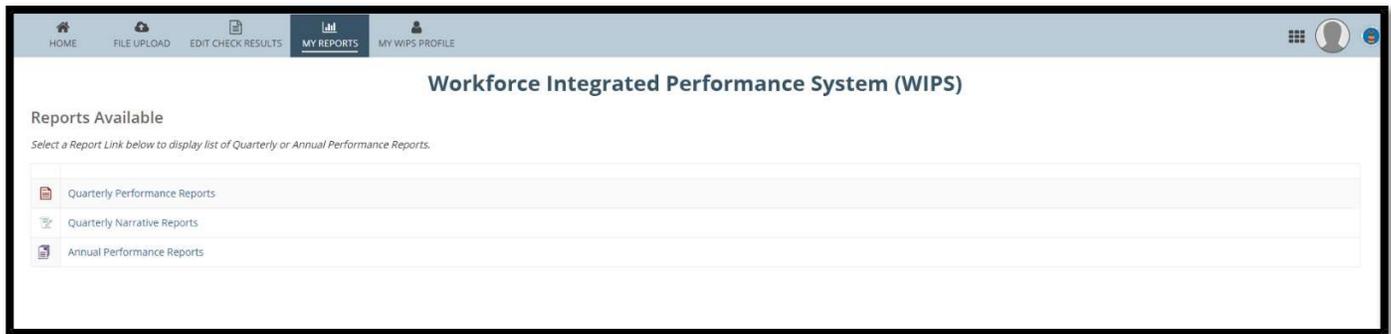


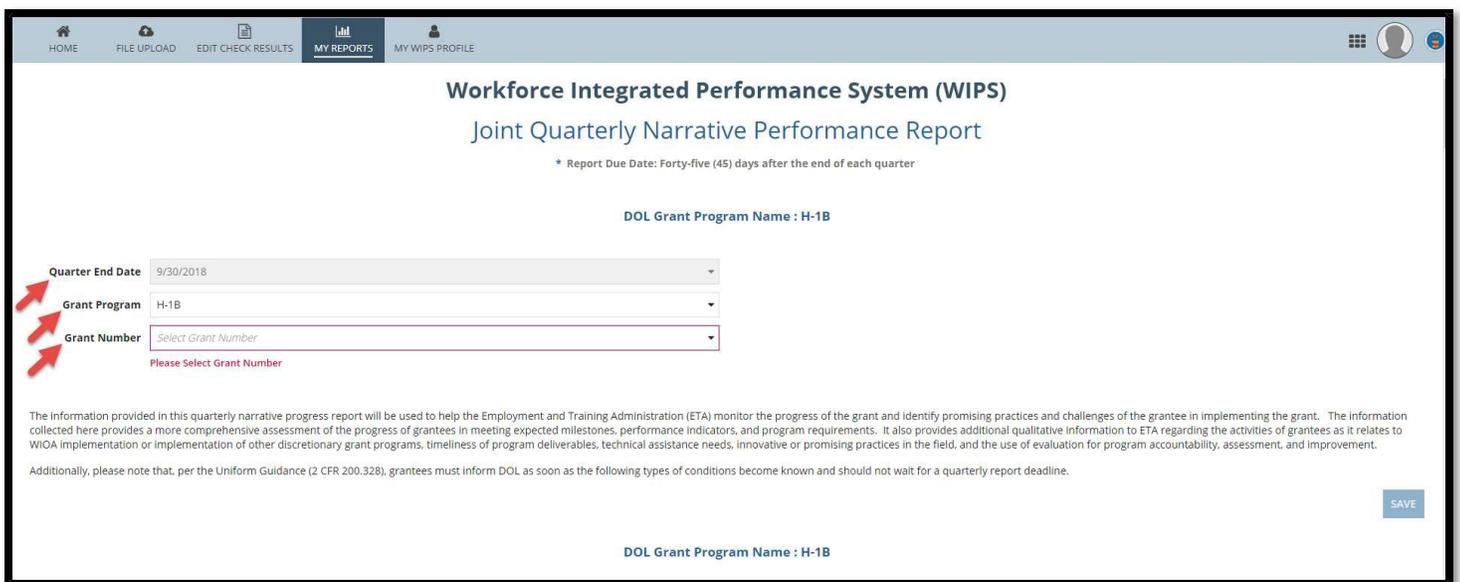
# Instruction on How to Submit a Quarterly Narrative Report (QNR) in WIPS

1. Click on the “My Reports” tab and then select “Quarterly Narrative Reports”



2. Enter your grant program information in the fields provided.
  - ❑ Select “Quarter End Date” from drop down list.
  - ❑ Select “Grant Program” name from drop down list.
  - ❑ Select “Grant Number” from drop down list.

