section III Instructions for Completing H-1B Quarterly Performance Reports \(QPR\) and How a QPR is Generated](#) and [Section IV Instructions for Quarterly Narrative Report Submissions](#) of this handbook.

### 1.2 - COVERED PROGRAMS

Quarterly Progress Reports will cover participants who receive services under the following ETA programs:

- H-1B Technical Skills Training (TST) Grants – all rounds
- H-1B Jobs and Innovation Accelerator Challenge (JIAC) – all rounds
  - Make it in American (MIIA) Grants

### 1.3 - INSTRUCTIONS FOR QUARTERLY PROGRESS REPORTS

Quarterly Progress Reports will have two key components, a Quarterly Performance Report and a Quarterly Narrative Report:

- **Quarterly Performance Report (QPR)**–The quarterly performance report provides aggregated performance data used to determine the levels of participation and program

accomplishments for the most recent quarter and cumulative to-date. Reports will be generated from the web-based reporting system HUB after data is validated and edit checks are complete.

- **Quarterly Narrative Performance Report/Integrated Work Plan (QNR/IWP)** – In addition to providing a Quarterly Performance Report each quarter, grantees will provide a narrative account of performance activities that occurred during the reporting quarter. This report provides ETA information on program activities including information that cannot easily be captured using data alone. For example, this is the place to provide any supplemental data that is not captured on the QPR form. It is also appropriate to describe any activities, events and/or partnership successes or hurdles that impact your grant during the reporting quarter.
- **Final Performance Report** - The last Quarterly Performance and Narrative Reports will serve as the grantee's Final Performance Report. Together, these reports will provide both quarterly and cumulative information that reflect the grantee's activities for the entire period of performance. These reports must summarize project activities, employment outcomes, other deliverables, and related results of the project, and should thoroughly document the training approaches used by the grantee. Grantees will be required to report on post-program outcomes for all participants, as well as on post-program follow-up and tracking activities for all participants during the period of performance. Applicants must follow Federal guidelines on record retention, which requires grantees to maintain all records pertaining to grant activities for a period of not less than three years from the time of final award close-out.

Additional instructions and sample templates for all reports can be found in [Section III](#) and [Section IV](#) of this Handbook and on the [H-1B Online Resource Page/Community of Practice \(CoP\)](#).

## 1.4 - SUBMISSION PROCEDURES

Information contained in the H-1B Quarterly Progress and Final Performance Reports must be submitted directly to ETA via technical instructions issued through the USDOL/ETA national office.

ETA will provide a web-based system, *HUB* for grantees to submit their Quarterly Progress Reports. Grantees are expected to collect information and performance outcomes for each individual receiving H-1B grant-funded services. Demographic and performance outcomes data reported to ETA should be based on individual-level participant records maintained by each individual grantee.

Grantees will develop their own internal systems to track participant records that will be submitted as one data file by **uploading** the file into the web-based system. Acceptable data files that will be uploaded into the HUB reporting system are data files ([.dat](#)), [comma-separated values \(.csv\)](#), and [text files or flat files \(.txt\)](#). Click here to view [Sample Participant Records and Data Files](#). The system will validate the participant records of a grantee's data file and any inconsistencies will be reported to the grantee to modify or rectify. When the grantee's participant records are certified, the system will generate the Quarterly Performance Report which will include quarterly and cumulative-to-date performance outcomes. Once a QPR form is generated and a QNR is submitted, both reports will need to be certified by the Grant Authorized Representative in HUB for final submission to DOL/ETA.

Once data is validated, certified and submitted to ETA, reports will be reviewed by ETA National and Regional staff. This “*snapshot*” will be the basis for a certified Quarterly Performance Report that ETA will use to measure grantee outcomes.

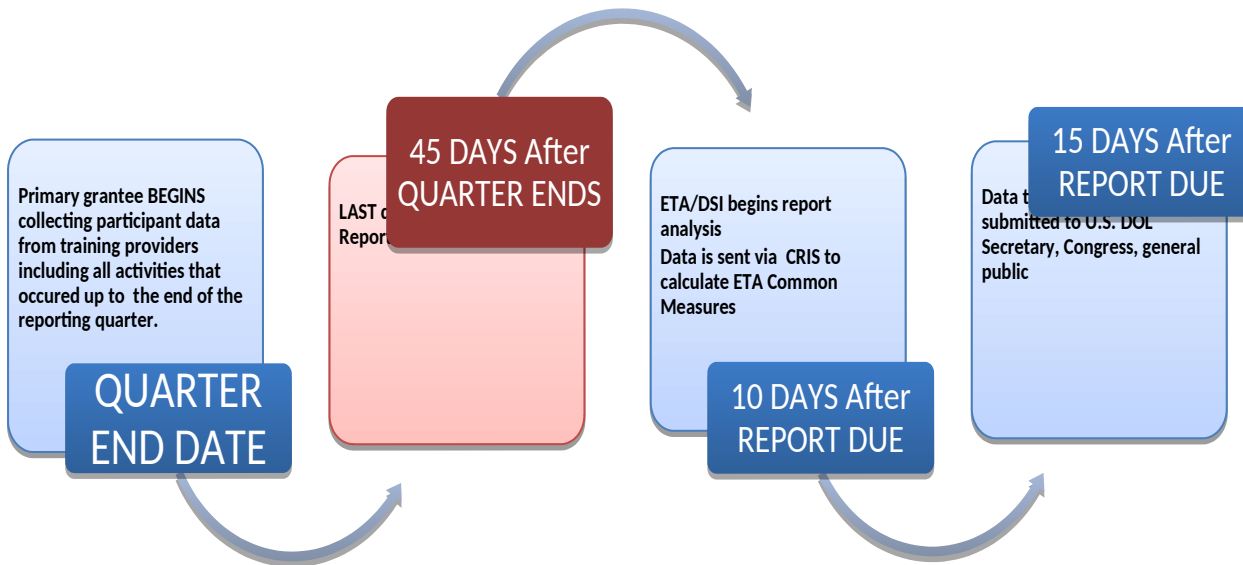
### 1.5 - DUE DATES and QUARTERLY REPORTING CYCLE

All ETA **Quarterly Reports** are due to ETA **no later than 45 days** after the end of each reporting quarter. The table below shows the expected due dates for each reporting quarter. Reports not submitted by the due date will be considered delinquent and not in compliance with your grant agreement.

Quarter Start Date	Quarter End Date	Report Submission Due Date
January 1	March 31	<b>May 15</b>
April 1	June 30	<b>August 14</b>
July 1	September 30	<b>November 14</b>
October 1	December 31	<b>February 14</b>

*\*Should the due date of the report fall on a Saturday, Sunday, or holiday, the report is due the business day after.*

#### ETA Quarter Reporting Cycle Flow Chart



## SECTION II - INSTRUCTIONS FOR TRACKING PARTICIPANT OUTCOMES

### 2.1 – BASELINE DATA METRICS

H-1B grantees are expected to collect participant-level data and submit, in electronic form, a data file of participant records into the ETA provided web-based portal, HUB.

Both the H-1B Technical Skills Training (TST) and Jobs Accelerator (JA) Grantees are required, per grant award, to report on the following metrics:

- Total participants served;
- Total participants beginning education/training activities;
- Total participants completing education/training activities;
- Total participants who complete education/training activities that receive a degree, or other type of credential;
- Total number of credentials each participant is expected to receive;
- Total participants who complete education/training activities who enter unsubsidized employment;
- Total participants who complete education/training activities who are placed into unsubsidized employment, who retain an employed status in the first and second quarters following initial placement (this includes incumbent workers who retained their positions after the program); and
- The average wage that participants will earn at placement into unsubsidized employment (this includes incumbent workers who retain their positions and get wage gains after the program). *\*This measure is captured via wage records by ETA on behalf of the grantee. ETA will collect this data element using all valid social security numbers (SSNs) submitted to ETA via the secure online reporting system HUB that will encrypt all personally identifiable information.*

### 2.2 – COMMON PERFORMANCE MEASURES

The Employment and Training Administration (ETA) collaborated with several federal agencies and the Office of Management and Budget (OMB) to develop a set of performance metrics called “common measures” for federal employment and job training programs with similar goals. The value of these common performance measures is the ability to describe in a similar manner the core purposes of the workforce system. Three common measures were developed for programs serving adults and are defined below.

1. **Entered Employment Rate**—of those individuals who were not employed at the time of program participation, the percentage who are employed in the first quarter after they exit.
2. **Employment Retention Rate**—of those who are employed in their first quarter after exit, the percentage employed in *both* the second and third quarters after they exit.
3. **Average Six-Month Earnings**—of those who are employed in their first, second and third quarters after exit, the average gross earnings from the second and third quarters after exit.

ETA’s H-1B Technical Skills Training and Jobs Accelerator Grantees will use the *Adult Common Measures* to assess outcomes. The definitions and associated calculations for each of the adult common measures reference “calendar quarters” because State Unemployment Insurance (UI) wage records – which are based on calendar quarters – are the preferred data source to demonstrate these employment-related outcomes. In addition, all of the adult common measures are “exit-based,” meaning that the measures are applied after the exit quarter.

To reduce Grantee burden, ETA will track **Common Measures** on behalf of all TST and JA H-1B grantees. To assist in this process, ETA requests that grantees include the following data elements in a participant record:

- **Social Security Number**
- **Employment Status at Participation**
- **Date of Program Exit**
- **Reason for Program Exit**

**IMPORTANT NOTE:** It is still the responsibility of each grantee to track employment outcomes for each training participant per the data element collections required.

### 2.3A – PERSONALLY IDENTIFIABLE INFORMATION

Grantees must secure **Personally Identifiable Information**, or PII, and should ensure that when they are collecting this information from participants that they are informed of why they are being asked to provide their Social Security numbers, in accordance with the American Competitiveness and Workforce Improvement Act\*.

