

**STANDARDIZED QUARTERLY PERFORMANCE PROGRESS REPORT**  
 Employment and Training Administration  
 H-1B READY TO WORK GRANTS  
 Quarterly Report Form  
 ETA Form No. 9166  
 Expiration 06/30/2019

**A. GRANTEE IDENTIFYING INFORMATION**

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

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

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

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

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

5. Report Quarter End Date: *mm/dd/yyyy*

6. Report Due Date: *mm/dd/yyyy*

| Performance Items | Previous Quarter (A) | Current Quarter (B) | Cumulative Grant-to-Date (C) |
|-------------------|----------------------|---------------------|------------------------------|
|-------------------|----------------------|---------------------|------------------------------|

**B. GRANT SUMMARY INFORMATION**

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

**C. PARTICIPANT SUMMARY AND SERVICE INFORMATION**

|                    |   |  |  |  |
|--------------------|---|--|--|--|
| Gender             | 1a. Male  |  |  |  |
|                    | 1b. Female  |  |  |  |
| Ethnicity          | 2a. Hispanic/Latino   |  |  |  |
|                    | 2b. American Indian or Alaskan Native   |  |  |  |
| Race               | 2c. Asian   |  |  |  |
|                    | 2d. Black or African American   |  |  |  |
|                    | 2e. Native Hawaiian or Other Pacific Islander                                   |  |  |  |
|                    | 2f. White   |  |  |  |
|                    | 2g. More Than One Race  |  |  |  |
| Other Demographics | 3a. Eligible Veterans   |  |  |  |
|                    | 3b. Individuals with a Disability   |  |  |  |
|                    | 3d. Incumbent Workers   |  |  |  |
|                    | 3e. Unemployed Individuals  |  |  |  |
| Education Level    | 3g. Long-term Unemployed  |  |  |  |
|                    | 4a. High School Graduate or Equivalent  |  |  |  |
|                    | 4b. 1 - 4 Years or More of College, or Full-time Technical or Vocational School |  |  |  |
|                    | 4b.i Postsecondary Education Certificate or Diploma (non-degree)                |  |  |  |
|                    | 4c. Associates Diploma or Degree  |  |  |  |
| Services           | 4d. Bachelor's Degree or Equivalent   |  |  |  |
|                    | 4e. Advanced Degree Beyond Bachelor's   |  |  |  |
|                    | 5a. Received Case Management Services   |  |  |  |
| ors                | 5b. Received Assessment Services  |  |  |  |
|                    | 5c. Received Supportive Services  |  |  |  |
|                    | 5d. Received Specialized Participant Services                                   |  |  |  |
|                    | 5e. Participated in Work Experience   |  |  |  |

**D. TRAINING PROGRAM SERVICES**

|     |  |  |  |  |
|-----|--|--|--|--|
| ors | 1. Number Began Receiving Education/Job Training Activities      |  |  |  |
|     | 2. Number Entered On-the-Job Training Activities                 |  |  |  |
|     | 3a. Number Entered in Classroom Occupational Training Activities |  |  |  |
|     | 3b. Number Entered in Contextualized Training Activities         |  |  |  |

|  |  |  |                      |  |
|--|--|--|----------------------|--|
| Training Indicators  | 3c. Number Entered in Distance Learning Activities                               |  |                      |  |
|  | 3d. Number Entered in Customized Training Activities                             |  |                      |  |
|  | 3di. Number Entered in Incumbent Worker Training Activities                      |  |                      |  |
|  | 3e. Number Participated in Registered Apprenticeship                             |  |                      |  |
|  | 4. Number Completed Education/Job Training Activities                            |  |                      |  |
|  | 5. Number Completed On-the-Job Training Activities                               |  |                      |  |
| <b>E. TRAINING PROGRAM OUTCOMES - PERFORMANCE INDICATORS</b>   |  |  |                      |  |
| Training Program Outcomes  | 1. Number Completed Training Program Activities and Obtained a Credential        |  |                      |  |
|  | 2. Total Number of Credentials Received  |  |                      |  |
| ITW/Unemployed Employment Outcomes   | 3. Number Entered Unsubsidized Employment  |  |                      |  |
|  | 3a. Number Completed Training & Entered Unsubsidized Training-Related Employment |  |                      |  |
| Incumbent Worker Employment Outcomes   | 4a. Total Number of Incumbent Workers Retained Current Position                  |  |                      |  |
|  | 4b. Total Number of Incumbent Workers that Advanced into New Position            |  |                      |  |
| <b>F. COMMON PERFORMANCE MEASURES</b>  |  |  |                      |  |
|  | 1. Entered Employment Rate   |  |                      |  |
|  | 2. Employment Retention  |  |                      |  |
|  | 3. Average Earnings  |  |                      |  |
| <b>G. REPORT CERTIFICATION/ADDITIONAL COMMENTS</b>   |  |  |                      |  |
| <b>1. Report Comments/Narrative:</b><br>Attach a separate document that provides a discussion of the grant narrative items outlined in the reporting instructions found in the accompanying DOL H-1B Quarterly Performance Handbook.   |  |  |                      |  |
| 2. Name of Grantee Certifying Official/Title:  |  |  | 3. Telephone Number: |  |
| 4. Email Address:  |  |  |                      |  |
| Persons are not required to respond unless this form displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits (Workforce Investment Act [Section 185(a)(2)]). Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, averages 2.66 hours per record, including time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, ETA, Room C-4518, 200 Constitution Avenue, NW, Washington, DC 20210-0001 |  |  |                      |  |
| <b>DOL, ETA Internal Use Only</b>  |  |  |                      |  |
| Additional Comments:   |  |  |                      |  |
| Regional Federal Project Officer:  |  |  |                      |  |
| National Program Office:   |  |  |                      |  |