Continue to next Section or click on “Save” to return at a later time to complete the report.



3. If a grantee has never certified a QPR for this grant in the past, then the “ No participants have been served grant to date” check box will be available.

Users should only check this box if participants have never been served during the grant. If participants have been served at any time during the life of the grant, grantees are required to submit participant-level data in WIPS and produce a Quarterly Performance Report for certification and submission to the Department of Labor.

HOME FILE UPLOAD EDIT CHECK RESULTS MY REPORTS MY WIPS PROFILE

## Workforce Integrated Performance System (WIPS)

Back to Quarterly Narrative Report

### Joint Quarterly Narrative Performance Report

\* Report Due Date: Forty-five (45) days after the end of each quarter

DOL Grant Program Name : H-1B

Quarter End Date: 9/30/2018

Grant Program: H-1B

Grant Number: [REDACTED]

No participants have been served grant to date.

Selecting this box indicates that the grantee has NOT served any participants during the life of the grant. If participants have been served at any time during the life of the grant, grantees are required to submit participant-level data in WIPS and produce a Quarterly Performance Report for certification and submission to the Department of Labor. Grantees are required to submit and certify a Quarterly Narrative Report every reporting quarter.

The information provided in this quarterly narrative progress report will be used to help the Employment and Training Administration (ETA) monitor the progress of the grant and identify promising practices and challenges of the grantee in implementing the grant. The information collected here provides a more comprehensive assessment of the progress of grantees in meeting expected milestones, performance indicators, and program requirements. It also provides additional qualitative information to ETA regarding the activities of grantees as it relates to WIOA implementation or implementation of other discretionary grant programs, timeliness of program deliverables, technical assistance needs, innovative or promising practices in the field, and the use of evaluation for program accountability, assessment, and improvement.

Additionally, please note that, per the Uniform Guidance (2 CFR 200.328), grantees must inform DOL as soon as the following types of conditions become known and should not wait for a quarterly report deadline.

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If a grantee selects the “No participants have been served grant to date” check box, in the “[Program Dashboard](#)” the “QPR Status” will show “No participants,” indicating that a Quarterly Performance Report (QPR) will not be generated for this reporting quarter.

HOME PROGRAM DASHBOARD STATE STATUS DASHBO... REPORTS DATA EXPORT

Select **View Reports Linked to States** to view reports generated by users that are associated to State(s) in WIPS. Select **View Reports Linked to Grants** to view reports generated by users that are associated to Grant(s) in WIPS.

View Reports Linked to States or Grants \* View Reports Linked to Grants

Report Type:  Quarterly  Annual

Quarter End Date: 9/30/2018

Uploaded By Date: 10/22/2018

Region: Select Region

Program: [REDACTED]

Status: Select Status

Select **Add**, enter a filter name, and select **Save** to create a new Stored Filter. **Close** removes the Enter a Filter Name input box from display. Update existing filter with **Edit**, delete existing filter with **Remove**, and return Program Dashboard to default values with **Clear All Filters**.

Stored Filters | Add |

No Filter Added

Grant Type	Grant Number	Grantee Name	Region	Quarter End Date	Program	QPR Status	User Full Name	User Email	Report ID	File ID	Uploaded Date	QNR Status	QNR Status date
			Region 4	9/30/2018		No participants						In Progress	10/22/2018
			Region 5	9/30/2018								In Progress	10/22/2018
			Region 6	9/30/2018								Certified	10/21/2018
			Region 2	9/30/2018		No participants						Certified	10/22/2018
			Region 4	9/30/2018		Certification Overwritten			10000090	3442	10/16/2018 5:12 PM EDT		
			Region 1	9/30/2018		Certified			10000089	3440	10/16/2018 4:20 PM EDT		
			Region 4	9/30/2018		Certification Overwritten			10000088	3439	10/16/2018 3:58 PM EDT		
			Region 1	9/30/2018		Certification Overwritten			10000087	3438	10/16/2018 3:58 PM EDT		
			Region 1	9/30/2018		Certified			10000086	3434	10/12/2018 5:49		

4. For “[Section I. Contact Information](#)” enter contact information in the fields provided.

Complete the following fields:

- Enter “DOL Grant FOA.”\*
- Enter “Grant Recipient Name.”\*
- Enter “Grant Project Name.”\*
- Enter “Grant Project Address.”\*
- Enter Grant “Start Date” and “End Date.”\*
- Enter “Full Name.”
- Enter “Phone Number.”
- Enter “Email” address.

\* Note: May be pre-populated for some grants.