\*The American Competitiveness and Workforce Improvement Act of 1998, Title IV, Section 414 (c), as amended by the Consolidated Appropriations Act of 2005, Division J, Title IV, Subtitle B, Section 428 and WIA Section 171(a) direct the Secretary to require grantees to report on the employment outcomes obtained by workers receiving training under this subsection using indicators of performance that are consistent with other indicators used for employment and training programs administered by the Secretary, such as entry into employment, retention in employment, and increases in earnings. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files of the grantee and may be released to other Department officials in the performance of their official duties.

*For further guidance on handling the protection of Personally Identifiable Information (PII) please refer to:*

**Training and Employment Guidance Letter (TEGL) NO. 39-11 - Guidance on the Handling and Protection of Personally Identifiable Information**

**Important Note:** Should changes in definitions resulting from new legislation or related regulations occur, appropriate revisions will be issued to reflect these changes.

### 2.3B – TECHNICAL ASSISTANCE FOR COLLECTING SOCIAL SECURITY NUMBERS FROM PROGRAM PARTICIPANTS

**Please Note:** Providing a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled.

**What is the Purpose of Collecting SSNs?**



All H-1B TST and JA grantees are asked to collect Social Security Numbers (SSNs) for all participants served with grant funds and report outcomes to ETA. ETA, on behalf of the grantees, will work with its State partners to match SSNs with employment data available from State Unemployment Insurance (UI) and other administrative wage records (e.g., Federal and Military employment). This matching procedure is necessary in order for ETA to collect consistent and reliable aggregate outcome information for each grantee by calculating a set of **Common Performance Measures** that includes entry into employment, employment retention, and six-month average earnings. The collection of this information assists ETA and the grantee track the long-term success of the training program.

### **Technical Assistance Tips for Collecting SSNs from Program Participants**

For grantees encountering issues in collecting SSNs from training participants, ETA grantees successful in collecting this information have recommended the following:

1. Increase the “ask” at intake or enrollment
2. Include statement/disclaimer language directly under the SSN field of an intake or enrollment form identifying: why this information is requested, security of this information, what it is used for, and how it benefits the program to measure program success (see two examples below)
3. Ask Case Managers (or other appropriate staff) to follow-up in person or by phone with any participant that does not disclose their SSN as a part of the enrollment process. Individuals may not provide their SSN because they don’t understand the need for this information. Staff familiar with the enrollment process can explain to participants the value this information provides the grantee and ETA with measuring outcomes and how this information is used. n.

### **Disclaimer Language Examples:**

**Sample #1)** *This project was funded by a grant awarded under the XXXX Grants, as implemented by the U.S. Department of Labor's Employment and Training Administration. The collection of this information helps to track the long-term success of this training program. Your personal information is kept confidential and secure and will not be shared with any outside agencies other than those involved with the support or oversight of the XXXX Grant received by Sample Community College and issued by the U.S. Department of Labor. Your information will never be sold or shared with third party agencies through your participation in grant supported training activities. Please direct any additional questions concerning the use of your personal information to Jane Green, Program Director at 856-691-XXXX.*

**Sample #2)** *The Energy-Related program in which you are enrolled is made possible in part through a grant from the United States Department of Labor Employment and Training Administration. This grant is a XXXX Grant titled “Health Care for Tomorrow” a partnership between Any College of Technology and Where Community College. As part of Health Care for Tomorrow’s federal grant, we are required to obtain information from project participants and asked to track how well the students who participate in the program succeed in the workforce and other related outcomes. The information gathered will be used to help determine if the training is successful and in what areas we might need to improve.*

*In addition to requesting a range of information from project participants, including demographic information, the use of your Social Security Number is also requested in order to access wage and employment information through state data bases. Although you cannot be denied service for failure to*

*provide your Social Security Number, we strongly encourage you to do so in order to enable the project to quantify specific employment-related outcomes. Your personal information will be kept confidential.*

## **2.4 – TRACKING INDIVIDUAL PARTICIPANT OUTCOMES**

This handbook contains two significant resources related to tracking and submitting individual data. These resources include:

- Instructions, definitions and edit check rules for collecting and tracking participant-level data. Each data element (DE) includes a number, name, definition and instruction, code values, and field type and length
- A Quarterly Performance Report (QPR) form **No. 1205-0507**, which is a ‘rollup’ of all of the grantee participant-level data records and provides a visual for how the data is aggregated each quarter. This form will be generated by the HUB system based on the quarterly files submitted to ETA.

Grantees will develop their own internal management information system to track participant records as outlined in the *Data Elements and Edit Checks* document. Each data element will have specific code values that grantees will indicate a response for each participant served through the H-1B Grant.

These participant records will be saved as one data file and submitted to ETA by using the file-upload reporting system HUB. Acceptable data files include (.dat), comma-separated values (.csv), and text file or flat files (.txt).

**PLEASE NOTE:** Continuous technical assistance will be provided to grantees on reporting and using the electronic reporting system HUB. These resources include tutorials, Webcasts; tip sheets, a user manual and conference calls.

## **2.5 –DATA ELEMENTS AND EDIT CHECKS FOR INDIVIDUAL DATA COLLECTION TABLE**

The *Data Elements and Edit Checks* document for individual data collection offers guidelines for grantees to follow when tracking participant outcomes and establishing the foundation of your grant’s quarterly performance data files. It contains all of the individual data elements and code values needed to track H-1B program participants. These data records will be compiled into one file, as mentioned above, and uploaded to HUB. Please note: this document is not designed to be used as an intake form.

**RESOURCE NOTE:** Please also refer to the full document. A current version of this document is always available electronically via our online Community of Practice/Resource Page. Links to this document and other reporting related resources are available on **page 42** of this Handbook.

**Data Elements and Edit Checks for Individual Data Collection**

- **Section I - Individual Information (101-114)**
- **Section II - Program Activities and Services Information (200-205)**
  - o II.A – Program Participation Data (301-303)
  - o II.B - Training Related Assistance Data (400-430)
- **Section III – Program Outcomes Information (501 – 622)**
  - o III.A – Employment and Job Retention Data (501-525)
  - o III.B – Education, Credential, and Skill Attainment Data (601-622)


Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Conditional)
<b>SECTION I - INDIVIDUAL INFORMATION</b>					
101	Social Security Number	Record the social security number assigned to the individual. At a minimum, this number for a person must be the same for every period of participation in the H-1B Grant programs. "Non-participant" records, including those identified and referred through other WIA programs that may or may not receive a participant service should also be recorded. Record 999999999 if the individual does not wish to disclose his/her social security number	XXXXXXXXXX 999999999 = Individual did not disclose	IN 9	No
102	Selective Service Status	Record 1 if the individual is registered for Selective Service.  Record 0 if the individual is not registered for Selective Service. Record 9 if the individual does not self-identify Selective Service registration. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Participant did not disclose Blank = Individual is not a participant	IN 1	Yes
103	Date of Birth	Record the individual's date of birth. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No
104	Gender	Record 1 if the individual indicates that he is male. Record 2 if the individual indicates that she is female. Record 9 if the individual does not self-	1 = Male 2 = Female 9 = Individual did not self-identify Blank = Individual is	IN 1	No

For further guidance on Selective Service for H-1B participants please

		<p>identify gender.                  Leave "blank" if the individual is not a program participant and the data is not available.</p>	not a participant		
105	Individual with a Disability	<p>Record 1 if the individual indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.).                  Record 0 if the participant indicates that he/she does not have a disability that meets the definition above.                  Record 9 if the individual does not wish to disclose his/her disability status                  Leave "blank" if the individual is not a participant.</p>	<p>1 = Yes                  0 = No                  9 = Individual did not disclose                  Blank = Individual is not a participant</p>	IN 1	No
106	Ethnicity Hispanic/ Latino	<p>Record 1 if the individual indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.                  Record 0 if the individual indicates that he/she does not meet any of these conditions.                  Record 9 if the individual does not self-identify his/her ethnicity.                  Leave "blank" if the individual is not a program participant and the data is not available.</p>	<p>1 = Yes                  0 = No                  9 = Individual did not self-identify his/her race                  Blank = Individual is not a participant</p>	IN 1	No
107	American Indian or Alaska Native	<p>Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.                  Record 0 if the individual indicates that he/she does not meet any of these conditions.                  Record 9 if the individual does not self-identify his/her race.                  Leave "blank" if the individual is not a program participant and the data is not available.</p>	<p>1 = Yes                  0 = No                  9 = Individual did not self-identify his/her race                  Blank = Individual is not a participant</p>	IN 1	No
108	Asian	<p>Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent</p>	<p>1 = Yes                  0 = No                  9 = Individual did not self-identify his/her</p>	IN 1	No

		(e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	race Blank = Individual is not a participant		
109	Black or African American	Record 1 if the individual indicates that he/she is a person having origins in any of the black racial groups of Africa. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No
110	Native Hawaiian or other Pacific Islander	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No
111	White	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No
112	<del>More than One Race</del>	<b>This data element is not required in your data file.</b>			
113	Eligible Veteran Status	Record 1: If the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.	1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 0 = No	IN 1	No

		<p>Record 2: If the individual served on active duty for a period of more than 180 days and was discharged or released with other than dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge was authorized and was discharged or released from such duty with other than a dishonorable discharge.</p> <p>Record 3: If the individual is a person who is;</p> <p>(a) the spouse of any person who died on active duty or of a service-connected disability;</p> <p>(b) the spouse of any member of the Armed Forces serving on active duty who at the time of application under this part, is listed, pursuant to 38 U.S.C. 101 and the regulations issued under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days:</p> <p>(i) missing in action;</p> <p>(ii) captured in the line of duty by a hostile force; or</p> <p>(iii) forcibly detained or interned in the line of duty by a foreign government or power; or</p> <p>(c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p> <p>Record 0: If the individual does not meet any one of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.</p>	Blank = Individual is not a participant		
114	Highest School Grade Completed	<p>Use the appropriate code to record the highest school grade completed by the individual.</p> <p>Record 87 if the individual completes the 12th grade and attained a high school diploma.</p> <p>Record 88 if the individual completes the 12th grade and attained a GED or equivalent.</p> <p>Record 89 if the individual with a disability receives a certificate of attendance/completion.</p> <p>Record 90 if the individual attained other post-secondary degree or certification.</p>	<p>0 = No school grades completed</p> <p>1 - 12 = Number of elementary/secondary school grades completed</p> <p>13 - 15 = Number of college, or full-time technical or vocational school years completed</p> <p>16 = Bachelor's degree or equivalent</p>	IN 2	No

