

Short-Time Compensation (STC) Grant Quarterly Progress Report (QPR)

State: \_\_\_\_\_ STC Grant Type: \_\_\_\_\_  
Project Director: \_\_\_\_\_ Quarter Ending: \_\_\_\_\_

**Purpose:** To track STC grant activities and ensure that the state achieves the desired goals set forth in the STC grant application.

**Report Due Dates:** The report is due 45 days after the quarter ends (i.e., on November 14, February 14, May 15, and August 14).

**Section I. Implementation and/or Improved Administration Activities.** *Include a narrative description of the implementation and/or administrative activities that occurred this quarter. If the state's quarterly goal is not achieved, please explain. Please consider the following in the narrative, as applicable:*

- Progress toward implementing/improving procedures/systems for the STC program.
- Progress in developing and/or enhancing systems to automate the STC program.
- STC program administrative activities (i.e., staff hired and/or staff training).

**Section II. Promotion and Enrollment Activities.** *Include a narrative description of the promotion and enrollment activities that occurred this quarter. If the state's quarterly goal is not achieved, then explain. Please consider the following in the narrative, as applicable:*

- Progress in the state's promotion and enrollment activities.
  - Creation and support of Rapid Response teams or other partnerships established to advise employers about the STC program.
- Education and assistance to employers about the STC program.
- Development of outreach materials and messaging tools.
- Promotional activities (i.e., meetings attended, media, mailings).

**Section III. Outcomes.** *Include a narrative description of the outcomes that occurred this quarter. If the states' quarterly goal is not achieved, then explain. Please consider the following in the narrative:*

- If the state included outcome goals in its application, describe the progress made toward these outcome goal(s).

**Section IV. Success Stories.** *Include any STC program or grant success stories or achievements for the quarter. Please consider providing:*

- Include any employer or claimant success stories.

**Section V. Technical Assistance Needs.** *Describe any STC program or grant-related technical assistance needs.*

OMB No.: 1205-0499 OMB Expiration Date: XX/XX/XXXX Estimated Average Response Time: 1 Hour

**OMB Burden Statement:** These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is required to retain STC grant funds. Oversight of the use of grant funds and DOL's authority to establish reporting requirements is authorized under SSA 303(a)(6) (42 U.S.C. 503(a)) and Pub. L. 112-96 section 2183(b)(1). Respondents have no expectation of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Unemployment Insurance, Room S-4524, 200 Constitution Ave., NW, Washington, DC, 20210.