5. Continue to next Section or click on “Save” to return at later time to complete the report.

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DOL Grant Program Name : H-1B

**Section I. Contact Information**

DOL Grant FOA (optional)

Grant Recipient Name \*

Grant Project Name \*

**Point of Contact**

Full Name \*

Phone Number \*

Email \*

Grant Project Address \*

Grant Period of Performance \*

Start Date

End Date

The asterisk ( \*) indicates a required field.

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For “Section II through XI” enter the information as needed to complete the QNR in fields provided. Each field allows up to 2000 characters in each field. Please note that all QNR sections must be completed before you can certify the QNR. If you have nothing to report in a particular section of the QNR, you must indicate this by adding “No information to report this quarter” or “Not applicable,” as appropriate.

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**Section II. Summary of Grant Progress**

A. This section is an executive summary of grant activities, including planned and actual progress. Grant activities should be aligned with the goals and objectives outlined in your grant Statement of Work (SOW) and ETA approved work plan/timeline. For the current quarter, please include a description of all:

- services supported by the grant;
- key activities completed, including partnership development and coordination;
- performance improvement efforts being undertaken to meet goals for the performance year if projected goals for the quarter are not currently being met; and
- additional activities performed by both the grantee and any sub-grantees, if applicable.

B. This update may include additional information about service and training activities and outcomes to supplement the data submitted on the Quarterly Performance Report.

C. In accordance with the funding opportunity under which the grant was awarded, grantees that are providing supportive services and specialized participant services, should include:

- services supported by the grant;
- a description of the type(s) of services offered in the quarter;
- how they contributed to a participants ability to fully participate in grant-funded activities.

D. Those grantees who have no changes to report on the above items relative to previous reports should indicate so, in addition to indicating the reason for their lack of changes

E. Additionally, for Senior Community Service Employment Program (SCSEP) grantees, please provide information on the current quarter regarding:

- additional training activities outside of community service assignments; and
- types of host agencies that are being recruited.

Provide input for Section II. Summary of Grant Progress

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## Section III. Progress of Grant Timeline

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### Section III. Progress of Grant Timeline.

A. Provide any updates for the progress of the ETA approved grant timeline/work plan, including program activities, key deliverables and products available this quarter and in future quarters for broad dissemination to the workforce system, if applicable. This includes identifying products and deliverables available for broad distribution via ETA-hosted web sites and other communication vehicles.

B. Utilize the timeline in the grants SOW to identify all major program activities and training for the reporting quarter. The timeline will paint a picture of project flow that includes start and end dates, schedule of activities, and projected outcomes. It is important that the timeline be updated each quarter noting the actual date of each activity's completion as accomplished.

C. The following items will be assessed during the progress of the grant: project goals, benchmarks, milestones, special events, important deadlines, and deliverables.

D. Include any challenges or concerns the project has encountered that may have affected or slowed grant progress of the timeline/work plan and how the project intends to resolve them.

E. Describe the next steps or key areas of emphases planned for the project in the next quarter.

F. Also use this section to collect additional information that details the status of capacity building activities and/or the development of deliverables occurring under the grant (if applicable), highlighting those that have been completed, and assessing how well the capacity building strategies of the program are meeting the training needs of the targeted industries through previously identified impact measures. Grantees who have nothing to report should indicate so

**\*Provide input for Section III. Progress of Grant Timeline.**

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## Section IV. Development and Implementation of Effective Practices and Program Model Strategies

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### Section IV. Development and Implementation of Effective Practices and Program Model Strategies.

A. Describe how your program model is working towards/has realized the programs intended purpose as well as the goals/objectives and activities outlined in your grant application and work plan. Examples may include developing and implementing an outreach campaign, designing education and training programs, identifying industry sectors and engaging employers, aligning policies and programs, measuring systems change and performance, developing new or enhancing existing curriculum or industry training, and creating new career assistance tools and resources.

B. Grantees may also describe any lessons learned and how those lessons learned will be integrated into ongoing grant activities.

C. Those grantees who have no progress to report on the above items should indicate so.

**\*Provide input for Section IV. Development and Implementation of Effective Practices and Program Model Strategies.**

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## Section V. Status Update on Match and/or Leveraged Resources (if applicable)

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DOL Grant Program Name : H-1B

**Section V. Status Update on Match and/or Leveraged Resources** (if applicable).

Please use this section of the narrative to provide an update on the status of all match and/or leveraged resources.

A. Identify any funding needs and sources, and report the cumulative amount of any match and/or leveraged resources provided by the grantee and partners each quarter. Match resources are required resources, from non-Federal funds, that support the allowable grant activities. Only grants with a match requirement should report on match. Leveraged resources are those additional resources the grantee and its partners may be providing to support the implementation of the grants. Leveraged resources may take the form of cash or in-kind donations. Please indicate any new leveraged resources that may be used to sustain the project after the life of the grant, if applicable.

