

**Disability Employment Grant Program
Participant, Activity, and Placement Report**

OMB Approval No. 1205-0416 Expires /Oct.31.,2003 /

U.S. Department of Labor
Employment and Training Administration



a. Grantee Name and Address		b. Fed. Agency				c. Report Period From: To:	
		d. Grant Number					
I. Activities/Services Initiated		Number of Enrollments by Quarter				Title III	Total
		1st	2nd	3rd	4th		
A. Assessment							
B. Job Search Assistance							
C. Training - Basic Education							
D. Training - Vocational Skills							
E. On-the-Job Training							
F. Work Experience							
G. Post Employment Follow-up/ Job Retention Services (includes Job Coaching)							
H. Supportive Services							
II. Placement Information							
A. Placement in Unsubsidized Employment							
Average Hourly Wage of All Placements:							
1. 1 hour to 20 hours per week							
Average Hourly Wage:							
2. 21 hours to 35 hours per week							
Average Hourly Wage:							
3. 36 hours or more per week							
Average Hourly Wage:							
B. Employed at 90 Days							
Average Hourly Wage:							

C. Employed at 180 Days						
Average Hourly Wage:						
D. Employed at 12 Months						
Average Hourly Wage:						
E. Achieves 90% Wage Replacement						

III. Participants Served

Number of Individuals at Beginning of Period	Number of New Enrollments	Number of Individuals Exiting Program	Final Number of Individuals at End of Period

Certification:

I CERTIFY that to the best of my knowledge and belief that this report is CORRECT and COMPLETE for the purpose set forth in the GRANT AGREEMENT.

TYPED (Name and Title)	Phone Number	Signature	Date (Month, Day, Year)
------------------------	--------------	-----------	-------------------------

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 or retain benefits WIA Section 171 (b) and Section 185 The Public reporting burden for this collection of information is estimated to average _20_ hours per response, including 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 Office of National Programs, U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N-4641, Washington, D.C. 20210 (Paperwork Reduction Project Number 1205-0416)