

ETA Form 9084 - Comprehensive Services Quarterly Performance Report

OMB No: 1205-0422
Expires: 01/31/2021

| A. GRANTEE IDENTIFYING INFORMATION | | | |
|---|---|-----------------------------|-----------------------------|
| 1. Grantee Name: | | 2. Grant Number: | |
| 3. Program/Project Name: | | | |
| 4. Grantee Address: | | 5. Report Quarter End Date: | |
| City: | State: | ZIP Code: | 6. Report Due Date: |
| Performance Items | Previous Quarter (A) | Current Quarter (B) | Cumulative 4-Qtr Period (C) |
| B. CUSTOMER SUMMARY INFORMATION | | | |
| 1. Total Exiters | | | |
| 2. Core Services: Self-Services <u>only</u> | | | |
| 3. Total Participants Served | | | |
| 4. New Participants Served | | | |
| Gender | 4a. Male | | |
| | 4b. Female | | |
| School Status | 4c. In-School, H.S. or less | | |
| | 4d. In-School, Post H.S. | | |
| | 4e. Not Attending School; H.S. Graduate | | |
| | 4f. Not Attending School; H.S. Dropout | | |
| Other Demographic | 4g. Offender/Criminal Justice Barrier | | |
| | 4h. Individuals with a Disability | | |
| | 4i. Public Assistance Recipient | | |
| | 4j. Basic Skills Deficiency | | |
| | 4k. Limited English Proficient | | |
| | 4l. Eligible Veterans | | |
| | 4m. Eligible Veteran's Spouse | | |
| | 4n. Homeless | | |
| | 4o. Long-term Unemployed | | |
| | 4p. Multiple Barriers | | |
| C. CUSTOMER SERVICES AND ACTIVITIES | | | |
| 1. Core Services | | | |
| 2. Intensive Services | | | |
| 2a. Work Experience | | | |
| 3. Training Services | | | |
| 3a. CRT: Basic Skills or Literacy Activities | | | |
| 3b. CRT: Occupational Skills Training | | | |
| 3c. On-the-Job Training | | | |
| 3d. Entrepreneurial and Small Business Training | | | |
| 3e. Other Training Services | | | |

D. PERFORMANCE RESULTS

| Outcome (Cumulative 4-Quarter Results Tabulated for Exit Cohort Shown) | Value | numerator | Value | numerator | Value | numerator |
|---|-------|-------------|-------|-------------|-------|-------------|
| | | denominator | | denominator | | denominator |
| 1. Entered Employment Rate (xx/xx/xx to xx/xx/xx) | | | | | | |
| | | | | | | |
| 2. Retention Rate (xx/xx/xx to xx/xx/xx) | | | | | | |
| | | | | | | |
| 3. Average Earnings (xx/xx/xx to xx/xx/xx) | | | | | | |
| | | | | | | |
| 4. Education (Credential) Measure (xx/xx/xx to xx/xx/x) | | | | | | |
| | | | | | | |

E. REPORT CERTIFICATION/ADDITIONAL COMMENTS

1. Report Comments/Narrative:

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0422. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number and expiration date. Public reporting burden for this collection of information, which is required for obtaining or retaining benefits (PL 105-220, Sec. 166), is estimated to average 2 hours per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. The reason for the collection of information is general program oversight, evaluation and performance assessment. Send comments regarding this burden to the U.S. Department of Labor, Employment and Training Administration, Indian and Native Americans Program, 200 Constitution Avenue, NW, Room N4209, Washington, D.C. 20210.

| | | |
|---|-----------------------------|--------------------------|
| 2. Name of Grantee Certifying Official/Title | 3. Telephone Number: | 4. Email Address: |
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