B. The update may include:

- organizations that contributed the resources;
- ways in which the resources were used during the current quarter;
- cumulative amount of match and/or leveraged resources; and
- type of match and/or leveraged resources contributed to the project.

C. Grantees should indicate if they have no required match or additional leveraged resources on which to report. Please note that both match and leveraged resources must also be reported on the Financial Status Report (ETA-9130) quarterly, if applicable.

Provide input for Section V. Status Update on Match and/or Leveraged Resources (if applicable).

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## Section VI. Status Update on Strategic Partnership Activities (if applicable)

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DOL Grant Program Name : H-1B

**Section VI. Status Update on Strategic Partnership Activities** (if applicable).

The purpose of this section is to describe how the partnership is working together to implement the project and to communicate the dynamic growth and development of the strategic partnership, including cross-agency partnerships. This section is not intended to be a list of every partner meeting or communication, but rather should reflect the results and outcomes from such interactions and their impact on the project. Completing this section of the report allows grantees to reflect critically on their partnerships and contributes to broader discussions among grantees on partnership development and management.

A. Report the critical aspects of the grant partnership activities, including establishing and maintaining strategic partnerships, during the reporting period.

B. This section may:

- discuss how partners have been engaged during the current phase of the project;
- outline specific roles and contributions of each partner during this quarter;
- identify any challenges encountered/resolved in the development and management of the partnership; and
- report new partners that may have been brought into the project or identify any previous partners that may have left the project. Grantees who have nothing to report should indicate so.

Provide input for Section VI. Status Update on Strategic Partnership Activities (if applicable).

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## Section VII. Status Update on Employer Engagement Strategies

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DOL Grant Program Name : H-1B

**Section VII. Status Update on Employer Engagement Strategies.**

A key element of the Workforce Innovation and Opportunity Act and affiliated workforce programs is to strengthen employer engagement in the workforce system and to ensure employers have an active role in workforce system activities. The purpose of this section is to share information related to promising practices and strategies that have strengthened existing employer partnerships.

A. Report the efforts that have been undertaken to receive feedback from local area employers to identify their employee pipeline needs and engage local employers to interview, assess, train, and/or hire program participants. Examples may include:

- increased employer involvement including employers serving as mentors.
- program staff and employers identifying ways to encourage continuous improvement to hire program participants
- new employer partnerships (e.g., increased number of employers); and
- positive employment outcomes for program participants (e.g., employers support the hiring and advancement of program participants).

Provide input for Section VII. Status Update on Employer Engagement Strategies. \*

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## Section VIII. Key Issues and Technical Assistance Needs

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DOL Grant Program Name : H-1B

**Section VIII. Key Issues and Technical Assistance Needs.**

A. Summarize significant opportunities, issues, or challenges (such as under-enrollment) encountered during the quarter and any resolution of issues and challenges identified in previous quarters. Furthermore, describe actions taken or plans to address issues.

B. Describe questions you have for ETA, as well any technical assistance needs

C. Additionally, for SCSEP grantees, this section should include information on recruitment of eligible applicants, meeting the most in need goal, and over/under enrollment challenges.

D. Grantees who have nothing to report should indicate so.

Provide input for Section VIII. Key Issues and Technical Assistance Needs. \*

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## Section IX. Significant Activities, Accomplishments, and Success Stories

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DOL Grant Program Name :

**Section IX. Significant Activities, Accomplishments, and Success Stories.**

This section is intended to provide additional, more in-depth information than the summary section about promising approaches, new processes, and/or lessons learned.

A. Report on any other significant activities and accomplishments.

B. Describe in detail promising approaches, innovative processes, lessons learned, and grant- and participant-level success stories in this section each quarter, as appropriate.

C. Additionally, if appropriate, please highlight one or two grant- or participant-level success stories from the grant per quarter, with the participants express permission (if providing a participant success story).

- In documenting success stories, please describe:
  - background, problem, issue, or concern prior to project involvement;
  - response or intervention provided by the project;
  - results and outcomes, including who benefited and what changed or improved; and
  - evidence of the success, including how the data was obtained and the methods used to measure success.

D. Grantees can also include promising practices and success stories as additional documents for upload.

E. Grantees who have nothing to report should indicate so.

Provide input for Section IX. Significant Activities, Accomplishments, and Success Stories. \*

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## Section X. Evidence and Evaluation

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DOL Grant Program Name :

**Section X. Evidence and Evaluation.**

This section is intended to provide information to DOL on how evidence and evaluations are being developed and applied. This information may help DOL to plan for future evaluation needs.

