

<b>EMPLOYMENT AND TRAINING ADMINISTRATION</b> <b>ADVISORY SYSTEM</b> <b>U.S. DEPARTMENT OF LABOR</b> <b>Washington, D.C. 20210</b>	<b>CLASSIFICATION</b> NFJP
	<b>CORRESPONDENCE SYMBOL</b> DNPTTA-OWI
	<b>DATE</b> May 29, 2013

**ADVISORY:** TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 32-12

**TO:** NATIONAL FARMWORKER JOBS PROGRAM GRANTEES

**FROM:** JANE OATES  
Assistant Secretary



**SUBJECT:** National Farmworker Jobs Program Reporting Forms and Requirements

1. **Purpose.** To transmit the updated National Farmworker Jobs Program (NFJP) reporting forms and requirements: the Budget Information Summary (BIS) Report (Employment and Training Administration (ETA) Form 9093), the Program Planning Summary (PPS) Report (ETA Form 9094), the Program Status Summary (PSS) Report (ETA Form 9095), the Housing Assistance Summary (HAS) Report (ETA Form 9164), the Workforce Investment Act Standardized Participant Record (WIASPR), and a grant plan narrative.
2. **References.**
  - Workforce Investment Act of 1998 (WIA) (Pub. L. 105-220) section 167(c)(1) and (2).
  - WIA Regulations Final Rule 20 CFR 669.510, 669.520, 669.530, and 669.540.
  - WIA section 185.
  - WIA Regulations Final Rule 20 CFR 667.300(a).
3. **Background.** The NFJP provides funding to community-based organizations and public agencies to assist migrant and seasonal farmworkers (MSFWs) and their families attain greater economic stability through employment services, training, and related assistance. Authorized under WIA section 167, the NFJP helps MSFWs acquire new job skills in occupations that offer higher wages and a more stable employment outlook.

ETA's statutory and regulatory authority to administer the NFJP includes provisions for a reporting requirement for NFJP funding recipients. The data and information NFJP grantees report allow ETA to fulfill its program oversight and management responsibilities, collect performance information and hold grantees appropriately accountable for the use of Federal funds, provide program and performance information to stakeholders, and inform program and technical assistance activities.

<b>RESCISSIONS</b> None	<b>EXPIRATION DATE</b> Continuing
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ETA requires NFJP employment and training grantees to submit ETA Forms 9093 and 9094 annually, and to submit ETA Form 9095 and WIASPR quarterly, as further described in Section 4. ETA now will require NFJP housing grantees to submit ETA Form 9164 quarterly, as outlined in Section 4. All NFJP grantees submit a grant plan narrative. ETA provides general guidance to the grantees regarding the content of the grant plan narrative. There is no official form or template required for this narrative.

As required under the Paperwork Reduction Act, ETA sought and received approval from the Office of Management and Budget for a 3-year extension from December 31, 2012 to December 31, 2015 for the NFJP reporting forms and requirements.

#### **4. Changes to Reporting Forms and Requirements.**

ETA requires NFJP employment and training grantees to submit the following reports:

- An annual BIS report (ETA Form 9093) by which ETA collects information on how grant funds will be spent during the program year. ETA made minimal non-substantive changes on this form for clarity and conformity across the NFJP forms.
- An annual PPS report (ETA Form 9094) by which ETA collects planned participant numbers and services for the program year. ETA also made minimal non-substantive changes to this form for clarity and conformity across the NFJP forms.
- A quarterly PPS report (ETA Form 9095) by which ETA collects information on actual participant numbers and program services. ETA made two substantive changes to ETA Form 9095. First, we have added a new Part 2, Quarterly Narrative Progress Report, which requires NFJP employment and training grantees to provide narrative information on program activities and outcomes. Second, we have changed the columns for the reporting quarters in Part I of the form, which captures data on participant numbers and service levels; the form previously required grantees to submit data for the previous quarter, current period, and grant cumulative. ETA Form 9095 now will capture data cumulatively for quarters 1 - 4 of the program year. We made this change for consistency across NFJP forms and to facilitate analysis of planned versus actual participant numbers and service levels.
- A quarterly WIASPR submission, by which ETA collects individual records containing demographic, service, and outcome data on individuals who exit the program. This data is used to calculate the common performance measures for entered employment, retention in employment, and average earnings. Field number 73 was revised with the current definition of Registered Apprenticeship. ETA also made minimal non-substantive changes to WIASPR for clarity.

