

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				

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