

PLANNING FORM* 2 - Disaster Projects **Workforce Development Services**

1205-0439

OMB Approval No.

All quarterly entries are CUMULATIVE over all previous quarters

Expiration Date:

01/31/07

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER													
	Admin	Program	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	Qtr 10	Qtr 11	Qtr 12
Implementation Schedule														
TOTAL PLANNED PARTICIPANTS														
RECEIVING INTENSIVE SERVICES														
ENROLLED IN TRAINING														
RECEIVING SUPPORTIVE SERVICES														
RECEIVING NEEDS-RELATED PAYMENTS														
EXITS														
ENTERING EMPLOYMENT AT EXIT														
Total Expenditures: <u>GRANTEE LEVEL</u>														
SUPPORTIVE SERVICES														
PROGRAM MANAGEMENT AND OVERSIGHT														
• ADMIN EXCLUDING NRP PROCESSING*														
• NRP PROCESSING														
• OTHER *														
INDIRECT														
OTHER*														
Total Expenditures: <u>PROJECT OPERATOR LEVEL</u>														
CORE AND INTENSIVE SERVICES														
TRAINING SERVICES														
SUPPORTIVE SERVICES														
NRPs														
OTHER*														
PROGRAM MANAGEMENT AND OVERSIGHT														
• ADMIN EXCLUDING														

NRP PROCESSING*														
• NRP PROCESSING														
• OTHER *														
TOTAL EXPENDITURES: GRANTEE AND PROJECT OPERATOR LEVEL														

*This form must be accompanied by an appropriate budget narrative which lists, for each *ed line item, components of the costs, e.g. staff salaries, fringe benefits, equipment, travel, facilities, and the estimated cost amounts for each.

ETA