ETA requires NFJP housing assistance grantees to submit the following report:

- A quarterly HAS report (ETA Form 9164), by which ETA collects data and narrative information on NFJP temporary and permanent housing activities. There currently is no uniform reporting requirement for NFJP housing grantees, resulting in variation in the quantity and quality of information reported by grantees. ETA Form 9164 will improve the accuracy in data collected on individuals and families served and the consistency in information reported on grant activities.
5. **Action Required.** Grantees must start using the attached versions of ETA Forms 9093, 9094, 9095, 9164 and WIASPR in Program Year (PY) 2013. For the quarterly reports, ETA Forms 9095 and 9164 and WIASPR, grantees will report using these forms for the first quarter of PY 2013 (the quarter ending September 30, 2013).
  6. **Inquiries.** Please direct questions concerning this Training and Employment Notice to the appropriate regional Federal Project Officer.
  7. **Attachments.**
    - Attachment A - Budget Information Summary report (ETA Form 9093)
    - Attachment B - Program Planning Summary report (ETA Form 9094)
    - Attachment C - Program Status Summary report (ETA Form 9095)
    - Attachment D - Housing Assistance Summary report (ETA Form 9164)
    - Attachment E - Workforce Investment Act Standardized Participant Record

**Attachment A:  
National Farmworker Jobs Program  
Budget Information Summary Report  
ETA Form 9093**

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

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

a. Grantee Name and Address	b. Grant Number	OMB Approval No: 1205-0425 Expires: 12/31/2015
	c. Period of Grant From: _____ To: _____	d. Modification Year__ No. ____

**I. Cumulative Quarterly Projections of Expenditures by Cost Categories (Report in Whole Dollars ONLY)**

A. Grant Program Function and Activity	B. Cumulative Quarters			
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4th Quarter
1. Program Costs				
a. Related Assistance (Emergency Assistance and Supportive Services)				
b. All Other Program Services				
2. Administration				
3. Total Grant Costs				
<b>II. Available Funds in this Grant Year</b>				
A. Balance in Previous Program Year (available funds in 5 <sup>th</sup> quarter)				
B. New Obligational Authority				
<b>C. Total Available Funds</b>				

Remarks:



**III. CERTIFICATION** I certify that to the best of my knowledge this report is correct and complete as set forth in the grant agreement.

Name and Title of Authorized Official	Phone Number	Signature	Date Submitted (Month, Day, Year)
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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 15 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, Office of Workforce Investment, Attention: National Farmworker Jobs Program, 200 Constitution Avenue, N.W., Room C-4510, Washington, DC 20210 and reference OMB Control Number 1205-0425. (Paperwork Reduction Act Project 1205-0425).

## Instructions for Completing NFJP Budget Information Summary (BIS) Report

**General Instructions.** The BIS is required for each Section 167 grantee's program and is a required part of the annual grant plan. Planned expenditures are arrayed cumulatively by program year quarter.

**a. Grantee Name and Address** – NO ENTRY REQUIRED

**b. Grant Number** – NO ENTRY REQUIRED

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

**d. Modification** - FOR GRANT OFFICER USE ONLY.

**Section I - Cumulative Quarterly Projections of Expenditures by Cost Categories** - Annual projections for current year allocation of costs by quarter. Planning quarters correspond to WIA Program Year quarters; for NFJP, the Program Year is from July 1 through June 30. Please round entries on the BIS to the nearest whole dollar. Entries must be listed for all the items below.

### Column (A) Grant Program Function and Activity

**Line A.1. Program Costs** - Enter, for each quarter, the cumulative projected costs for program activities listed. The entry for Line A.1. for each quarter is the sum of the entries for Lines A.1.a. and A.1.b. Program costs are described in 20 CFR 669, subpart C.

**Line A.1.a. Related Assistance** - These are projected costs of related assistance services as described in Section 669.430.

**Line A.1.b. All Other Program Services** -All program costs that are not Related Assistance services costs.

**Line 2. Administration** - Enter, for the quarterly periods, the projected expenditures for administrative costs as described in the regulations at §667.220.

**Line 3. Total Grant Costs** - Enter the projected sum of Lines A.1. and A.2.

### Section II – Available Funds in this Grant Year

**Line II.A. Balance in Previous Program Year** - For incumbent grantee only, enter the amount of projected unexpended WIA Section 167 funds remaining from the preceding program year's allocation. The amount listed in this line item is the uncommitted grant funds available for expenditure in the fifth quarter of the previous program year allocation.