		<p>Record 91 if the individual attained an associates diploma or degree (AA/AS).</p> <p>Leave "blank" if the individual is not a program participant and the data is not available.</p>	<p>17 = Education beyond the Bachelor's degree              87 = Attained High School Diploma              88 = Attained GED or Equivalent              89 = Attained Certificate of Attendance/Completion              90 = Attained Other Post-Secondary Degree or Certification              91 = Attained Associates Diploma or Degree</p> <p>Blank = individual is not a participant</p>		
<p>200</p> 	<p>Employment Status at Participation</p>	<p>Record 1 if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked as unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job, or e) is an incumbent worker who needs training to secure full-time employment, advance in their careers, or retain their occupation.              Record 2 if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member.              Record 0 if the individual does not meet any one of the conditions described above.              Leave "blank" if the individual is not a program participant and the data is not available.</p>	<p>1 = Employed              2 = Employed, but Received Notice of Termination of Employment or Military Separation              0 = Not Employed              Blank = not a program participant</p>	<p>IN 1</p>	<p>No</p>
		<p>Record 1 if the participant is an employed worker who needs industry-related training to (a) secure full-time employment, (b) retain their current position in the same field, or (c) advance in their career or along their current career pathway.</p>	<p>1 = Yes              0 = No              Blank = not a program participant</p>	<p>IN 1</p>	<p>No</p>

Need some extra help with Elements **200-205**? They can be tricky!  
 Go to **Page 43, Attachment 1** for further explanation.

		Record 0 if the individual does not meet any of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.			
202	Underemployed Worker	Record 1 if the participant is a person who, though employed, has not yet connected with a job that provides responsibility and pay commensurate with their previous experience and educational qualifications or is working part-time as they are seeking full-time employment. Record 0 if the participant does not meet any of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No Blank = not a program participant	IN 1	No
203	Dislocated Worker	Record 1 if the participant is a person who is unemployed and received services financially assisted under WIA section 133(b)(2)(A). Record 0 if the participant did not receive services under the condition described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No Blank = not a program participant	IN 1	No
204	Long-term Unemployed	Record 1 if the individual is a person who is not working and is without a job for 27 weeks or more and wants and is available to work. Record 2 if the individual is without a job and meets the other conditions established in the SGA for unemployed, long-term unemployed individuals: • Lost their job during the recent recession (commencing January 1, 2008 forward), and have exhausted unemployment benefits Record 0 if the individual does not meet any of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes; Without job for 27 weeks or more 2 = Yes; Meets other conditions 0 = No Blank = not a program participant	IN 1	No
205	Date of Separation	Record the individual's date of separation from employment. This date is the last day of employment at the most recent, applicable job. Leave "blank" if there is no separation (e.g., incumbent worker) or the individual is not participant, or this data element does not apply to the individual.	YYYYMMDD Blank = Individual is not a participant	DT 8	No

**SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION**



SECTION IIA - PROGRAM PARTICIPATION DATA					
301	Date of Program Participation	Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No
302	Date of Exit	Record the date on which the last service funded by the program or a partner program is received by the participant. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No
303	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	Record 1 if the participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days. Record 2 if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. Record 3 if the participant was found to be deceased or no longer living. Record 4 if the participant is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. Record 5 if the participant is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days. Record 6 if the youth participant is in the foster care system or any other mandated residential program and has moved from the area as part of such a program or system (exclusion for youth participants only). Record 98 if the participant retired from employment. Record 99 if the participant either disclosed	1 Institutionalized 2 Health/Medical 3 Deceased 4 Family Care 5 Reserve Forces Called to Active Duty 6 Relocated to Mandated Residential Program 98 Retirement 99 Not a Valid SSN 0 = Other Blank = Individual is not a participant	IN 2	No

		<p>an invalid social security number (SSN) or chose not to disclose a SSN.                  Record 0 if the participant exited for a reason other than one of the conditions described above.                  Leave "blank" if the individual is not a program participant and the data is not available.                  Additional Note: Exit Reason "98 = Retirement" has been added for program management purposes only and individuals who exit the program based on this reason will not be excluded from calculation of the performance measures. Rather, these individuals will be included in the performance measure calculations.</p>			
304	Date of Program Completion	<p>Record the date on which the last education/job training activity funded by the program or a partner program is received by the participant who has completed their program.</p> <p>Note: A participant may enroll in several discrete education/job training activities that apply towards the completion of their course of study. A participant is considered to have COMPLETED when they have earned all the formal award units needed towards the degree, certificate, or certification that was the goal of their enrollment or has met other program-specific definition of successful completion.</p> <p>Once a participant has completed their program of study, they may continue to receive certain services funded by the grant program or a partner program for 90 consecutive calendar days, as described in the SOW, before they are considered to have EXITED the program.</p> <p>The date of completion may be applied retroactively to the last day on which the individual received an education/job training activity/service funded by the program or a partner program.</p> <p>Leave "blank" if the participant has not yet completed the program, or if the individual is not a program participant and the data is not available.</p>	<p>YYYYMMDD                  Blank = Individual has not completed or is not a participant</p>	DT 8	No

**SECTION II.B - TRAINING RELATED ASSISTANCE DATA**

400	Date Entered/Began Receiving Education/Job Training Activities #1	Record the date on which the participant's first education or job training activities began. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No
401	Occupational Skills Training Code #1	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received first training services.  Record 00000000 or leave "blank" if occupational code is not available or not known.  Additional Notes: If the individual receives multiple training services, use the occupational skills training code for the most recent training.	00000000	IN 8	No
402	Type of Training Service #1 - Primary	Use the appropriate code to indicate the primary type of training being provided to the participant.  Leave "blank" if the individual is not a program participant and the data is not available.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	No
403	Type of Training Service #1 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant, if applicable.  Leave "blank" if the individual is not a program participant and the data are not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	No
404	Type of Training Service #1 -	Use the appropriate code to indicate the tertiary type of training being provided to the participant, if applicable.	1 = On the Job Training 2 = Classroom	IN 1	No

	Tertiary	Leave "blank" if the individual is not a program participant and the data are not available or if this data element does not apply.	Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant		
405	Date Completed, or Withdrew from, Training #1	Record the date when the participant completed training or withdrew permanently from their first training service. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No
406	Training Completed #1	Record 1 if the participant completed approved training program Record 0 if the individual did not complete training (withdrew) Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	1 = Yes 0 = No (withdrew) Blank = did not yet complete or did not receive training services, or not a program participant	IN 1	No
410	Date Entered/Began Receiving Education/Job Training Activities #2	Record the date on which the participant's second education or job training activities began. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes
411	Occupational Skills Training Code #2	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received during second training services.  Record 00000000 or leave "blank" if occupational code is not available or not known.  Additional Notes: If the individual receives multiple training services, use the occupational skills training code for the most recent training.	00000000	IN 8	Yes
412	Type of Training Service #2 - Primary	Use the appropriate code to indicate the primary type of training being provided to the participant during their second training service.  Leave "blank" if the individual is not a program participant and the data is not	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning	IN 1	Yes

		available.	4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant		
413	Type of Training Service #2 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant during their second training service, if applicable.  Leave "blank" if the individual is not a program participant and the data are not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes
414	Type of Training Service #2 - Tertiary	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their second training service, if applicable.  Leave "blank" if the individual is not a program participant and the data are not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes
415	Date Completed, or Withdrew from, Training #2	Record the date when the participant completed training or withdrew permanently from their second training service. Leave "blank" if the participant is not enrolled in a second Education/Job Training Activity or the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes
416	Training Completed #2	Record 1 if the participant completed approved training Record 0 if the individual did not complete training (withdrew)	1 = Yes 0 = No (withdrew) Blank = did not yet complete or did not	IN 1	Yes

		Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	receive training services, or not a program participant		
420	Date Entered/Began Receiving Education/Job Training Activities #3	Record the date on which the participant's third education or job training activities began. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes
421	Occupational Skills Training Code #3	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received third training services.  Record 00000000 or leave "blank" if occupational code is not available or not known.  Additional Notes: If the individual receives multiple training services, use the occupational skills training code for the most recent training.	00000000	IN 8	Yes
422	Type of Training Service #3 - Primary	Use the appropriate code to indicate the primary type of training being provided to the participant during their third training service.  Leave "blank" if the individual is not a program participant and the data is not available.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes
423	Type of Training Service #3 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant during their third training service, if applicable.  Leave "blank" if the individual is not a program participant and the data are not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is	IN 1	Yes

			not a participant		
424	Type of Training Service #3 - Tertiary	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their third training service, if applicable.  Leave "blank" if the individual is not a program participant and the data are not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes
425	Date Completed, or Withdrew from, Training #3	Record the date when the participant completed training or withdrew permanently from their third training. If multiple training services were received, record the most recent date on which the individual completed training. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes
426	Training Completed #3	Record 1 if the participant completed third approved training Record 0 if the individual did not complete training (withdrew) Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	1 = Yes 0 = No (withdrew) Blank = did not yet complete or did not receive training services, or not a program participant	IN 1	Yes
<b>SECTION III - PROGRAM OUTCOMES INFORMATION</b>					
<b>SECTION III.A - EMPLOYMENT AND JOB RETENTION DATA</b>					
501	Employed in 1st Quarter After Program Completion	<b>Record 1</b> if the participant was unemployed at program participation and was employed in the first quarter after the quarter of program completion. <b>Record 0</b> if the participant was unemployed at program participation and was not employed in the first quarter after the quarter of program completion Record 3 if information on the participant's employment status in the first quarter after the quarter of program completion is not yet available Leave "blank" if the individual has not completed the program or is not a program	1 = Yes 0 = No 3 = Information not yet available Blank = individual has not yet completed or is not a program participant	IN 1	No

Need a refresher on defining employment outcomes for DE 501 - 525?

