

OMB CONTROL NUMBER = 2090-NEW, Expires 03/31/2016

OMB Burden Statement: This collection of information is approved by OMB under control number 2090-NEW. Responses to this collection of information are mandatory unless it displays a currently valid OMB exemption. For this collection of information (Part 1 and Part 2) is estimated to be 10 hours per response. Review the provided burden estimates and any suggested methods for minimizing the burden. Send comments on this burden estimate and any suggested methods for minimizing the burden, including any additional information for the Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW, Washington, DC 20460. Do not send the completed form to this address.

Training Outcomes - Part 1

Applies when EPA funds are supporting discrete workforce training activities.

Instructions:

For **Part 1 (Training Outcomes)** enter the appropriate response for each question. For **Part 2 (Demographics)** enter the appropriate response for **either the time of**

Definitions:

- **Incumbent Worker Training (IWT):** IWT is a work-based training program that is designed to help workers maintain, retain or advance in their employment or to avert layoffs.
- **Who is an "incumbent worker?"** According to the Workforce Innovation and Opportunity Act (WIOA), an incumbent worker must be employed, meet the Fair Labor Standards Act requirements for an employer for 6 months or more, with the following exception: In the case of a cohort of workers, every employee in the cohort must have an established employment history requirement. An incumbent worker being trained do meet the employment history requirement. An incumbent worker includes services for adults and dislocated workers under WIOA, unless they are

Column C: Enter the appropriate response for each question in each row for the

Training Metrics

1. Is the training open to incumbent workers and/or considered an Incumber Worker Training.

**2. Number of participants enrolled in the training program.
Response should be a NUMBER**

**3a. Number of participants that completed the training program.
Response should be a NUMBER**

**3b. [IF YOUR ANSWER TO Q1 was YES (if NO, answer N/A) -
Number of *incumbent workers* in the industry who completed
the training program?**

**4. What credential(s) do participants in your training program
earn?**

**5a. Number of individuals that were placed in a new paid
position related to the training program (including Registered
Apprenticeships) within 30 days of training being completed.**

**5b. Number of individuals that were placed in a new paid
position related to the training program (including Registered
Apprenticeships) within 90 days of training being completed?
(this value should include individuals counted in Question 5a).**

**6. Does your program target underserved or underrepresented
population for training? If yes, provide an explanation of what
target populations are served.**

If Answer to Q5 was "YES" please explain the methodology your program is using (self-reported outcomes, reporting via a partnership with employers, etc) and the timeline over which your program is tracking outcomes (ex. Tracking outcomes within 1 year of program completion). (100 words or less)

If Answer to Q5 was "NO" please explain why not. (100 words or less)

7. [IF YOUR ANSWER TO Q1 was YES (if NO, skip) - Number of incumbent workers who participated in the program who received a raise or promotion within 90 days of training being completed? (this value should include individuals counted in 5b)

8. Does the program use federal tools such as CEJST or EJSCREEN to identify disadvantaged, underserved or overburdened populations for training?

If answer to Q8 was "Yes," provide an explanation of what target populations are served?

9. Does the program provide supportive services to trainees (e.g., childcare, transportation, mentoring, counseling, tools and work clothes, stipends, etc.)

If answer to Q9 was "Yes," identify which services are supported by the grant, and how much money (to the nearest whole number, no decimals)?

10a. Does your training program partner or collaborate with employers?

If answer to Q10a was "Yes," provide the name(s) of the employer(s)
10b. Does your training program partner or collaborate with union(s)?
If answer to Q10b was "Yes," provide the name(s) of the unions(s)
10c. Does your training program partner or collaborate with community college(s)?
If answer to Q10c was "Yes," provide the name(s) of the community college(s)
10d. Does your training program partner or collaborate with community-based organizations(s)?
If answer to Q10d was "Yes," provide the name(s) of the community-based organizations(s)

Do not submit Protected Personally Identifiable Information (Protected PII) to EPA.

Yes
No
N/A

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his reporting period only.

Response

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[100 words or less]

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The public reporting and recordkeeping burden for this
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ng Program Outcomes

REPORTING CADENCE: Semi Annually (every 6 months)

**Report for this reporting period only. For Part 2 (Training
Reporting period.**

either assist workers in obtaining the skills necessary to

ct (WIOA), to qualify an incumbent worker, the worker needs to
ionship, and have an established employment history with the
worker training is being provided to a cohort of employees, not
for 6 months or more as long as a majority of those employees
ve to meet the eligibility requirements for career and training
ipant in the WIOA adult or dislocated worker program.

DO NOT REPORT PERSONAL IDENTIFYING INFORMATION

Training Outcomes - Part 2 - Workforce Training

Applies when EPA funds are supporting discrete workforce training

Reporting Cadence: Semi-annually (every 6 months)

Instructions:

For **Part 1 (Training Outcomes)** enter the appropriate response for the reporting period only. For **Part 2 (Training Demographics)** enter the appropriate response for this reporting period.

Table 1. Total

TOTAL - Current participants at the time of reporting

TOTAL - Program graduates during the last reporting period

Table 2. Current Participants by Self-Reported Race at the Time of Reporting

At the time of reporting, provide the following information:

Race

American Indian or Alaska Native Alone

Asian Alone

Black or African American Alone

Middle Eastern or North African Alone
Hispanic or Latino Alone
Native Hawaiian or Pacific Islander Alone
White Alone
Multiracial and/or Multiethnic
<i>Total</i>

Table 3. Current Participants by Self-Reported Race/Ethnicity at Time of Reporting

At the time of reporting, provide

Gender
Female
Male
Non-binary
Other
<i>Total</i>

Table 4. Program graduates during the last reporting period by Self-Reported Race/Ethnicity

For the last reporting period, provide

Race
American Indian or Alaska Native Alone
Asian Alone
Black or African American Alone
Middle Eastern or North African Alone
Hispanic or Latino Alone
Native Hawaiian or Pacific Islander Alone
White Alone
Multiracial and/or Multiethnic
<i>Total</i>

Table 5. Program graduates during the last reporting period by Self-Reported Gender

For the last reporting period, provide

Gender
Female
Male
Non-binary
Other
<i>Total</i>

DO NOT REPORT PERSONAL IDENTIFYING INFORMATION

REPORTING INFORMATION TO EPA.

Workforce Training Demographics

Training programs

For each question in each row for **this reporting** provide the appropriate response for **either the time of reporting**

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Reported Race/Ethnicity at Reporting

the following:

Percent (%) of Current Participants at the time of reporting

X%

X%

X%

X%
X%
X%
X%
X%
<i>Please enter values that sum to 100%</i>

Reported Gender at the
ing

the following:

Percent (%) of Current Participants at the time of reporting

X%
X%
X%
X%
<i>Please enter values that sum to 100%</i>

e last reporting period by
Ethnicity

de the following:

Percent (%) of Program Graduates in this reporting period

X%
X%
X%
X%
X%
X%
X%
X%
<i>Please enter values that sum to 100%</i>

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de the following:

Percent (%) of Program Graduates in this reporting period

X%

X%

X%

X%

<i>Please enter values that sum to 100%</i>

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