**Line II.B. New Obligational Authority** - Enter the amount of the grant award for the program year covered by this financial planning document.

**Line II.C. Total Available Funds** – Enter the projected sum of Line II.A and II.B. This amount must equal Section I Line 3, for the 4<sup>th</sup> quarter.

**Attachment B:  
National Farmworker Jobs Program  
Program Planning Summary Report  
ETA Form 9094**

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

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

a. Grantee Name and Address		b. Grant Number		OMB Approval No: 1205-0425 Expires: 12/31/2015	
		c. Period of Grant From:                      To:		d. Modification Year____ No.____	
<b>I. Participation Summary</b>		B. Cumulative Quarters			
		1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
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:					
<b>III. CERTIFICATION</b> I certify that to the best of my knowledge this report is correct and complete as set forth in the grant agreement.					
Name and Title of Authorized Official		Phone Number	Signature		Date Submitted (Month, Day, Year)
<small>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, Office of Workforce Investment, Attention: National Farmworker Jobs Program, 200 Constitution Avenue, N.W., Room C-4510, Washington, DC 20210 and reference OMB Control Number 1205-0425. (Paperwork Reduction Act Project 1205-0425).</small>					

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

**General Instructions.** The PPS is required for each Section 167 grantee's program and is a required part of the annual grant plan. The specific instructions below explain the items on the PPS.

**a. Grantee Name and Address – NO ENTRY REQUIRED**

**b. Grant Number – NO ENTRY REQUIRED**

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

**d. Modification – 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 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.

**Attachment C:  
National Farmworker Jobs Program  
Program Status Summary Report  
ETA Form 9095**

**Part 1: Participant Data**

a. Grantee Name and Address	b. Grant Number	OMB Approval No: 1205-0425 Expires: 12/31/2015
	c. Period of Grant From:                      To:	d. Reporting Period From:                      To:

I. Participation Summary	Cumulative Quarters			
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
A. Total Participants Served (excluding individuals who <u>only</u> receive a determination of eligibility)				
1. New Participants				
2. Participants Carried Over From Previous Program Year				
B. Total Number of Participants Exiting Program				
<b>II. Participant Outcomes</b>				
A. Placed in Unsubsidized Employment				
B. Completed Training Services				
<b>III. Total Current Participants (End of Period)</b>				
<b>IV. Participant Enrollments In Program Services</b>				
A. Core Services				
B. Intensive Services				
C. Training Services				
D. Related Assistance Services ( <u>only</u> )				

Remarks:

**V. CERTIFICATION** I certify that to the best of my knowledge this report is correct and complete as set forth in the grant agreement.

Name and Title of Authorized Official	Phone Number	Signature	Date Submitted (Month, Day, Year)
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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 17 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, Office of Workforce Investment, Attention: National Farmworker Jobs Program, 200 Constitution Avenue, N.W., Room C-4510, Washington, DC 20210 and reference OMB Control Number 1205-0425. (Paperwork Reduction Act Project 1205-0425).

## Instructions for Completing NFJP Program Status Summary (PSS) Report Part 1: Participant Data

**General Instructions.** The PSS is required to be electronically submitted on a quarterly basis, cumulative by the Program Year quarters (i.e., beginning July 1, October 1, January 1, and April 1). Reports are due no later than 45 days after the end of each reporting quarter (20 CFR 667.300(3)(d)). Please submit via the Internet at [www.eta-reports.doleta.gov](http://www.eta-reports.doleta.gov).

**a. Grantee Name and Address** – NO ENTRY REQUIRED

**b. Grant Number** – NO ENTRY REQUIRED

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

**d. Reporting Period** – NO ENTRY REQUIRED

### Section I. Participation Summary

**LINE I.A. Total Participants Served** – Enter in the column for the current reporting quarter (i.e. 1<sup>st</sup> quarter, 2<sup>nd</sup> quarter, 3<sup>rd</sup> quarter, or 4<sup>th</sup> quarter) the cumulative number of participants 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 in the column for the current reporting quarter the cumulative number of new participants for the program year.

**LINE I.A.2. Participants Carried Over From Previous Program Year** – Enter in the column for the current reporting quarter the number of participants in the program on the last day of the previous program year whose participation continued in this program year. This number remains constant for the program year.