See page 34, Section 3.5 Program Outcomes

		participant			
502	Occupational Code (if available)	<p>Record the 8-digit occupational code that best describes the individual's employment using the O*Net Version 4.0 (or later versions) classification system. This information can be based on any job held after exit from the program.</p> <p>Leave "blank" if occupational code is not available or if the individual is not a program participant.</p> <p>Additional Notes: This information can be based on any job held after completion and only applies to adults, dislocated workers and older youth who entered employment in the quarter after the completion quarter. If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual had multiple jobs, use the occupational code for the most recent job held.</p>	00000000	AN 8	No
503	Entered Training-Related Employment	<p>Record 1 if the employment in which the individual entered uses a substantial portion of the skills taught in the training received by the individual. This information can be based on any job held after completion and only applies to adults, dislocated workers and older youth who entered employment in the quarter after the completion quarter. Record 0 if the employment in which the individual entered does not use a substantial portion of the skills taught in the training received by the individual. Record 9 if not known. Leave "blank" if this data element does not apply to the individual.</p>	<p>1 = Yes 0 = No 9 = Unknown Blank = does not apply to individual</p>	IN 1	No
504	Retained Current Position	<p><b>Record 1</b> if the participant was employed at the start of program participation and retained their current position in the quarter after the quarter of program completion. Record 0 if the participant was employed at the start of participation but did not retain their current position in the quarter after the quarter of program completion. Leave "blank" if this data element does not apply to the individual.</p>	<p>1 = Yes 0 = No Blank = does not apply to individual</p>		Conditional
505	Advanced into a New Position with Current or New Employer in the 1st Quarter after Completion	<p><b>Record 1</b> if the participant was employed at the start of program participation and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant funded activities in the first quarter after the quarter of program completion. Record 0 if the individual was employed at the start of participation but did not advance</p>	<p>1 = Yes 0 = No 3 = Information not yet available Blank = does not apply to individual</p>	IN 1	Conditional

Need clarification on how to fill out **DE 503 - 525** for your participants? Go to **Page 45, Attachment 2** for further



		<p>into a new position as a result of the grant funded activities.                  Record 3 if information on the participant's employment status in the first quarter after the quarter of program completion is not yet available.                  Leave "blank" if the individual has not completed the program, is not an incumbent worker, or is not a program participant.</p>			
511	Employed in 2nd Quarter After Program Completion	<p><b>Record 1</b> if the participant was not employed at program participation was employed in the second quarter after the quarter of program completion.  <b>Record 0</b> if the participant was not employed at program participation and was not employed in the second quarter after the quarter of program completion                  Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available                  Leave "blank" if the individual has not completed the program or is not a program participant</p>	<p>1 = Yes                  0 = No                  3 = Information not yet available                  Blank = individual has not yet exited or is not a program participant</p>	IN 1	No
514	Retained Current Position in the 2nd Quarter after Program Completion	<p><b>Record 1</b> if the participant was employed at the start of program participation and retained their current position in the second quarter after the quarter of program completion.                  Record 0 if the participant was employed at the start of participation but did not retain their current position in the second quarter after the quarter of program completion.                  Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available</p> <p>Leave "blank" if this data element does not apply to the individual.</p>	<p>1 = Yes                  0 = No                  3 = Information not yet available                  Blank = does not apply to individual</p>		Conditional
515	Advanced into a New Position with Current Employer or New Employer in the 2nd Quarter after Program Completion	<p><b>Record 1</b> if the participant was employed at the start of program participation and has advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant funded activities in the second quarter after the quarter of program completion.                  Record 0 if the individual was employed at the start of participation but did not advance into a new position as a result of the grant funded activities.                  Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available.                  Leave "blank" if the individual has not</p>	<p>1 = Yes                  0 = No                  3 = Information not yet available                  Blank = does not apply to individual</p>	IN 1	Conditional

		completed the program or is not a program participant.			
521	Employed in 3rd Quarter After Program Completion	<p><b>Record 1</b> if the participant was not employed at program participation and was employed in the third quarter after the quarter of program completion.</p> <p><b>Record 0</b> if the participant was not employed at program participation and was not employed in the third quarter after the quarter of program completion</p> <p>Record 3 if information on the participant's employment status in the third quarter after the quarter of program completion is not yet available</p> <p>Leave "blank" if the individual has not completed the program or is not a program participant</p>	<p>1 = Yes</p> <p>0 = No</p> <p>3 = Information not yet available</p> <p>Blank = individual has not yet completed or is not a program participant</p>	IN 1	No
524	Retained Current Position in the 3rd Quarter After Program Completion	<p><b>Record 1</b> if the participant was employed at the start of program participation and retained their current position in the third quarter after the quarter of program completion.</p> <p>Record 0 if the participant was employed at the start of participation but did not retain their current position in the second quarter after the quarter of program completion.</p> <p>Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available.</p> <p>Leave "blank" if this data element does not apply to the individual.</p>	<p>1 = Yes</p> <p>0 = No</p> <p>3 = Information not yet available</p> <p>Blank = does not apply to individual</p>		Conditional
525	Advanced into a New Position with Current or New Employer in the 3rd Quarter after Program Completion	<p><b>Record 1</b> if the participant was employed at the start of program participation and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant funded activities, in the third quarter after the quarter of program completion.</p> <p>Record 0 if the individual was employed at the start of participation but did not advance into a new position as a result of the grant funded activities.</p> <p>Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available.</p> <p>Leave "blank" if the individual has not completed the program or is not a program participant.</p>	<p>1 = Yes</p> <p>0 = No</p> <p>3 = Information not yet available</p> <p>Blank = individual has not yet completed or is not a program participant</p>	IN 1	Conditional
<b>SECTION III.B - EDUCATION, CREDENTIAL, AND SKILL ATTAINMENT DATA</b>					
601	Type of Recognized	Use the appropriate code to record the type of recognized educational or occupational	1 = High School Diploma/GED	IN 1	No

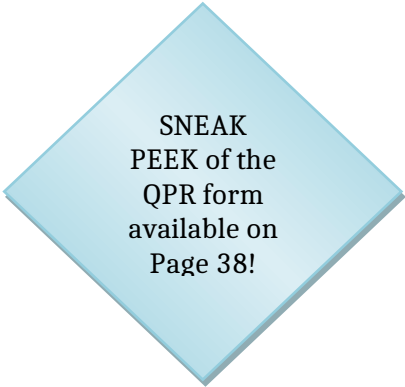
	Credential #1	<p>certificate/credential/diploma/degree attained by the individual who received training services.                  Record 0 if the individual received training services, but did not attain a recognized credential.                  Leave "blank" if the data element does not apply to the individual.                  Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).</p>	<p>2 = AA or AS Diploma/Degree                  3 = BA or BS Diploma/Degree                  4 = Occupational Skills Licensure                  5 = Occupational Skills Certificate/Credentia                  1                  6 = Other Recognized Educational or Occupational Skills Certificate/Credentia                  1                  7 = Other Recognized Diploma, Degree, or Certificate                  0 = No recognized credential                  Blank = Individual is not a participant</p>		
602	Date Attained Recognized Credential #1	<p>Record the date on which the individual attained a recognized credential.                  Leave "blank" if the individual did not attain a recognized credential, or if this data element does not apply.</p>	<p>YYYYMMDD                  Blank = Individual did not attain a recognized credential or this data element does not apply</p>	DT 8	No
611	Type of Recognized Credential #2	<p>Use the appropriate code to record the second type of recognized educational or occupational certificate/credential/diploma/degree attained by the individual who received training services.                  Record 0 if the individual received training services, but did not attain a second recognized credential.                  Leave "blank" if the data element does not apply to the individual.                  Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).</p>	<p>1 = High School Diploma/GED                  2 = AA or AS Diploma/Degree                  3 = BA or BS Diploma/Degree                  4 = Occupational Skills Licensure                  5 = Occupational Skills Certificate/Credentia                  1                  6 = Other Recognized Educational or Occupational Skills Certificate/Credentia                  1                  7 = Other Recognized Diploma, Degree, or Certificate                  0 = No recognized credential                  Blank = Individual is not a participant</p>	IN 1	Yes
612	Date Attained Recognized Credential #2	<p>Record the date on which the individual attained a second recognized credential.                  Leave "blank" if the individual did not attain a recognized credential, or if this data</p>	<p>YYYYMMDD                  Blank = Individual did not attain a recognized credential</p>	DT 8	Yes

		element does not apply.	or this data element does not apply		
621	Type of Recognized Credential #3	Use the appropriate code to record the third type of recognized educational or occupational certificate/credential/diploma/degree attained by the individual who received training services. Record 0 if the individual received training services, but did not attain a second recognized credential. Leave "blank" if the data element does not apply to the individual. Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Certificate/Credentia 1 6 = Other Recognized Educational or Occupational Skills Certificate/Credentia 1 7 = Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential Blank = Individual is not a participant	IN 1	Yes
622	Date Attained Recognized Credential #3	Record the date on which the individual attained a third recognized credential. Leave "blank" if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	Yes

### SECTION III – INSTRUCTIONS FOR COMPLETING H-1B QUARTERLY PERFORMANCE REPORTS (QPR) AND HOW A QPR IS GENERATED

Each reporting quarter a grantee will upload a participant data file based on the activities and outcomes of participants served each quarter using grant funds. As a result of each validated and error free file uploaded, HUB will generate a Quarterly Performance Report (QPR) form. The Quarterly Performance Report (QPR) form is a quarterly aggregate of the individual participant records that the grantee has collected and uploaded as a data file into the HUB system.