A. Describe how the grantee is using or planning to use data, evidence, and evaluation findings to make improvements to programs and strategies? In this explanation, please include a discussion on accomplishments, strategies being implemented, and any barriers to success.

B. Please provide an update on participation and status of any evaluations required as part of the funding announcement or award. Please include any requests for technical assistance related to these requirements.

C. Please include information if the grantee is participating in any studies or evaluations not required as part of the grant award, including any internal evaluations? Please describe the study, any data sources, and whether a third party is managing this project.

D. As part of the evaluations described above, or as a separate stand-alone data analysis project, is the grant using, or does it have plans or a desire to use, administrative data to better understand the grant program or the population it serves? If so, what data sources has the grant been able to use or planned/desired to use? If so, what research or management questions do/can these data help the grant answer?

Provide input for Section X. Evidence and Evaluation. \*

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## Section XI. Additional Information (if applicable)

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DOL Grant Program Name :

**Section XI. Additional Information** (if applicable).

A. Provide other grant-specific information considered to be important yet not captured in other sections of the quarterly narrative report. For example, the specific outcomes included in the SOW that are not reflected in the quarterly performance report.

B. Additionally, for SCSEP grantees, this section should include information on the:

- status of the activities described in their training and supportive services waiver request.
- progression on special projects, and
- status of any complaints/grievances.

C. H-1B grantees are asked to report any outcomes in this section that may or may not be reflective of outcomes that are reflected in the Quarterly Performance Report form.

Provide input for Section XI. Additional Information (if applicable).

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DOL Grant Program Name :

6. Upload a file by selecting “Choose a file” and indicating the file you want to upload.

You may upload up to 5 files.

Files must be in the one of the following formats:

- Word
- PDF
- TXT
- ZIP
- Images

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DOL Grant Program Name :

**Paperwork Reduction Act Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The control number for this collection is 1205-0448. Public reporting burden for this collection of information, which is required to obtain or retain benefits, is estimated to average 10 hours per quarterly response, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the Quarterly Narrative Report. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Jenn Smith, Office of Workforce Investment, Room N-4508, Employment and Training Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.

Note: Please do not return the completed ETA-9179 to this address.

Choose a file UPLOAD Drop files here

You cannot upload more than 5 files.

7. After completing the QNR, you may submit the QNR by clicking on the “CERTIFY” button.

By selecting “**CERTIFY**,” the grantee’s authorized representative is indicating that, to the best of his/her knowledge, the data submitted is complete, true, and accurate.

**DOL Grant Program Name :**

**Paperwork Reduction Act Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The control number for this collection is 1205-0448. Public reporting burden for this collection of information, which is required to obtain or retain benefits, is estimated to average 10 hours per quarterly response, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the Quarterly Narrative Report. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Jenn Smith, Office of Workforce Investment, Room N-4508, Employment and Training Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.

Note: Please do not return the completed ETA-9179 to this address.

Choose a file

You cannot upload more than 5 files.

By selecting “**CERTIFY**”, the grantee’s authorized representative is indicating that, to the best of his/her knowledge, the data submitted is complete, true, and accurate.

8. Program Dashboard - QNR Status:

- “**In Progress**” indicates that a QNR has been initiated in WIPS, but has not been submitted to the Department of Labor.
- “**Certified**” indicates that a QNR for the quarter has been successfully submitted through WIPS to the Department of Labor.

Dashboard for Grantee

**Workforce Integrated Performance System (WIPS)**  
**Joint Quarterly Narrative Performance Report**  
 \* Report Due Date: Forty-five (45) days after the end of each quarter

**Quarterly Narrative Report**

Report ID	Status	Status Date	Grant Type	Grant ID	Grant Number	Grantee Name	Region	Quarter End Date	Grant Program Name	User Name
194	In Progress	10/22/2018 11:01 AM EDT		73			2	9/30/2018	H-1B	
193	In Progress	10/22/2018 10:29 AM EDT		50			1	9/30/2018	H-1B	
192	In Progress	10/22/2018 10:18 AM EDT		53			4	9/30/2018	H-1B	
188	In Progress	10/21/2018 8:58 PM EDT		72			5	9/30/2018	H-1B	
173	Certified	10/21/2018 3:07 AM EDT		4			5	9/30/2018	H-1B	
189	Certified	10/21/2018 3:02 AM EDT		5			6	9/30/2018	H-1B	
186	In Progress	10/21/2018 2:05 AM EDT		1			1	9/30/2018	H-1B	

7 items