**LINE I.B. Total Number of Participants Exiting Program** – Enter in the column for the current reporting quarter the cumulative number of participants who have exited 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 in the column for the current reporting quarter the cumulative number of participants placed in unsubsidized employment during the program year.

**Line II.B. Completed Training Services** – Enter in the column for the current reporting quarter the cumulative number of participants who completed at least one training service during the program year.

**Section III. Total Current Participants (End-of-Period)** – NO ENTRY REQUIRED

### Section IV. Participant Enrollments in Program Services

**LINE IV.A. Core Services** – Enter in the column for the current reporting quarter the cumulative number of participants who received at least one core service during the program year. Core Services are identified in WIA Section 134(d)(2).

**LINE IV.B. Intensive Services** – Enter in the column for the current reporting quarter the cumulative number of participants who received at least one intensive service during the program year. Intensive Services are identified in WIA Section 134(d)(3)(C) and 20 CFR Section 669.370.

**LINE IV.C. Training Services** – Enter in the column for the current reporting quarter the cumulative number of participants who received at least one training service during the program year. Training Services are identified in WIA Section 134(d)(4)(D) and Section 167(d) and 20 CFR Section 669.410.

**LINE IV.D. Related Assistance Services (only)** – Enter in the column for the current reporting quarter, the cumulative number of participants who received one or more related assistance services only during the program year. Related Assistance services are identified in 20 CFR Section 669.430.

## Part 2: Quarterly Narrative Progress Report

**A. Program Highlights and Accomplishments:**

**B. Partnership Activities:**

**C. Participant and Performance Outcomes:**

**D. Key Issues and Challenges:**

**E. Additional Information (Optional):**

Attachment:

## **Instructions for Completing NFJP Program Status Summary (PSS) Report Part 2: Quarterly Narrative Progress Report**

In Part 2 of the PSS Report, grantees will provide a narrative progress report for grant activities for the quarter.

**A. Program Highlights and Accomplishments** – In this section, grantees should describe program highlights and accomplishments for the quarter. This section may also be used to share participant success stories.

**B. Partnership Activities** – In this section, grantees should describe key activities undertaken with partners in the quarter, including collaboration with existing partners and any efforts to develop new partnerships. Among other partnership activities, grantees should describe activities with the state's American Job Centers (also known as One-Stop Career Centers).

**C. Participant and Performance Outcomes** – In this section, grantees should provide a brief summary of:

- 1) The grantee's participant outcomes on the Program Status Summary Report (ETA Form 9095) for the quarter in comparison to the planned participant levels for the quarter on the Program Planning Summary Report (ETA Form 9094); and
- 2) The grantee's performance outcomes for the common measures – entered employment, retention, and earnings – for the previous quarter in comparison to the program performance targets for the program year. (Since common measure outcomes are calculated after grantee's quarterly submission of WIASPR individual records, grantees will discuss the outcomes from the previous reporting quarter).

If participant or performance outcome targets are not met, grantees should describe efforts already taken or strategies to be implemented to meet those outcomes. Grantees that have met or exceeded both participant and performance outcomes can include a short statement indicating this result.

**D. Key Issues and Challenges** – In this section, grantees should summarize any significant issues or challenges encountered, and describe any actions already taken or strategies to be implemented to address those issues or challenges. This section may be used to identify any technical assistance needs of the grantee.

**E. Additional Information (Optional)** – This section may be used by grantees to provide any additional information not provided in other sections of the quarterly narrative progress report.

Grantees may also provide additional information for the quarter in an attachment. Grantees should upload documents in MS Word (.doc) or Adobe Acrobat (.pdf) format in the field provided. To upload the file, type in your file name and the complete path to that file, or browse your system for the file. Note that grantees must first provide narrative in sections A through E, and are only to provide attachments to submit additional information.

