OMB Approval No. 1205-0439 Expiration date: 01/31/07

F.

## **Quarterly Report Form**

Grantee:	
Grant Number:	
Project Number:	
Performance Period Covered by this Report:	through

PERFORMANCE FACTOR	REGULAR	DISASTER	DUAL ENROLLMENT	TRADE ACT HEALTH INSURANCE
TOTAL PARTICIPANTS				
Receiving Intensive Services				
Enrolled in NEG -funded Training				
Receiving NEG-funded Supportive Services				
Receiving Needs-Related Payments				
Employed in Temp. Disaster Relief Asst.				
Receiving Health Coverage Payments				
Exits				
Entering Employment at Exit				
TOTAL EXPENDITURES: GRANTEE				
LEVEL				
NRPs				
Supportive Services				
Health coverage Payments				
Program Management and Oversight				
- Administration, excl. NRP/Premium				
Payment Processing				
- NRP Processing				
- Premium Payment Processing				
- Other				
Indirect				
Health Coverage Payment Admin.				
Other				
TOTAL EXPENDITURES: PROJECT				
OPERATOR LEVEL				
Participant Wages				
Participant FBs				
Core and Intensive Services				
NEG-funded Training				
NEG-funded Supportive Services				
NRPs				
Program Management and Oversight				
- Administration, excl. NRP Processing				
- Other				
Other				
TOTAL EXPENDITURES: GRANTEE				
AND PROJECT OPERATOR				ETA 0104

ETA 9104

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes.

Send comments regarding the burden estimate or any other aspect of this collection, including suggestions for reducing this burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington D.C. 20210.

(Paperwork Reduction Project 1205-0439).