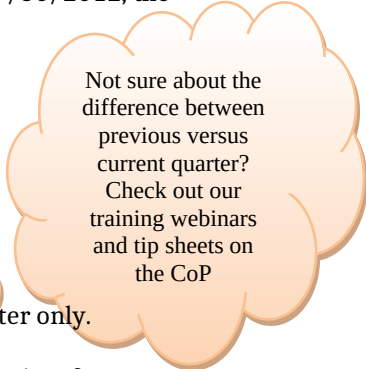
**Please Note:** The QPR form is not designed to be used as a participant intake/enrollment form. This form is designed to aggregate participant activities based on the information collected using the data element questions provided.



### 3.1 – GRANTEE INFORMATION

#### Section A. Grantee Identifying Information

- A.1 **Grantee Name:** Grantee name as it appears on the appropriate Notice of Obligation (NOO) or equivalent official document from the U.S. Department of Labor.
- A.2 **Grant Number:** Grant number as it appears on the appropriate Notice of Obligation (NOO) or equivalent official document from the U.S. Department of Labor.
- A.3 **Program/Project Name:** Name of the H-1B Grant program or project.
- A.4 **Grantee Address:** Mailing address as it appears on the appropriate NOO or equivalent official document from the U.S. Department of Labor.
- A.5 **Report Quarter End Date:** The last month, day, and year (*mm/dd/yyyy*) of the quarter on which the report is being prepared. For example, if the report is being prepared for the quarter ending September 30<sup>th</sup>, 2012, the Report Quarter End Date format should be represented as 09/30/2012.
- A.6 **Report Due Date:** The month, day, and year (*mm/dd/yyyy*) on which the report is due to the Department. For example, if the report is being prepared for the quarter ending 09/30/2012, the Report Due Date format should be represented as 11/14/2012.



Not sure about the difference between previous versus current quarter? Check out our training webinars and tip sheets on the CoP

### 3.2 – GRANT SUMMARY

#### Section B. Grant Summary Information (ALL GRANT PARTICIPANTS)

- ❖ **Previous Quarter:** Represents outcomes using data submitted the previous quarter only.
  - ❖ **Current Quarter (most recent):** Represents the most recent quarter of outcomes data for participants served during the current quarter only.
  - ❖ **Cumulative Grant-to-Date:** Represents the cumulative total of performance outcomes to-date through the current quarter.
- B.1 **Total Exiters: The total number** of participants who exited the program during the applicable reporting period. Exit from the program occurs when a participant has not received any services funded by the program for **90 consecutive calendar days** and has no gap in service and is not scheduled for future services. The date of exit is applied retroactively to the last day on which the individual received a service funded by the program.
- Important Note:** The number entered in **Row B.1** should equal the total number of Standardized Individual Records submitted by the grantee for the quarter.
- B.2 **Total Participants Served:** The count of the total number of unique participants (new and current) who were participants for at least one day during the relevant reporting period. A participant is any individual who is determined eligible to participate in the grant program and receives a service funded by the grant. Individuals who receive only a determination of eligibility to participate in the program but do not begin receiving services are NOT considered participants.
- B.3 **New Participants Served:** The total number of unique participants who, following a determination of eligibility, began receiving their **first grant-funded service** during the applicable quarterly reporting period. Participants should only be included **once**, even if they enroll in multiple training programs.

### 3.3 – PARTICIPANT SUMMARY

#### Section C. Participant Summary Information

Demographic characteristics of new participants contained in this section should be based on information collected from the individual **at the time of participation** in the program and reported for new participants cumulatively through the end of the reporting period. Grantees should submit all of the information below for the participants enrolled and funded by the H-1B Technical Skills Training and/or Jobs Accelerator Grants. For all data collection items contained within this section, the data format is an *integer* with a maximum field length of *6-digits*.

- C.1a **Male:** The count of the total number of new participants who self-identify their gender as male.
- C.1b **Female:** The count of the total number of new participants who self-identify their gender as female.
- C.2a **Hispanic/Latino:** The count of the total number of new participants who self-identify their ethnicity as Hispanic/Latino. The term Hispanic/Latino includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.
- C.2b **American Indian or Alaskan Native:** The count of the total number of new participants who self-identify their race as American Indian or Alaskan Native. The racial category American Indian or Alaska Native includes persons having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.
- C.2c **Asian:** The count of the total number of new participants who self-identify their race as Asian. The racial category Asian includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and Sikkim). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
- C.2d **Black or African American:** The count of the total number of new participants who self identify their race as Black or African American. The racial category Black or African American includes persons having origins in any of the black racial groups of Africa.
- C.2e **Native Hawaiian or Other Pacific Islander:** The count of the total number of new participants who self-identify their race as Native Hawaiian or Other Pacific Islander. The racial category Hawaiian Native or Other Pacific Islander includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- C.2f **White:** The count of the total number of new participants who self-identify their race as White. The racial category White includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- C.2g **More Than One Race:** The count of the total number of new participants who self-identify more than one of the racial categories outlined in Rows C.2b through C.2f above.
- C.3a **Eligible Veterans:** The count of the total number of new participants who are veterans, as defined, at the time of participation, who meets one of the following conditions as a veteran:
  1. Is a person who served on active duty in the armed forces for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.
  2. Is a person who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a

service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 12301 (a), (d), or, (g), 12302, or 12304 of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge; or

3. Is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.

- C.3b **Individuals with a Disability:** The count of the total number of new participants, who self-identify that they have any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), at the time of participation.
- C.3c **Employed Individuals:** The total number of employed individuals who were considered employed, at time of enrollment, and meets at least one of the following conditions:
- (a) Did any work at all as a paid employee,
  - (b) Did any work at all in his or her own business, profession, or farm,
  - (c) Worked as an unpaid worker in an enterprise operated by a member of the family, or
  - (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job, or
  - e) Is an incumbent worker who needs training to secure full-time employment, advance in their careers, or retain their occupation.
- C.3d **Incumbent Workers:** The count of the total number of new participants who are incumbent workers, as defined, at the time of participation. An Incumbent Worker is an employed worker who needs industry-related training to (a) secure full-time employment, (b) retain their current position in the same field, or (c) advance in their career or along their current career pathway.
- C.3e **Unemployed Individuals:** The count of the total number of new participants who are considered unemployed, as defined, at the time of participation.
- C.3f **Dislocated Workers:** The count of the total number of new participants who were dislocated, as defined, at the time of participation. A Dislocated Worker is a participant that received services financially assisted under WIA section 133(b)(2)(A).
- C.3g **Long-term Unemployed:** The count of the total number of new participants who were considered long-term unemployed, as defined, at the time of participation. A Long-term unemployed individual is a participant that is without a job for 27 weeks or more and wants and is available to work. They may also be considered Long-term unemployed if the individual is without a job and meets the other conditions established in the SGA for unemployed, long-term unemployed individuals:  
\* Lost their job during the recent recession (commencing January 1, 2008 forward), and have exhausted unemployment benefits
- C.4a **High School Graduate or Equivalent:** The count of the total number of new participants who have obtained a high school diploma or equivalent at the time of participation.

- C.4b **1-4 Years or More of College, or Full-time Technical or Vocational School:** The count of the total number of new participants that have 1-4 years or more years of college, full-time technical or vocational school, and have not attained a certificate or degree at the time of participation.
- C.4c **Associates Degree:** The count of the total number of new participants that have attained an Associate's Degree at time of participation.
- C.4d **Bachelor's Degree or Equivalent:** The count of the total number of new participants that have attained a Bachelor's Degree at time of participation.
- C.4e **Education Beyond Bachelor's Degree:** The count of the total number of new participants that have attained education beyond a Bachelor's Degree.

### 3.4 – PROGRAM SERVICES

#### Section D. Program Services – Participant Services and Activities

- D.1 **Number Began Receiving Education/Job Training Activities:** The count of the total number of participants who entered an education or job training program during the relevant reporting quarter.
- D.2 **Total Number of Participants that Participated in On-the-Job Training Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided On-the-Job Training activities.  
***Important Note:*** *Incumbent workers are not eligible for On-the-Job training activities under this grant solicitation.*
- D.3a **Total Number of Participants that Participated in Classroom Occupational Training Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided classroom occupational training activities. Classroom occupational training is conducted in an institutional setting or worksite setting and is designed to provide or upgrade individuals with technical skills and information required to perform a specific job, and participants should be able to achieve employment for a specific occupation upon completion.
- D.3b. **Total Number of Participants that Participated in Contextualized Learning Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided contextualized learning activities\*.

*\*Contextualized (or Contextual) learning activities are defined as learning that builds meaningful relationships between abstract ideas and practical applications in the context of the real world, and occurs when students process information or knowledge in such a way that it makes sense to them in their frame of reference. Contextual learning is usually a reality-based, outside of the classroom experience, within a specific context and may include paid internships, paid work experience, among others.*

- D.3c **Total Number of Participants that participated in Distance Learning Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided distance learning activities. Distance learning activities are defined as a formal teaching and learning system that uses technology to connect learners with educational resources.
- D.3d **Total Number of Participants that participated in Customized Training Activities:** The count of the total number of participants that entered a training program during the relevant reporting quarter which provided customized training activities\*.

*\*Customized training is defined as training that is designed to meet the special requirements of an employer (or group of employers); is conducted with a commitment by the employer to employ, or in the case of incumbent workers, continue to employ, the individual on successful completion of the training; and, for which the employer pays for not less than 50% of the cost of the training.*



D.3di **Total Number of Participants that participated in Incumbent Worker Training Activities:** The count of the total number of participants that entered an incumbent worker training program during the relevant reporting quarter. An incumbent worker is an employed worker who needs training to secure full-time employment, advance in their careers, or retain their occupation. Incumbent worker training is provided to individuals whose skills have been outdated by the development of new technologies or processes, and skills training is provided to those individuals who require new skills set to obtain, retain, or advance in their careers.

