

## NATIVE EMPLOYMENT WORKS (NEW) PROGRAM REPORT

Grantee: \_\_\_\_\_

Period covered by this report:

July 1, \_\_\_\_\_ - June 30, \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of report: \_\_\_\_\_

Name, title, telephone number, and e-mail address of contact person(s) for this report:

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

Signature, name, and title of authorized grantee official/representative approving this report:

Signature: \_\_\_\_\_

Name and title: \_\_\_\_\_

*Submit one Native Employment Works (NEW) program report for each July 1 – June 30 program year/report period. In each program report, cover NEW activities, services, and achievements during/for the period covered by the report, including activities, services, and achievements paid for/supported with NEW funds awarded for this program year and activities, services, and achievements paid for/supported with any NEW funds carried forward from a previous program year.*

### PART 1 – NARRATIVE REPORT

*Please provide clear, concise responses, using as many pages as needed.*

- List the grantee's standards/measures/planned outcomes (performance standards)** for determining the extent to which the NEW program's goals have been achieved, as established for this report period in the grantee's NEW program plan. **Summarize achievements for each standard/measure and compare actual accomplishments during this report period to the planned outcomes.**
- Summarize other noteworthy activities and achievements** of the grantee's NEW program during this report period, including program successes, best practices, and special or unique features. As PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering details on Native Employment Works (NEW) program operation. Public reporting burden for this collection of information is estimated to average 15 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information per 42 U.S.C. 612 (a)(2)(Section 412 of the Social Security Act as amended by Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0174 and the expiration date is xx/xx/2025. If you have any comments on this collection of information, please contact [praquestions.tribaltanf@acf.hhs.gov](mailto:praquestions.tribaltanf@acf.hhs.gov).

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appropriate, include achievements in work activities (educational activities, training and job readiness activities, employment and work experience activities), supportive and job retention services, and any job creation and related economic development activities.

3. **Summarize significant barriers** to NEW program implementation and coordination – problems, adverse conditions, and delays that impaired the grantee’s ability to meet the program’s goals/planned outcomes during this report period. Include barriers faced by the grantee and barriers faced by clients (participants). **Include the reasons for slippage** if the program’s planned outcomes were not achieved. **Summarize actions taken to address these problems and barriers**, and the level of **success in resolving them**.

Please provide any additional information you wish concerning the NEW program and its effectiveness in preparing clients for work and placing them in unsubsidized employment during this report period.

# NATIVE EMPLOYMENT WORKS (NEW) PROGRAM REPORT

Grantee: \_\_\_\_\_

Period covered by this report:  
July 1, \_\_\_\_\_ - June 30, \_\_\_\_\_

## PART 2 – STATISTICAL REPORT

*Enter the appropriate number of NEW program clients (participants) for each category/characteristic. Count each client served during this report period under each applicable category/characteristic. Cover all NEW clients served at any time during this report period under the NEW program.*

### Number of NEW Clients Served

	<i>Number</i>
A. Total number of active NEW clients served under the NEW program during this report period ( <i>Items B + C + D + E = item A.</i> )	_____

### Number of NEW Clients with Selected Characteristics at NEW Enrollment

<i>Characteristic</i>	<i>Number</i>	<i>Characteristic</i>	<i>Number</i>
B. Adult males*	_____	F. TANF recipients	_____
C. Adult females*	_____	G. BIA General Assistance recipients	_____
D. Youth (under 21) males*	_____	H. High school graduates, GED, or higher/college/post-secondary education	_____
E. Youth (under 21) females*	_____		

\* Items B, C, D, and E – Adult males, adult females, youth (under 21) males, and youth (under 21) females: Enter the appropriate numbers. For this report, adults are persons age 21 and over, and “youth” are persons under age 21. Do not count a client as both. Be sure that the total of items B plus C plus D plus E (the numbers of adult males + adult females + youth males + youth females) equals (is the same as) the total number of active NEW clients served during this report period (item A).

### Number of NEW Clients Participating in NEW Activities and Receiving NEW Services

*Count each client who participated in a training/education/employment/work activity and/or received a supportive or job retention service as part of the NEW program, at any time during this report period. Item R: count each client family that received child care services as part of the NEW program, at any time during this report period.*

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*Training/Education*

/Employment/Work Activity Number

Supportive/Job Retention Service

Number

I. Classroom training  
and/or education \_\_\_\_\_

N. Transportation assistance \_\_\_\_\_

J. On-the-job training (OJT) \_\_\_\_\_

O. Clothing/uniforms/shoes and tools/gear  
needed for training or employment \_\_\_\_\_

K. Work experience/exposure \_\_\_\_\_

P. Medical/optical/dental services \_\_\_\_\_

L. Job search/job placement \_\_\_\_\_

Q. Counseling \_\_\_\_\_

M. Other training/education/  
employment/work activities

R. Child care services \_\_\_\_\_

*(List these activities below.)* \_\_\_\_\_

S. Other supportive and job retention

*services (List these services below.)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of NEW Clients with Selected Outcomes**

