STANDARDIZED QUARTERLY PERFORMANCE PROGRESS REPORT

Employment and Training Administration H-1B READY TO WORK GRANTS

Quarterly Report Form ETA Form No. 9166

Expiration 06/30/2019

A. GRANTEE IDENTIFYING INFORMATION					
1. Grant	ee Name:				
2. Grant	Number:				
3. Progr	am/Project Name:				
4. Grant	ee Address:				
City:	State:	Zip Code:			
	rt Quarter End Date: mm/dd/yyyy	<u> </u>			
6. Repo	rt Due Date: mm/dd/yyyy				
Performance Items			Current Quarter (B)	Cumulative Grant-to-Date (C)	
B. GRAN	IT SUMMARY INFORMATION				
1. Total					
	Participants Served				
3. New I	Participants Served				
C. PART	CIPANT SUMMARY AND SERVICE INFORMATION				
der	1a. Male				
Gender	1b. Female				
Ethnicity	2a. Hispanic/Latino				
ш	2b. American Indian or Alaskan Native				
	2c. Asian				
e	2d. Black or African American				
Race	2e. Native Hawaiian or Other Pacific Islander				
	2f. White				
	2g. More Than One Race				
S	3a. Eligible Veterans				
Other Demographics	3b. Individuals with a Disability				
emog	3d. Incumbent Workers				
Jer D	3e. Unemployed Individuals				
ŧ	3g. Long-term Unemployed				
	4a. High School Graduate or Equivalent				
- Ne	4b. 1 - 4 Years or More of College, or Full-time Technical or Vocational School				
ion Level	4b.i Postsecondary Education Certificate or Diploma (non-degree)				
Education	4c. Associates Diploma or Degree				
В	4d. Bachelor's Degree or Equivalent				
	4e. Advanced Degree Beyond Bachelor's				
Services	5a. Received Case Management Services				
	5b. Received Assessment Services				
	5c. Received Supportive Services				
	5d. Received Specialized Participant Services				
	5e. Participated in Work Experience				
D. TRAII	NING PROGRAM SERVICES				
	Number Began Receiving Education/Job Training Activities				
	2. Number Entered On-the-Job Training Activities				
	3a. Number Entered in Classroom Occupational Training Activities				

Training Indicators	3b. Number Entered in Contextualized Training Activities						
	3c. Number Entered in Distance Learning Activities						
og Inc	3d. Number Entered in Customized Training Activities						
rainir	3di. Number Entered in Incumbent Worker Training Activities						
-	3e. Number Participated in Registered Apprenticeship						
	· · · · · · · · · · · · · · · · · · ·						
	Number Completed Education/Job Training Activities						
	5. Number Completed On-the-Job Training Activities						
E. TRAII	IING PROGRAM OUTCOMES - PERFORMANCE INDICATORS	_					
se .	1. Number Completed Training Program Activities and Obtained a Credential						
mploye Training syment Program Outcomes	2. Total Number of Credentials Received						
	3. Number Entered Unsubsidized Employment						
Worker LTU/unemploye Outcomes d Employment Outcomes	3a. Number Completed Training & Entered Unsubsidized Training-Related Employment						
	4a. Total Number of Incumbent Workers Retained Current Position						
Incumbent Worker Employment Outcomes	4b. Total Number of Incumbent Workers that Advanced into New Position						
F. COM	MON PERFORMANCE MEASURES		<u> </u>				
1. Enter	ed Employment Rate						
	pyment Retention						
	ge Earnings						
	RT CERTIFICATION/ADDITIONAL COMMENTS						
G. KEI C	THE CERTIFICATION, ADDITIONAL COMMENTS						
1 Pono	t Comments/Narrative:						
-	separate document that provides a discussion of the grant narrative items outlined in the reporti	na instructions fou	nd in the accome	anving DOL H			
	erly Performance Handbook.	ing inistructions rou	nu in the accomp	Janying DOL H-			
16 Quar	епу Репоппансе наповоок.						
2 Name	of Grantee Certifying Official/Title:	3. Telephone Nu	ımher:				
Z. IVallic	or drantee certifying official, fine.	5. Telephone No	iiibei.				
4. Email	Address:	1					
Persons	are not required to respond unless this form displays a currently valid OMB number. Obligation t	o respond is requir	ed to obtain or r	etain benefits			
	ce Investment Act [Section 185(a)(2)]. Public reporting burden for this collection of information,						
-	nent and to meet Congressional and statutory requirements, averages 2.66 hours per record, incl						
data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, ETA, Room C-4518, 200 Constitution Avenue, NW, Washington, DC 20210-0001							
to the O	5. Department of Educit, ETA, Nooth C 4510, 200 Constitution Avenue, NVV, Washington, DC 2021	3 0001					
DOL, ETA	Internal Use Only						
Addition	al Comments:						
Regional Federal Project Officer:							
Nationa	Program Office:						