**Attachment D:  
National Farmworker Jobs Program  
Housing Assistance Summary  
ETA Form 9164**

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

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

a. Grantee Name and Address	b. Grant Number	OMB Approval No: 1205-0425 Expires: 12/31/2015
	c. Period of Grant From:                      To:	d. Reporting Period From:                      To:

**Part 1: Temporary Housing Activities**

	Cumulative Quarters			
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
<b>I. Total Individuals Served</b>				
<b>A. New Individuals Served</b>				
<b>B. Individuals Carried Over From Previous Program Year</b>				
<b>II. Total Families Served</b>				
<b>A. New Families Served</b>				
<b>B. Families Carried over From Previous Program Year</b>				
Remarks:				

**Part 2: Permanent Housing Activities**

	Cumulative Quarters			
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
<b>I. New Housing Units Under Development</b>				
<b>II. New Housing Units Completed</b>				
<b>III. Continuing Housing Units</b>				
<b>IV. Individuals in Permanent Housing Activities</b>				
<b>V. Families in Permanent Housing Activities</b>				
Remarks:				

<b>CERTIFICATION</b> I certify that to the best of my knowledge this report is correct and complete as set forth in the grant agreement.			
Name and Title of Authorized Official	Phone Number	Signature	Date Submitted (Month, Day, Year)

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 17 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, Office of Workforce Investment, Attention: National Farmworker Jobs Program, 200 Constitution Avenue, N.W., Room C-4510, Washington, DC 20210 and reference OMB Control Number 1205-0425. (Paperwork Reduction Act Project 1205-0425).

### Part 3: Quarterly Narrative Progress Report

<b>A. Summary of Grant Activities – Temporary Housing:</b>
Attachment:
<b>B. Summary of Grant Activities – Permanent Housing:</b>
Attachment:
<b>C. Accomplishments:</b>
<b>D. Partnership Activities:</b>
<b>E. Key Issues and Challenges:</b>
<b>F. Additional Information (Optional):</b>

## Instructions for Completing NFJP Housing Assistance Summary (HAS)

### General Instructions

The HAS is required to be electronically submitted on a quarterly basis, by the Program Year quarters (i.e., beginning July 1, October 1, January 1, and April 1). Reports are due no later than 45 days after the end of each reporting quarter (20 CFR 667.300(3)(d)). Please submit via the Internet at: [www.etareports.doleta.gov](http://www.etareports.doleta.gov).

### Grant Information

- a. **Grantee Name and Address** – NO ENTRY REQUIRED
- b. **Grant Number** – NO ENTRY REQUIRED
- c. **Period of Grant** – NO ENTRY REQUIRED
- d. **Reporting Period** – NO ENTRY REQUIRED

### **Part 1: Temporary Housing Activities**

Part 1 of the HAS is to be completed by NFJP grantees receiving funding for temporary housing activities.

**LINE I. Total Individuals Served** – Enter in the column for the current reporting quarter (i.e. 1<sup>st</sup> quarter, 2<sup>nd</sup> quarter, 3<sup>rd</sup> quarter, or 4<sup>th</sup> quarter) the cumulative number of individuals served for the program year.

An “**Individual Served**” is a participant of the program or another individual that benefits from the housing services provided, typically a family member of the participant. For example, a participant of the program is provided temporary rental assistance, and the two family members residing with that participant benefit from the service. Therefore, three individuals have been served.

A “**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. New Individuals Served** – Enter in the column for the current reporting quarter the cumulative number of new individuals served during the program year.

**LINE I.B. Individuals Carried Over From Previous Program Year** – If applicable, enter the number of individuals served in the program on the last day of the previous program year who continued in this program year. This number remains constant for the program year.

**LINE II. Total Families Served** – Enter in the column for the current reporting quarter (i.e. 1<sup>st</sup> quarter, 2<sup>nd</sup> quarter, 3<sup>rd</sup> quarter, or 4<sup>th</sup> quarter) the cumulative number of families served for the program year.

A “Family” is two or more individuals falling under one of the relationships described in 20 CFR 669.110: spouse; child, grandchild, or great grandchild, including legally adopted children; stepchild; brother, sister, half brother, half sister, stepbrother, or stepsister; parent, grandparent, or other direct ancestor but not foster parent; foster child; stepfather or stepmother; uncle or aunt; niece or nephew; father-in-law, mother-in-law, or son-in-law; or daughter-in-law, brother-in-law, or sister-in-law. For example, a participant of the program is provided temporary rental assistance, and the two family members residing with that participant benefit from the service. Three individuals have been served, and one family has been served. If a participant of the program has no other family member that is a participant or benefits from the housing services provided, then that participant is not to be recorded as a “Family” for the purposes of this report.

**LINE II.A. New Families Served** – Enter in the column for the current reporting quarter the cumulative number of new families served during the program year.

