

E. PLANNING FORM\* 1- Regular Projects

All quarterly entries are CUMULATIVE over all previous quarters

OMB Approval No. 1205-0439

Expiration Date: 01/31/07

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER													
	Admin	Program	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	Qtr 10	Qtr 11	Qtr 12
<b>Implementation Schedule</b>														
TOTAL PLANNED PARTICIPANTS														
RECEIVING INTENSIVE SERVICES														
ENROLLED IN TRAINING														
RECEIVING SUPPORTIVE SERVICES														
RECEIVING NEEDS RELATED PAYMENTS														
EXITS														
ENTERING EMPLOYMENT AT EXIT														
<b>Total Expenditures: GRANTEE LEVEL</b>														
SUPPORTIVE SERVICES														
<b>PROGRAM MANAGEMENT AND OVERSIGHT</b>														
• ADMIN EXCLUDING NRP PROCESSING*														
• NRP PROCESSING														
• OTHER *														
INDIRECT														
OTHER*														
<b>Total Expenditures: PROJECT OPERATOR LEVEL</b>														
CORE AND INTENSIVE SERVICES														
TRAINING														
SUPPORTIVE SERVICES														
NRPs														
OTHER*														
<b>PROGRAM MANAGEMENT AND OVERSIGHT</b>														
• ADMIN EXCLUDING NRP PROCESSING*														
• NRP PROCESSING														
• OTHER *														
<b>TOTAL EXPENDITURES: GRANTEE AND PROJECT OPERATOR LEVEL</b>														

\*This form must be accompanied by an appropriate budget narrative which lists, for each \*ed line item, components of the costs, e.g. staff salaries, fringe benefits, equipment, travel, facilities, and the estimated cost amounts for each.