*Items T and U: count each client who achieved this outcome at any time during this report period, while in the NEW program. Items V and W: count each client who achieved this outcome at any time during this report period, while in the NEW program or within 90 days after leaving the NEW program.*

*Number*

T. Total unduplicated number of clients who successfully completed 1 or more NEW training/  
education/employment/work activities (activities covered under items I, J, K, L, and M) \_\_\_\_\_

U. Total number of clients who earned high school diploma or GED \_\_\_\_\_

V. Total number of clients who entered unsubsidized employment, by any means \_\_\_\_\_

W. TANF recipient clients who entered unsubsidized employment (*a subset of item V*) \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE NATIVE EMPLOYMENT WORKS (NEW) PROGRAM REPORT**

### **IDENTIFICATION SECTION**

In the appropriate spaces:

- Provide the name and mailing address of the grantee.
- Indicate the time period covered by this report – the beginning and ending dates of the NEW program year covered by this report. NEW program years start on July 1 and end on June 30 of the following calendar year.
- Indicate the date (month, day, and year) this completed report is approved by the grantee, as accurate and ready for submission to the U.S. Department of Health and Human Services.
- Provide the name(s), title(s), telephone number(s), and e-mail address(es) of contact person(s) for this report.
- Provide the signature, name, and title of the authorized grantee official/representative approving this report.

### **PART 1 – NARRATIVE REPORT**

In the NEW narrative report, grantees provide narrative information on the accomplishments of, and problems faced by, their NEW programs during the report period. Provide the information described on the form. Indicate the area (1 – achievements for performance standards/measures; 2 – other activities and achievements; 3 – barriers) to which each response applies.

### **PART 2 – STATISTICAL REPORT**

Enter the appropriate number of NEW program clients (participants) for each item/characteristic. Count each NEW client served during this report period under each applicable item/characteristic. Include all NEW clients served at any time during this report period under the NEW program.

For this report, a “client” is a person enrolled in the NEW program who participated in one or more activities and/or received one or more services under the NEW program during this report period. For this report, “client” and “participant” have the same meaning.

#### **Number of NEW Clients Served**

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- Item A – Total number of active NEW clients served during this report period: Enter the total number of active NEW program clients for this report period – the total number of clients served by the NEW program who participated in one or more NEW activities and/or received one or more NEW services under items I through S during this report period. Include clients who participated in the NEW program at any time during this report period; include clients who left (were terminated from) the program during this report period and clients who were current (active) NEW clients as of the last day of this report period.

### **Number of NEW Clients with Selected Characteristics at NEW Enrollment**

This section documents selected characteristics of clients who participated in the NEW program during this report period. For each characteristic, enter the number of NEW clients who had that characteristic at the time they enrolled in the NEW program.

- Items B, C, D, and E – Adult males, adult females, youth (under 21) males, and youth (under 21) females: Enter the appropriate numbers. For this report, adults are persons age 21 and over, and “youth” are persons under age 21. Be sure that the total of items B plus C plus D plus E (the numbers of adult males + adult females + youth males + youth females) equals (is the same as) the total number of active NEW clients served during this report period (item A).
- Item F – TANF recipients: Enter the number of NEW program clients who were receiving Temporary Assistance for Needy Families (TANF) from a state or tribal TANF program, as of NEW program enrollment.
- Item G – BIA General Assistance recipients: Enter the number of NEW program clients who were receiving Bureau of Indian Affairs General Assistance, as of NEW program enrollment.
- Item H – High school graduates, GED, or higher/college/post-secondary education: Enter the number of NEW program clients who were high school graduates, had received a GED, and/or had received higher (college or postsecondary) education as of NEW program enrollment. Include persons with a high school diploma or GED and no further education. Also include persons with a high school diploma or GED and higher education, including college and/or graduate school.

### **Number of NEW Clients Participating in NEW Activities and Receiving NEW Services**

This section documents the number of clients who participated in NEW program training/education/employment/work activities and received NEW program supportive and job retention services during this report period. Count each client who participated in an activity and/or received a service as part of the NEW program, at any time during this report period. The numbers entered are cumulative for the entire report period. In the case of child care services, count each client family with one or more children who received child care services provided by the NEW program during this report period.

Do not count referrals to another program, or instances where another program or another funding source provided the activity or service.

Provide an unduplicated count under each item/activity/service; count each client (or client family) once under each applicable item/activity/service. For example, if a client participated in two classroom training or education activities during the report period, count the client once under item I, “Classroom training and/or education.”

