

**STANDARDIZED QUARTERLY PERFORMANCE REPORT
PRISONER REENTRY INITIATIVE (PRI) GRANT**

Report Due Date: mm/dd/yyyy

OMB No. 1205-XXXX
Expires: mm/dd/yyyy

A. GRANTEE IDENTIFYING INFORMATION				
Grantee Name:		Grant Number:		
Program/Project Name:		Project or Sub-Project ID/Number:		
City _____ State _____ Zip Code _____		Report Quarter End Date:		
		Enrollment Goal:		
Performance Items	Previous Quarter (A)	Current Quarter (B)	Cumulative for Program Year (C)	Program-to-Date (D)
B. PARTICIPANT SUMMARY INFORMATION				
1. Total Exitors				
2. Total Participants Served				
3. New Participants Served				
Gender	4a. Male			
	4b. Female			
Ethnicity / Race	5a. Hispanic/Latino			
	5b. American Indian or Alaska Native			
	5c. Asian			
	5d. Black or African American			
	5e. Hawaiian Native or Other Pacific Islander			
Education Level	5f. White			
	6a. 8th grade and under			
	6b. 9th grade - 12th grade			
	6c. High School graduate or equivalent			
	6d. 1 - 3 years of college, or full-time technical or vocational school			
Age	6e. 4 years college or more			
	7a. 18 - 24			
	7b. 25 - 34			
	7c. 35 - 44			
	7d. 45 - 54			
Other Demographics	7e. 55 or older			
	8. Eligible Veterans			
	9. Limited English Proficient			
	10. Persons with a Disability			
11. Not Employed at Program Participation				
C. Additional Participant Information to be collected at enrollment				
Housing Status	1a. Own/rent apartment, room, or house			
	1b. Staying at someone's apartment, room or house (Stable)			
	1c. Halfway house/transitional house			
	1d. Residential treatment			
	1e. Homeless			
	1f. Staying at someone's apartment, room or house (Unstable)			
2. History of Alcohol Abuse/Drug Use				
3. Average Number of Days Since Release				
4. Average Number of Years Incarcerated				
Post-Release Status	5a. Parole			
	5b. Probation			
	5c. Other Post-Release Supervision			
	5d. None			
Type of Crime	6a. Property Crimes			
	6b. Drug Crimes			
	6c. Public Order Offenses			
	6d. Other Offenses			
7. DOJ Pre-Release Participants				

Performance Items	Previous Quarter (A)		Current Quarter (B)		Cumulative for Program Year (C)		Program-to-Date (D)	
	Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator
D. PROGRAM SERVICES, ACTIVITIES, AND OTHER RELATED ASSISTANCE								
1. Received Education or Job Training Activities								
2. Received Workforce Preparation Activities								
3. Community Involvement Activities								
4. Received Mentoring Activities								
5. Received Supportive Services								
6. Overall Participation Rate (participating in at least one activity from 1 through 4. Does not include supportive services.)								
Performance Items	Previous Quarter (A)		Current Quarter (B)		Cumulative for Program Year (C)		Program-to-Date (D)	
	Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator
E. SHORT-TERM INDICATORS OF PERFORMANCE								
Leading Indicators of Performance								
1. Enrollment Rate								
2. Abstained from Alcohol Abuse or Illegal Drug Use (6 months after enrollment)								
3. Stable Living Arrangements (6 months after enrollment)								
4a. Number of Initial Job Placements								
4b. Average Hourly Wage Rate at Placement								
4c. Number of Job Re-Placements								
4d. Average Hours Worked 1st Week of Placement								
5. Number Obtained High School Diploma or GED								
6. Number Obtained a Certificate or License								
7. Entered Post Secondary Education								
8. Entered Vocational/Occupational Skills Training								
F. LONG-TERM INDICATORS OF PERFORMANCE								
Common Performance Measures								
1. Entered Employment Rate								
2. Employment Retention (includes all participants who entered employment, regardless of follow-up)								
3. Attainment of a Degree Or Certificate								
4. Average 6 Months Post-Program Earnings (includes only those who have been successfully contacted during follow-up)								
Additional Performance Measures								
5. Recidivism Rate								
G. REPORT CERTIFICATION/ADDITIONAL COMMENTS								
Grantee Remarks:								
Name of Grantee Certifying Official:			Telephone Number:			Email:		