*\*Important Note: Incumbent workers are not eligible for On-the-Job training activities under this grant solicitation.*

D.4 **Number of Participants Completing Education/Job Training Program Activities:** The count of the total number of participants that entered an education or job training program that completed all the training activities required of the program during the relevant reporting quarter. Completion is defined as having earned all of the credit hours (formal award units) needed for the award of a degree or certificate as applicable.

D.5 **Number of Participants Completing On-the-Job Training Program Activities:** The count of the total number of participants entered into an On-the-Job training program and completed all of the On-the-Job Training (OJT) activities required of the OJT program during the relevant reporting quarter. Completion for OJT is defined as a participant that completes training and is proficient in the occupation for which the training is being provided. OJT is defined at WIA section 101(31) as training by an employer that is provided to a paid participant while engaged in productive work in a job that 1) provides knowledge or skills essential to the full adequate performance of the job; 2) provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; and 3) is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate.

### 3.5 – PROGRAM OUTCOMES

#### Section E. Program Outcomes – Performance Indicators

E.1 **Number Completed Program Activities and Obtained a Credential:** The count of the total number of participants who were enrolled in an education or training activity who earned all of the credit hours (formal award units) needed for the award of a degree or certificate during the relevant period.

E.2 **Total Number of Credentials Received:** The count of the total number of credentials earned by all completers within the relevant period.

E.3 **Total Number Entered Unsubsidized Employment:** Of the total number of participants who were **not employed** at the time of participation, the total number of participants who entered unsubsidized employment in the first quarter after completing program activities.

E.3a. **Total Number Entered Unsubsidized Training-Related Employment:** Of the total number of participants who were **not employed** at the time of participation, the total number of participants who entered unsubsidized employment in the first quarter after completing the program and whose employment is related to the industry, occupation, or skills of the training program completed.

*This data element is a sub-field of E.3 Number Entered Unsubsidized Employment. Participants considered for this count must be recorded in the same reporting quarter as E.3 to be counted in this reporting item. Employment is considered training-related if the position is for the same occupation or within the same industry as the training provided or if the employer recognizes the credential received by the participant as a result of the grant.*

- E.3b **Total Number Retained Employment:** The total number of participants that were **unemployed at participation** that entered employment in the first quarter after program completion and remain employed for at least one day in both the second and third quarters after completing program activities.
- E.4a **Total Number of Employed Retained Current Position:** Of the total participants **employed** at the time of participation, the total number of program completers who retained their current position for at least one day in the second and/or third quarters after completing program activities.
- E.4b **Total Number of Employed that Advanced into New Position:** Of the total participants **employed** at the time of participation, the total number of program completers who entered a new position (requiring a higher level of skills) with their current or a new employer in the first, second, or third quarter after program completion.

### 3.6 – COMMON MEASURES

#### Section F. Common Performance Measures

*\*Common Measures will be calculated via wage records using the data entered into the performance reporting system. The collection of Social Security Numbers will allow wage records to be collected and sent to DOL. DOL will calculate and track the following measures on behalf of grantees. **These definitions and elements are included for your information only.***

- F.1 **Entered Employment Rate** – Of the total number of participants who were not employed at the time of participation, the total number of participants who are employed in the first quarter after the quarter of exit divided by the total number of participants who exit during that quarter.
- F.2 **Employment Retention:** Of the total number of participants who were employed during the first quarter after program exit, the total number of participants who were employed for at least one day in the second and third quarters after the quarter after the quarter of exit divided by the total number of exiters.
- F.3 **Average Earnings (gross)** – Of those participants who are employed in the first, second, and third quarters after exit, the total earnings in the second and third quarters after exit divided by the total number of exiters.

### 3.7 – REPORT CERTIFICATION

#### Section G. Report Certification/Additional Comments

- G.1 **Report Comments/Narrative** – Grantees should provide any additional information not captured as part of the report format in a separate document. See Section IV for further details. Grantees may submit up to two supporting documents in HUB as a supplement to the narrative report.
- G.2 **Name of Grantee Certifying Official/Title** – Enter the name and title of the grantee official that is certifying submission of the report to the Department. This contact is usually the Grant Signatory. This person must be available at the time of report submission and available to re-validate data that may be returned with errors. This available time-frame may include up-to 3 weeks after initial report submission.
- G.3 **Telephone Number** – Enter the *area code* (999) and *telephone number* (999-9999) of the authorized official.
- G.4 **Email Address** – Enter the email address of the authorized official.

### 3.8 - ADDITIONAL REPORTING DEFINITIONS/GLOSSARY

**PARTICIPANT:** A participant is any individual who is determined eligible to participate in the grant program and receives a service funded by the grant. Individuals who receive only a determination of eligibility to participate in the program but do not begin receiving services are NOT considered participants. Grant-funded services are allowable education and training activities applicable to the grantees Statement of Work (SOW) and the Solicitation of Grant Agreement (SGA)/Federal Funding Opportunity (FFO) applicable.

**NEW PARTICIPANTS:** The total number of unique participants who, following a determination of eligibility, began receiving their **first grant-funded service** during the applicable quarterly reporting period. Participants should only be included **once**, even if they enroll in multiple training programs.

#### Quarterly Performance Report (QPR) Form

- **CURRENT QUARTER:** Section B.3 New Participants Served (Line 3) Current Quarter (Column B), is a calculation of the total number of **new** participants that receive grant funded services during that **current quarter's** reporting period. **HINT:** New participants are only ever counted once in this column.
- **CUMMULATIVE GRANT-TO-DATE:** Is the cumulative number of **all new** participants served to date by the grant. A new participant is only ever new, once. **HINT:** A participant is only counted as **new** in the current and cumulative column for your first report and **new** in the previous and cumulative count in all reports subsequent thereafter. However, they are never counted more than once.

**PROGRAM COMPLETION:** A program completer is a participant who is enrolled in a grant-funded training **program** and has completed all training activities necessary towards successful completion and exit. A participant may still be receiving grant-funded services (per-program policy) and considered a program completer. Successful completion is determined by the grantee and could constitute as a certain grade or passing a pass/fail program. Some grantees education/training activities are comprised of a series of courses or activities and the intent of their education/training activities is for individuals to complete the entire series of courses or activities. In this case, "successful completion" should be defined as finishing the entire series of courses or activities.

**TRAINING COMPLETION:** A program may include several training components that include primary, secondary and tertiary training activities. Grantees may report up to nine types of training activities for three trainings (primary, secondary, tertiary) in HUB for each participant served. Training is considered completed once each training component is complete. For example, if the primary training is completed first, then this date and activity will be recorded and considered complete.

**PROGRAM EXIT:** Exit from the program occurs when a participant has not received any services funded by the program for **90 consecutive calendar days** and has no gap in service and is not scheduled for future services. The date of exit is applied retroactively to the last day on which the individual received a service funded by the program.

**HINT:** If a participant returns to your training program after they have exited the program, you would enroll this participant as a new participant.

**ADDITIONAL TRAINING AFTER EXIT:** Participants can be re-enrolled in the training program once they are considered a program exiter, **and** it is determined that the individual requires additional training in order to maintain their current position/job, or to advance to a new position or project; however they will be counted as a new participant. Provide any detailed notation of re-enrollment strategies in your narrative report.

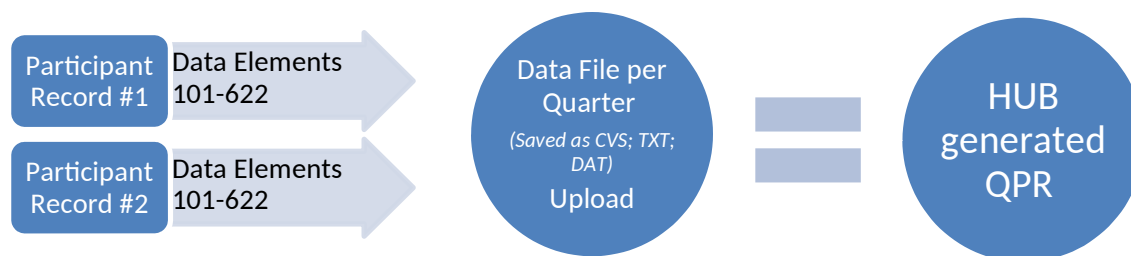
**GAP IN SERVICE:** A *Gap in Service* refers to reasons a participant may be enrolled in grant activities but delayed 90 days or more from participating. Reasons for inactivity 90 days or more would include one of the following scenarios:

1. Delay before beginning of training (*Acceptable reasons for the delay should be related to the grantee's training program, not for personal reasons of the participant.*)
2. Health/medical reason or Family care
3. Temporary move from the area

After 90 days of inactivity, a participant would be considered as exited from the program unless an allowable gap in service had been documented. In some cases, an individual may leave your program without completing the training courses. If an individual returns after exiting your program, this individual will be enrolled as a new participant.

**GAP IN SERVICE FOR INCUMBENT WORKERS:** Incumbent workers with a training and career plan that require a planned gap in service longer than a consecutive 90-day period between training activities and any other grant-funded services, AND are planning to enroll in future H-1B grant-funded training, **do not need** to be exited from grant-funded program activities. If the above applies, a gap in training may exceed 90 days and not result in program exit.

**PARTICIPANT RECORDS:** Each individual that is determined eligible for your program and participates in a grant-funded service will be tracked according to the data elements and edit checks provided. Based on information tracked in a participant's case file, each individual will have a single record detailing their demographics, training activities and program outcomes.



**DATA FILE:** A set of individual participant records with data elements that describe the activities of each participant that will be tracked and submitted in **one data file**, per reporting quarter, to ETA. **Data files** are files that store data pertaining to a specific application, for later use. Acceptable files are data files (.dat), comma-separated values (.csv), and text file or flat files (.txt). This file will look something similar to the sample diagram below. Grantees should upload one comprehensive data file of all participant records served to-date. This file can be updated each quarter and resubmitted to HUB for the appropriate reporting quarter.