- Item I – Classroom training and/or education: Enter the number of clients who participated in any education program/activity or vocational training conducted in a classroom setting that was provided or supported under the NEW program. Include clients who participated in adult basic education, GED preparation, postsecondary



education, vocational education and training in job-specific skills, job readiness training, work orientation, etc., that was conducted in a classroom setting and provided or paid for (entirely or partly) by the NEW program. For example, include clients who participated in job readiness training provided in a classroom setting by the NEW program, and include clients whose tuition for classroom vocational training or education was paid by the NEW program.

- Item J – On-the-job training (OJT): Enter the number of clients who participated in on-the-job training conducted at a work site where the employer was subsidized for this training by the NEW program.
- Item K – Work experience/exposure: Enter the number of clients who participated in work experience and/or work exposure, including community work experience, as part of the NEW program.
- Item L – Job search/job placement: Enter the number of clients who participated in job search (individual or group) and/or received job placement services as part of the NEW program.
- Item M – Other training/education/employment/work activities: Enter the number of clients who participated in any training/education/employment/work activity or activities under the NEW program that are not covered under another category in this statistical report. List these other training/education/employment/work activities (if any) in the space provided under item M on the form.
- Item N – Transportation assistance: Enter the number of clients who received assistance with transportation under the NEW program. Include transportation support in any form provided by the NEW program. Include payments, subsidies, vouchers/passes, and reimbursement for transportation costs (for example, payments for car repairs and gasoline costs, gasoline vouchers, and bus passes), van and other transportation services, carpool arrangements, drivers' license fees, etc.
- Item O – Clothing/uniforms/shoes and tools/gear needed for training or employment: Enter the number of clients who received clothing (clothes, uniforms, shoes, and boots for job training, job interviews, and/or work) and/or tools/gear (for example, carpenters' tools and fishing gear) needed for training or employment that were provided under the NEW program.
- Item P – Medical/optical/dental services: Enter the number of clients who received medical, optical, and/or dental services or assistance under the NEW program. This includes medical examinations required as a condition for training or employment, optical/vision exams, eyeglasses to correct vision, hearing aids, special equipment for the disabled, substance abuse treatment, etc.
- Item Q – Counseling: Enter the number of clients who received counseling as part of the NEW program, such as counseling to address barriers to employment.
- Item R – (Client families receiving) child care services: Enter the number of families who received child care services provided or supported by the NEW program. Count each family unit receiving child care services only once, regardless of the number of children from that family who received child care under the NEW program. Do not count families referred to another program for that other program to provide child care services.
- Item S – Other supportive and job retention services: Enter the number of clients who received any other supportive and/or job retention service or services under the NEW program that are not covered under items N, O, P, Q, or R in this statistical report. Include clients for whom the NEW program provided/paid for books/educational materials needed for education or training. List these other supportive and job retention services (if any) in the space provided under item S on the form.

### **Number of NEW Clients with Selected Outcomes**

This section documents the number of clients who achieved various outcomes while in the NEW program during this report period. Count each client who achieved an outcome at any time during this report period; the numbers entered are cumulative for the entire report period.

Provide an unduplicated count under each item/outcome; count each client once under each applicable item/outcome. For example, if a client successfully completed both NEW classroom training and NEW work experience during this report period, count the client once under item T, "Total number of clients who successfully completed 1 or more NEW training/education/employment/work activities."

- Item T – Total unduplicated number of clients who successfully completed 1 or more NEW training/education/employment/work activities (activities covered under items I, J, K, L, and M): Enter the unduplicated number of NEW clients who successfully completed one or more NEW training/education/employment/work activities (the activities covered under items I, J, K, L, and M) during this report period.
- Item U – Total number of clients who earned high school diploma or GED: Enter the number of NEW clients who earned a high school diploma or received a GED during this report period, while in the NEW program.
- Item V – Total number of clients who entered unsubsidized employment, by any means: Enter the number of NEW clients who entered unsubsidized employment during this report period, while in the NEW program or within approximately 90 days after leaving the NEW program. “Unsubsidized employment” means a job placement in a position not supported with funds from the NEW program and not part of a supported work assignment. “Unsubsidized employment” can include self-employment. Include clients who entered unsubsidized employment found through the NEW program, and clients who entered unsubsidized employment found through other means, for example, independently by clients.
- Item W – TANF recipient clients who entered unsubsidized employment: Enter the number of NEW clients who were receiving Temporary Assistance for Needy Families from a state or tribal TANF program as of NEW program enrollment, and who entered unsubsidized employment during this report period, while in the NEW program or within approximately 90 days after leaving the NEW program. These clients also will be included under item V; item W is a subset of item V.