

# Employer Engagement Program Performance Data Indicator Form

**Name of Grantee:**

**Grant No:**

**Reporting Period:**

No. of participants newly enrolled in the program

No. of participants newly enrolled by gender

M:

F:

X:

No. of new employer partnerships

English language training hours provided

Job skill development training hours provided

No. of participants demonstrating improvement in English language skills

No. of participants demonstrating improvement in job skills

No. of participants who obtained a new credential

No. of participants who attained a promotion and/or additional job responsibilities accompanied by an increase in wages

No. of participants who attained a promotion and/or additional job responsibilities accompanied by an increase in wages by gender

M:

F:

X:

STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on your grant program to understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average 5 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to obtain a benefit (HHS-2022-ACF-ORR-ZN-0072). 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. If you have any comments on this collection of information, please contact Ryan Foster, Office of Refugee Resettlement, by email at [ryan.foster@acf.hhs.gov](mailto:ryan.foster@acf.hhs.gov).