**TIPS:**

- Your data file should include all new participants served in the current reporting quarter, including all participants served in the previous quarters of your grant program.
- Updates to a participant's record will be entered in the data file you upload in HUB. If you are using an Excel data spreadsheet, updates will be made to the data elements in the columns across your data spreadsheet. New participants served will be added as a new participant record, entered as a new row of your data spreadsheet.

- A blank code value entry is also called a “null value” to indicate that this data element should be left blank in your data file.
- Acceptable files are data files (.dat), comma-separated values (.csv), and text file or flat files (.txt). This file will look something similar to the sample diagram below. See sample Data File Upload for Two Participant Records:

### Sample Data File Upload for Two Participant Records

Data Element Number	101	102	103	104	105	106	107	108	109	110	111	112	113	114	200	201	202	203	204	205	301	302
Code Value for participant A	111111111	1	20090107	2	0	1	0	0	0	0	1		0	16	1	1	0	0	0		20111210	
Code Value for participant B	222222222	1	19820522	2	0	1	0	0	0	0	1		0	16	0	0	0	0	1	20100119	20120622	

**IMPORTANT NOTE:** *This sample file displays two participant records with only a few data elements recorded. Therefore, this file does not display all data elements that would be collected and recorded. For a full sample of what a typical file upload would look like, please refer to our Sample File Upload and tip sheets located on the H-1B Community of Practice (CoP) located here:*

<https://h1bskillstraining.workforcegps.org/>

### 3.9 - SAMPLE H-1B Quarterly Performance Report (QPR) Form

(To download the entire form, please see page 37 for details on how to access our ONLINE RESOURCES)

STANDARDIZED QUARTERLY PERFORMANCE PROGRESS REPORT Employment and Training Administration H-1B TECHNICAL SKILLS TRAINING GRANTS and H-1B JOBS AND INNOVATION ACCELERATOR CHALLENGE GRANTS Quarterly Report Form OMB No. 1205-0 NEW				
<b>A. GRANTEE IDENTIFYING INFORMATION</b>				
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)	
<b>B. GRANT SUMMARY INFORMATION</b>				
1. Total Exiters				
2. Total Participants Served				
3. New Participants Served				
<b>C. PARTICIPANT SUMMARY INFORMATION</b>				
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 Descriptions	3a. Eligible Veterans			
	3b. Individuals with a Disability			
	3c. Employed Individuals			
	3d. Incumbent Workers			
	3e. Unemployed Individuals			
	3f. Dislocated Workers			
Education Level	4a. High School Graduate or Equivalent			
	4b. 1 - 4 Years or More of College, or Full-time Technical or Vocational School			
	4c. Associates Diploma or Degree			
	4d. Bachelor's Degree or Equivalent			
	4e. Advanced Degree Beyond Bachelor's			
<b>D. PROGRAM SERVICES</b>				
Training Indicators	1. Number Began Receiving Education/Job Training Activities			
	2. Number Participated On-the-Job Training Activities			
	3a. Number Participated in Classroom Occupational Training Activities			
	3b. Number Participated in Contextualized Training Activities			
	3c. Number Participated in Distance Learning Activities			
	3d. Number Participated in Customized Training Activities			
	3d. Number Participated in Incumbent Worker Training Activities			
	4. Number Completed Education/Job Training Activities			
	5. Number Completed On-the-Job Training Activities			
<b>E. PROGRAM OUTCOMES - PERFORMANCE INDICATORS</b>				
1. Number Completed Program Activities and Obtained a Credential				

## SECTION IV – INSTRUCTIONS FOR QUARTERLY NARRATIVE REPORT SUBMISSIONS

### 4.1 - H-1B TST QNR SUBMISSION

**Identifying Grant Information** (*This information MUST be submitted with the QNR*)

**SGA Type:** *H-1B TST*

**Grantee Name:** *Official DOL Grant Name*

**Project Name:** *Official Project Name*

**Grant Number:** *Official DOL Grant Number*

**Report Quarter Ending:** *Example 3/31/2012*

**Date of Submission:** *Example 5/15/2012*

**Program Contact Information:** *Name, Title, Location, Email, Phone Number*

H-1B Technical Skills Training Grantees will enter their **H-1B TST Quarterly Narrative Report (QNR)** using the input fields under the Narrative tab in HUB. Grantees may upload up to two supplemental documents to support their QNR submission. The **H-1B TST Quarterly Narrative Report (QNR)** should include a discussion of the following items:

#### **Section A - Summary of Grant Activities**

This section serves as an executive summary for the quarterly grant activities. In one page or less, please provide a short summary of all training activities supported by the grant for the current quarter, highlighting key activities. This update may include additional information about training activities and outcomes to supplement the data submitted on the performance report.

#### **Section B - Status Update on Match and Leveraged Resources**

Report the cumulative amount of match and leveraged resources provided by the grantee and partners along with expenditures each quarter. Leveraged resources are those resources the grantee and its partners may be providing to support the implementation of H-1B Technical Skills Training grants. Match requirements are contingent upon the grantee's proposed activities and whether it is serving incumbent workers. Grantees that incorporate incumbent worker training activities must provide resources equivalent to 50 percent of the grant award amount as matching funds. Leveraged and or match resources may take the form of cash or in-kind donations. However, grantees that include incumbent worker training activities, 50 percent of the matching funds may be provided in cash or in-kind, however half of the total matching funds must be in cash. Please note the distinction between leveraged resources and required match resources: both must be reported on the Financial Status Report (ETA-9130) quarterly. Match does not include the use of federal funds while leveraged resources have a broader definition that may include federal funds. Leveraged and match resources should also be reported in greater detail in the narrative section.

Please use this section of the narrative to provide an update on the status of all leveraged and match resources. The update may include: (1) the organizations that contributed the resources; and (2) the ways in which the resources were used during the current quarter.

- ❖ Cumulative amount of leveraged resources
- ❖ Type of leveraged resources contributed to the project.

#### **Section C - Status Update on Strategic Partnership Activities**

Report the critical aspects of the grant partnership activities during the reporting period. The purpose of this section is to describe how the partnership is working together to implement the

project and to communicate the dynamic growth and development of the strategic partnership. This section is not intended to be a list of every partner meeting or communication. Completing this section of the report allows grantees to reflect critically on their partnerships and contributes to broader discussions among grantees on partnership development and management.

This section may: (1) Discuss how partners have been engaged during the current phase of the project; (2) Outline specific roles and contributions of each partner during this quarter; (3) Identify any challenges encountered/resolved in the development and management of the partnership; and (4) Report new partners that may have been brought into the project.

#### **Section D - Timeline for Grant Activities and Deliverables**

Provide a timeline of the progress of grant activities, key deliverables for this quarter and future quarters, and products available this quarter and in future quarters for broad dissemination to the workforce system. This includes identifying products and deliverables available for broad distribution via ETA-hosted web sites and other communication vehicles. Utilize the timeline in the grant's statement of work to identify all major program activities and training, for the entire life of the grant. The timeline will paint a picture of project flow that includes start and end dates, schedule of activities, and projected outcomes. To benefit from the timeline, it is important that it be updated each quarter noting the actual date of completion as each activity is accomplished. Items to incorporate in the timeline include: project goals, benchmarks, milestones, special events, important deadlines and deliverables.

#### **Section E - Status of Deliverables**

Use this section to collect additional information that details the status of capacity building activities and/or the development of deliverable occurring under the grant, highlights those that have been completed, and assesses how well the capacity building strategies of the program are meeting the training needs of the targeted industries through impact measures.

#### **Section F - Key Issues and Technical Assistance Needs**

Summarize any significant issues or problems encountered this quarter and resolution of previous issues and challenges identified in previous quarters. Describe any actions taken or plans for addressing issues, any questions you have for ETA, and any need for assistance from ETA, technical assistance providers, or others.

#### **Section G - Best Practices and Success Stories**

Please describe in detail promising approaches, innovative processes, lessons learned and grant-level and participant-level success stories in this section each quarter, as appropriate. This section is intended to provide additional, more in-depth information than the summary section about promising approaches, new processes, and/or lessons learned. Additionally, if appropriate, please highlight one or two "success stories" from the grant per quarter, with the participant's express permission.

#### **Section H - Additional Information (optional)**

Provide any other information considered to be important. Two additional documents that you consider strengthens the overall program progression for your grant will be permitted for upload.



## 4.2 H-1B JA QNR/IWP SUBMISSION

H-1B Jobs Accelerator Grantees will enter their **H-1B TST Quarterly Narrative Report (QNR)** by uploading their Integrated Work Plan (IWP) and entering technical assistance needs and best practices in the input fields in the Narrative tab of HUB. Grantees may upload up to two supplemental documents to support their QNR submission.

