**A. GRANTEE IDENTIFYING INFORMATION**

1. Grantee Name:  
2. Grant Number:  
3. Program/Project Name:  
4. Grantee Address:  
5. Report Quarter End Date:  
6. Report Due Date:  

<table>
<thead>
<tr>
<th>Performance Items</th>
<th>Previous Quarter (A)</th>
<th>Current Quarter (B)</th>
<th>Cumulative Grant-to-Date (C)</th>
</tr>
</thead>
</table>

**B. PARTICIPANT SUMMARY INFORMATION**

1. Total Exiters  
2. Total Participants Served  
3. New Participants Served  
3a. Male  
3a.ii Female  
3b. Hispanic/Latino  
3c. American Indian or Alaska Native  
3c.ii Asian  
3c.iii Black or African American  
3c.iv Native Hawaiian or Other Pacific Islander  
3c.v White  
3c. More Than One Race  
3c.ii Hispanic/Latino and More Than One Race  
3d. Eligible Veterans  
3e. Persons with a Disability  

**C. PARTICIPANT SERVICES AND ACTIVITIES**

1. Number Began Education/Job Training Activities  
2. Number Completed Education/Job Training Activities  
2a. Number Received Credential  
2a. Certificate  
2a.2. Certificate  
2a.3. Certificate  
2a.4. Certificate  
2b. Associate's Degree  
2b. Bachelor's Degree  
2c. Number Entered Employment  
2c.1. Number Entered Training-Related Employment  
2c.1.1. Agriculture, Forestry, Fishing & Hunting  
2c.1.2. Mining (including Oil and Gas Exploration)  
2c.1.3. Construction  
2c.1.4. Agriculture, Forestry, Fishing & Hunting  
2c.1.4. Mining (including Oil and Gas Exploration)  
2c.1.4. Construction  
2c.1. Other  
2c.2. Real Estate Rental & Leasing  
2c.2.1. Real Estate Rental & Leasing  
2c.2.2. Real Estate Rental & Leasing  
2c.2. Other  
2c.3. Professional, Scientific, and Technical Services  
2c.4. Management of Companies & Enterprises  
2c.5. Administrative & Support and Waste Management & Remediation Services  
2c.6. Educational Services  
2c.7. Health Care & Social Assistance  
2c.8. Arts, Entertainment, and Recreation  
2c.9. Accommodation and Food Services  
2c.9.1. Accommodation and Food Services  
2c.9.1. Other Services (except Public Administration)  
2c.10. Public Administration  
2c.10.1. Public Administration  

**D. REPORT CERTIFICATION/ADDITIONAL COMMENTS**

1. Report Comments/Narrative:  
   Attach a separate document that provides a discussion of the grant narrative items outlined in the reporting instructions found under Section D.1 in “High Growth and Community-Based Job Training Grants: General Quarterly Report Forms and Instructions.”

Persons are not required to respond unless this form displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits (Workforce Investment Act [Section 185(a)(2)]. Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, averages 28 hours per response, including time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, ETA, Room C-4518, 200 Constitution Avenue, NW, Washington, DC 20210.