

# Quarterly Progress Report

# U.S. Department of Labor

Employment and Training Administration  
Senior Community Service Employment Program



|                                       |                                     |   |
|---------------------------------------|-------------------------------------|---|
| Project Sponsor                       | Report Period Ending (Month & Year) | OMB Approval No. 1205-0040<br>Expiration Date: 08/31/2003                                     |
| City and State                        |                                     | Type of Report (Check One)<br><input type="checkbox"/> Interim <input type="checkbox"/> Final |
| Agreement Number                      | Subproject No.                      | Project Period<br>From _____ To _____   |
| No. Enrollment Positions Established: | Unsubsidized Placement Goal:        | Other Placements  |

### A. ENROLLMENT LEVELS (Number of Enrollees)

|                                       |   |   |
|---------------------------------------|---|---|
| 1. Carried over from previous project | 3. Placed in unsubsidized employment this project | 5. Current enrollment (End of Period)   |
| 2. Started under this project         | 4. Other terminations this project                | 6. Enrollment vacancies (End of Period) |

### B. JOB INVENTORY

| Services to General Community      | No. Jobs | Services to Elderly Community   | No. Jobs |
|------------------------------------|----------|---------------------------------|----------|
| 1. Education                       |          | 11. Project Administration      |          |
| 2. Health and Hospitals            |          | 12. Health and Home Care        |          |
| 3. Housing/Home Rehabilitation     |          | 13. Housing/Home Rehabilitation |          |
| 4. Employment Assistance           |          | 14. Employment Assistance       |          |
| 5. Recreation, Parks, and Forests  |          | 15. Recreation/Senior Centers   |          |
| 6. Environmental Quality           |          | 16. Nutrition Programs          |          |
| 7. Public Works and Transportation |          | 17. Transportation              |          |
| 8. Social Services                 |          | 18. Outreach/Referral           |          |
| 9. Other                           |          | 19. Other                       |          |
| 10. TOTAL (1 - 9)                  |          | 20. TOTAL (11 - 19)             |          |

### C. ENROLLEE CHARACTERISTICS

| Characteristics                                  | Starts (Cum.)                  | Cur. Enroll. | Characteristics     | Starts (Cum.)                             | Cur. Enroll. |
|--|--------------------------------|--------------|---------------------|---|--------------|
| <b>Sex</b>                                       | Male                           |              | <b>Ethnic Group</b> | American Indian or Alaska Native          |              |
|  | Female                         |              |                     | Asian                                     |              |
| <b>Education</b>                                 | 8th & Under                    |              |                     | Black or African American                 |              |
|  | 9th - 11th                     |              |                     | Hispanic or Latino                        |              |
|  | High School Grad or Equivalent |              |                     | Native Hawaiian or Other Pacific Islander |              |
|  | 1 - 3 years of College         |              |                     | White                                     |              |
| 4 yrs. College or more                           |                                | <b>Age</b>   |                     | 55 - 59                                   |              |
| Family Income at/below Poverty Level             |                                |              |                     | 60 - 64                                   |              |
| Veteran  |                                |              |                     | 65 - 69                                   |              |
| Disabled   |                                |              |                     | 70 - 74                                   |              |
| <b>D. AVERAGE HOURLY WAGE/CURRENT ENROLLMENT</b> |                                |              | 75 and Over         |   |              |

**E. NARRATIVE REPORT ATTACHED:**      YES       NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

These reporting requirements are approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995, OMB Approval No. 1205-0040, expiration date 8/31/2003. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents obligation to reply to these reporting requirements are required to obtain benefits (20 CFR 641.201(c), 641.204, 641.326(e), and 641.409, Older Americans Act 502(b)(1)(P) and 506(d), and 29 CFR 641.321(b)(2) and 641.201(c)). Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Older Workers Programs, Room N-4641, 200 Constitution Avenue, N.W., Washington, DC 20210.