The **H-1B JA Quarterly Narrative Report (QNR)** or updated Integrated Work Plan (IWP) should include a discussion of the following items:

### Integrated Work Plan Definitions

- ❖ **Integrated Work Plan:** Demonstrates how the proposed project concept will produce substantial benefits and meet the objectives of the grantee statement of work (SOW).
- ❖ **Project Objective:** The proposed solution to an identified need in order to support and/or grow the cluster.
- ❖ **Funding Agency:** The funding agency for the above objective.
- ❖ **Resources/Inputs:** What will be invested in the project (funds, partners, equipment, etc.) to meet the objective? This should include funding sources included in the SOW, as well as leveraged funds if applicable.
- ❖ **Activity:** The specific proposed activities or programs the inputs will be used for.
- ❖ **Activity Output:** The immediate results of the investment in this activity, and what will be reported to show successful use of resources/funds.
- ❖ **Activity Output and Reporting Timeframe:** The period of time to produce the activity output. Since different funding sources have different performance periods, applicants should suggest reporting timeframes according to the requested funding source. Appropriate reporting timeframes are intervals of 12, 24, 36 and 48 months, but the applicant can also suggest other timeframes. For example, the EDA performance period is up to 24 months. The ETA performance period is up to 48 months. The SBA performance period is 12 months, and applicants can propose an additional 12 months.
- ❖ **Program Outcome:** The medium and long-term changes that lead to achievement of the objective as a result of the activities.
- ❖ **Progress Report:** Describe the synergistic effect the current quarter contributed to the long-term success of the project based on the proposed outcomes.
- ❖ **Barriers to Success:** Describe any barriers or challenges the project team incurs during the reporting period that impacts the overall success of the project. This would also be a great space to identify types of support that would help overcome the barriers or challenges described from Federal Support Teams.
- ❖ **Best and Promising Practices/Project Achievements:** Describe any best or promising practices the project identifies during the reporting period that could potentially be shared with other projects as a peer sharing product.
- ❖ **Additional Information:** This space can be utilized at the grantee's discretion to describe any other narrative-style details that would support how the program is achieving or progressing towards each activity.

## SECTION V – INSTRUCTIONS FOR ADDITIONAL RESOURCES

### 5.1 – TEMPLATES, TIP SHEETS, FACT SHEETS, TECHNICAL ASSISTANCE

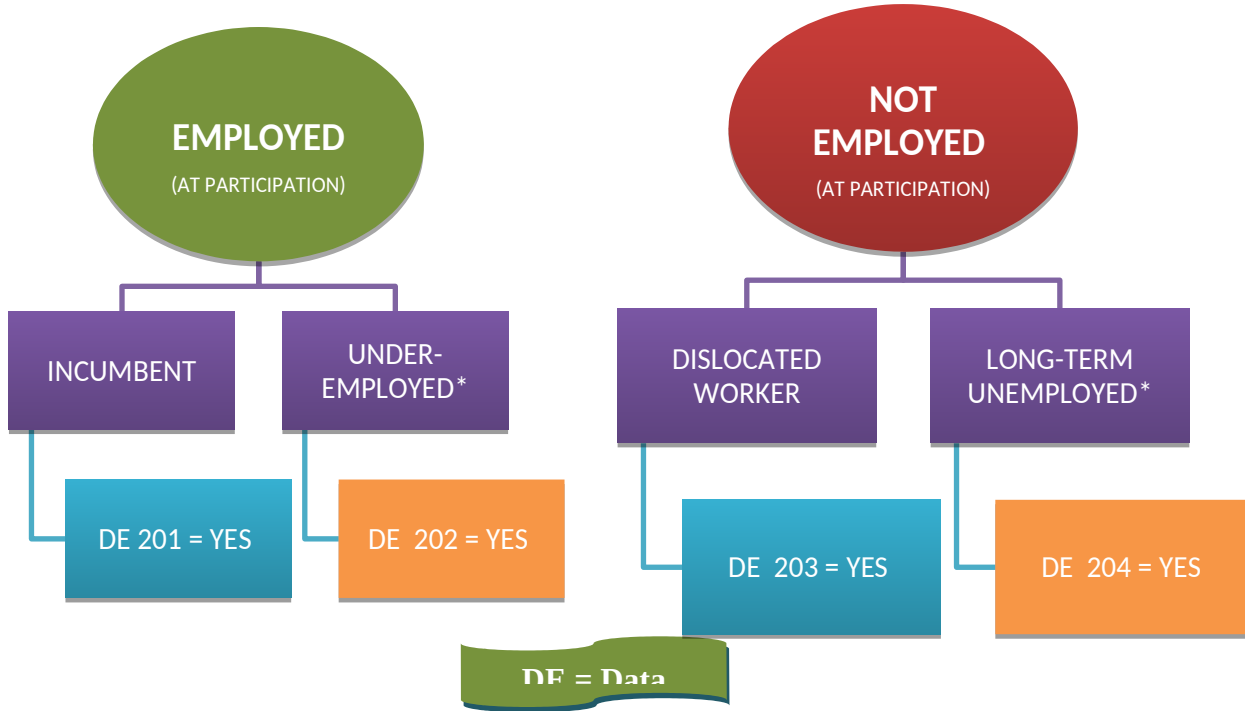
For access to [all](https://h1bskillstraining.workforcegps.org) of the most up-to-date guidance and resources regarding H-1B reporting, please visit our H-1B Online Resource (also known as our Community of Practice (CoP)) portal located here:

<https://h1bskillstraining.workforcegps.org>.

#### Current CoP Resource Index

- ❖ **Performance Reporting (Folder)**
  - *ETA H-1B Sample QPR Form*
  - *H-1B Data Elements and Edit Checks – Modified January 2013*
  
- ❖ **H-1B JA ONLY Reporting Documents(Folder)**
  - *H-1B JA Quarterly Narrative Report/IWP Template*
  
- ❖ **H-1B TST ONLY Reporting Documents(Folder)**
  - *H-1B TST Quarterly Narrative Report (QNR) Template*
  
- ❖ **Performance TA Materials(Folder)**
  - *TEGL No. 39-11 Guidance on the Handling and Protection of Personally Identifiable Information (PII)*
  - *TEGL No. 11-11 Selective Service Registration Requirements for ETA Funded Programs*
  - *TEGL No. 15-10 Increasing Credential, Degree and Certificate Attainment by Participants of the Public Workforce System*
  - *H-1B Long-Term Unemployed Eligibility*
  - *H-1B Tip-Sheet: Employment Status at Participation*
  - *H-1B FAQ: Performance Reporting FAQ November 2012*
  - *H-1B Tip Sheet – Performance Quick Guide*
  - *H-1B Tip Sheet – Data Files & Records*
  - *H-1B Sample – Data File Upload xls format*
  - *H-1B Sample – Data File Upload csv format*
  - *H-1B Sample – Participant Records xls format*
  
- ❖ **Performance Webcasts and Self-Paced Tutorials**
  - *H-1B Webinar: Performance Reporting*
  - *H-1B Performance Refresher – How to Avoid Common Reporting Errors*
  - *H-1B Reporting System Tutorial #1*
  - *H-1B Reporting System Tutorial #2*

**Attachment 1: Guidance on Reporting Employment Status at Participation**  
*Technical Assistance Tools for H-1B Technical Skills Training and Jobs Accelerator Grantees*



**IMPORTANT NOTE:** The definition of Long-Term Unemployed as provided in the H-1B SGA is broader than the traditional definition of Long-Term Unemployed described in DE 204 (without a job for 27 weeks or more). The SGA allows any individual to be considered Long-Term Unemployed, if they fit this traditional definition, but also if they are employed, but underemployed as tracked in DE 202.

\*Underemployed participants will count towards the Long-Term Unemployed goals

**REPORTING DEFINITIONS**

**DE 200: Employment Status at Participation**

A participant is considered Employed, at time of enrollment, if the individual meets any of the following conditions:

- A. Did any work at all as a paid employee,
- B. Did any work at all in his or her own business, profession, or farm,
- C. Worked as unpaid worker in an enterprise operated by a member of the family, or
- D. Is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job, or
- E. Is an incumbent worker who needs training to secure full-time employment, advance in their careers, or retain their occupation

If any of the conditions above are met, the answer is YES, the individual is considered employed at enrollment.

**Note:** Even if the participant is considered Employed, as defined above, the individual can still be documented as incumbent and/or underemployed. This determination is recorded once, at time of enrollment. A participant's placement outcomes will be determined based on the information provided and tracked accordingly. Therefore, if a participant is an incumbent worker, they will be recorded as employed and either retained their current position OR advanced in a new position after program completion.

**DE 201: Incumbent Worker**

A participant is considered an Incumbent Worker, at the time of enrollment, if the individual meets the following conditions:

If the participant is an employed worker who needs industry-related training to:

- A. Secure full-time employment,
- B. Retain their current position in the same field, or
- C. Advance in their career or along their current career pathway.

**DE 202: Underemployed Worker**

A participant is considered underemployed, at the time of enrollment, if the individual meets the following conditions:

If the participant is a person who, though employed;

- A. Has not yet connected with a job that provides responsibility and pay commensurate with their previous experience and educational qualifications, or
- B. Is working part-time as they are seeking full-time employment.

**DE 203: Dislocated Worker**

A participant is considered a Dislocated Worker, at the time of enrollment, if the individual meets the following conditions:


- A. If the participant received services financially assisted under WIA section 133(b)(2)  
(A)

**DE 204: Long-Term Unemployed**

A participant is considered Long-term Unemployed, at the time of enrollment, if the individual meets the following conditions:

- A. If the individual is without a job for 27 weeks or more and wants and is available to work;
- B. If the individual is without a job and meets the other conditions established in the SGA for unemployed, long-term unemployed individuals: • Lost their job during the recent recession (commencing January 1, 2008 forward), and have exhausted unemployment benefits

## Attachment 2: Guidance on Reporting Employment Outcomes for Unemployed and Incumbent Workers



# Employment Outcomes

<p style="color: teal; font-weight: bold;">Employment outcomes for <b>UNEEMPLOYED</b> participants ONLY</p>				
<p style="color: teal; font-weight: bold;"><b>REMINDER:</b> Employment Outcomes are ONLY recorded once a participant has completed program training</p>	<p style="color: teal; font-weight: bold;">3. Number Entered Unsubsidized Employment</p>			
<p style="color: teal; font-weight: bold;">Employment outcomes for <b>INCUMBENT WORKER</b> participants ONLY</p>	<p style="color: teal; font-weight: bold;">3a. Number Entered Unsubsidized Training-Related Employment</p>			
	<p style="color: teal; font-weight: bold;">3b. Number Retained Employment</p>			
	<p style="color: purple; font-weight: bold;">4a. Total Number of Employed Retained Current Position</p>			
	<p style="color: purple; font-weight: bold;">4b. Total Number of Employed that Advanced into New Position</p>			

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