



**United States  
ENVIRONMENTAL PROTECTION AGENCY  
Washington, DC 20460**

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OMB Control No.: 2050-0192  
Exp. Date: XX-XX-XXXX

**JOB TRAINING REPORTING FORM**

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**PART I - COOPERATIVE AGREEMENT RECIPIENT INFORMATION**

1. Cooperative Agreement Recipient Name: \_\_\_\_\_ 2. Cooperative Agreement Number: \_\_\_\_\_

**PART II - PERFORMANCE MEASURES INFORMATION**

	THIS FEDERAL FISCAL QUARTER	CUMULATIVE
<b>3a.</b> Number of Training Cohorts Completed		
<b>3b.</b> Cohort Start Dates		
<b>3c.</b> Cohort End Dates		
<b>4.</b> Number of Participants Entering Training		
<b>5.</b> Number of Veterans Entering Training		
<b>6.</b> Number of Participants Completing Training		
<b>7a.</b> Number of Participants Obtaining Employment		
<b>7b.</b> Number of Individuals that did not Obtain Employment but are Pursuing Education (e.g., GED, college courses, etc.)		
<b>7c.</b> Number of Participants entering Registered Apprenticeships, Labor Management Partnerships, or other Workforce Training Programs, including Pre-Apprenticeships (tied to Registered Apprenticeships) and Local Hire Agreements		
<b>8.</b> Average Hourly Wage of Participants Obtaining Employment		
<b>9.</b> Funds Leveraged (total)		
<b>9-1.</b> Funding Source Name: _____ <b>9-2.</b> Activity Funded: _____ <b>9-3.</b> Funds Leveraged: _____		
<b>9-1.</b> Funding Source Name: _____ <b>9-2.</b> Activity Funded: _____ <b>9-3.</b> Funds Leveraged: _____		

**10. Success Story:**

**11. Supplemental Performance Measures Information (optional):**