

F.
0439

OMB Approval No. 1205-

05/31/2003

Expiration date:

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				
Enrolled in Core Services				
Enrolled in Intensive Services				
Enrolled in Training				
Receiving Support Services				
Rec. Needs-Related Payments				
Employed in Temp. Disaster Relief Asst.				
Rec. Health Coverage Payments				
Exits				
Entering Employment at Exit				
TOTAL EXPENDITURES: STATE/GRANTEE LEVEL				
NRPs				
Support Services				
Health coverage Payments				
Other				
Total Admin., excl. NRPs/Health Coverage Payments				
- Indirect				
NRP Admin.				
Health Coverage Payment Admin.				
TOTAL EXPENDITURES: LOCAL/ PROJECT OPERATOR LEVEL				
Participant Wages				
Participant FBs				
Core Services				
Intensive Services				
Training				
Support Services				
NRPs				
Other				
Total Admin. excl. NRPs				
- Indirect				
NRP Admin.				
TOTAL EXPENDITURES: STATE AND LOCAL				