

**PROGRAM PLANNING SUMMARY REPORT  
ETA FORM 9094**

WIA Program Planning Summary  
 Title I-D, Section 167 - National Farmworker Jobs  
 Program (NFJP)

**U.S. Department of Labor**  
 Employment and Training Administration



**F**

a. Grantee Name and Address	b. Grant Number	OMB Approval No: 1205-0425 Expires: 12/31/2012
	c. Period of Grant From: _____ To: _____	d. Modification Year____ No.____

I. Participation Summary	B. Cumulative Periods			
	1st	2nd	3rd	4th
A. Total Participants				
1. New Participants				
2. Participants Carried Over				
B. Total Number of Participants Exiting Program				
<b>II. Participant Outcomes</b>				
A. Placed in Unsubsidized Employment				
B. Completed Training Services				
C. Total Current Participants (End-of-Period)				

Remarks

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The obligation to respond to this collection is required to obtain or retain benefit (Workforce Investment Act Section 185(a)). Public reporting burden for this collection of information is estimated to average 16 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Division of Adult Services, Attention: National Farmworker Jobs Program, 200 Constitution Avenue, N.W., Mail Stop S-4209, Washington, DC 20210 or e-mail [nfjp@dol.gov](mailto:nfjp@dol.gov) and reference OMB Control Number 1205-0425. (Paperwork Reduction Act Project 1205-0425).

See Reverse Side for Instructions

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 Revised 01/2010

## Instructions for Completing NFJP, WIA Program Planning Summary (PPS) Report

**General Instructions.** The PPS is required to be submitted as part of the annual grant plan. The specific instructions below explain the items on the PPS.

**a. Grantee Name and Address** – No entry necessary.

**b. Grant Number -FOR GRANT OFFICER'S USE ONLY**

**c. Period of Grant** – NO ENTRY REQUIRED

**d. FOR GRANT OFFICER'S USE ONLY.**

### Section I. Participation Summary

This section describes the planned flow of participants through the program: the number entering, those leaving and those remaining in the program. The plan is cumulative on a quarterly basis, and includes carry over participants.

**LINE I. A. Total Participants** Enter for each quarter the cumulative number of participants planned for the program year.

**Participant** is any individual who is determined eligible to participate in the program and receives a service funded by the program. Participant counts do not include individuals who only receive a determination of eligibility to participate in the program.

**LINE I. A.1. New Participants** - Enter for each quarter the cumulative number of new participants projected to be enrolled in the program year.

**LINE I. A.2. Participants Carried Over** - Enter for each quarter the number of participants projected to be in the grantee's program on the last day of the previous program year whose participation will continue in the current program year. This number remains constant for each quarter of the current year.

**LINE I. B. Total Number of Participants Exiting the Program** - Enter for each quarter the cumulative number of participants expected to exit the program during the program year.

**Exit** from the program occurs when a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services.

The date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program.

### Section II. Participant Outcomes.

**LINE II. A. Placed in Unsubsidized Employment** -Enter for each quarter the cumulative number of participants the program expects to place in unsubsidized employment.

**LINE II. B. Completed Training Services** - Enter for each quarter the cumulative number of participants the program expects will complete at least one training service.

**LINE II. C. Total Current Participants (End of Period)** - Enter for each quarter the projected number of individuals the program expects will be participating in the program as of the end of that quarter.