**LINE II.B. Families Carried Over From Previous Program Year** – If applicable, enter the number of families served in the program on the last day of the previous program year who continued in this program year. This number remains constant for the program year.

## Part 2: Permanent Housing Activities

Part 2 of the HAS is to be completed by NFJP grantees receiving funding for permanent housing activities.

**LINE I. New Housing Units under Development** – Enter in the column for the current reporting quarter (i.e. 1<sup>st</sup> quarter, 2<sup>nd</sup> quarter, 3<sup>rd</sup> quarter, or 4<sup>th</sup> quarter) the cumulative number of permanent farmworker housing units in pre-development, under construction, or undergoing rehabilitation.

**Line II. New Housing Units Completed** – Enter in the column for the current reporting quarter the cumulative number of new permanent farmworker housing units that have been completed or rehabilitated and are ready for occupancy.

**Line III. Continuing Housing Units** – Enter in the column for the current reporting quarter the cumulative number of permanent farmworker housing units receiving continuing services, such as property management, through NFJP permanent housing funding.

**Line IV. Individuals in Permanent Housing Activities** – Enter in the column for the current reporting quarter the cumulative number of individuals residing in permanent farmworker housing developed or supported through NFJP grant funds, or partaking in other NFJP permanent housing activities. Refer to the description of individuals served in the instructions for Part I, Line I.

**Line V. Families in Permanent Housing Activities** – Enter in the column for the current reporting quarter the cumulative number of families residing in permanent farmworker housing developed or supported through NFJP grant funds, or partaking in other NFJP permanent housing activities. Refer to the description of a family in the instructions for Part I, Line II.

## Part 3: Quarterly Narrative Progress Report

In Part 3 of the HAS, grantees will provide a narrative progress report for grant activities for the quarter. Part 3 is to be completed by all NFJP housing assistance grantees.

**A. Summary of Grant Activities – Temporary Housing Activities.** In this section, NFJP grantees receiving funding for temporary housing activities should describe grant activities for the quarter. The description should include the types of housing services provided and the number receiving those services. Grantees should include a comparison of the activities planned for the quarter to the activities completed in the quarter. In addition to the summary provided in Section A, grantees may provide additional information for the quarter in an attachment. Grantees should upload narrative information in MS Word (.doc) or Adobe Acrobat (.pdf) format in the field provided. To upload the file, type in your file name and the complete path to that file, or browse your system for the file.

**B. Summary of Grant Activities – Permanent Housing Activities.** In this section, NFJP grantees receiving funding for permanent housing activities should describe grant activities for the quarter. The description should include the status of development and rehabilitation projects. Grantees should include a comparison of the activities planned for the quarter to the activities completed in the quarter. In addition to the summary provided in Section B, grantees may provide additional information for the quarter in an attachment. Grantees should upload narrative information in MS Word (.doc) or Adobe Acrobat (.pdf) format in the field provided. To upload the file, type in your file name and the complete path to that file, or browse your system for the file.

**C. Accomplishments** – In this section, grantees should describe key program accomplishments for the quarter. This section may also be used to share participant success stories.

**D. Partnership Activities** – In this section, grantees should describe key activities undertaken with partners in the quarter, including collaboration with existing partners and any efforts to develop new partnerships.

**E. Key Issues and Challenges** – In this section, grantees should describe any significant issues or challenges encountered, and describe any actions already taken or strategies to be implemented to address those issues or challenges. This section may be used to identify any technical assistance (TA) needs of the grantee.

**F. Additional Information (Optional)** – This section may be used by grantees to provide any additional information not provided in other sections of the quarterly narrative progress report.

**Attachment E:  
National Farmworker Jobs Program  
Workforce Investment Act Standardized Participant Record**

OMB Control Number 1205-0425  
Expiration Date: 12/31/2015

## **WIA TITLE I-SECTION 167**

### **NATIONAL FARMWORKER JOBS PROGRAM WORKFORCE INVESTMENT ACT STANDARDIZED PARTICIPANT RECORD (WIASPR): GENERAL REPORTING INSTRUCTIONS AND SPECIFICATIONS**

**(REVISED MAY 2013)**

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0425. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average 2.25 hours per individual record, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. Respondent's obligation to reply is mandatory. The reason for the collection of information is general program oversight, evaluation and performance assessment. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Attention: National Farmworker Jobs Program, 200 Constitution Avenue, N.W., Room C-4510, Washington, DC 20210 (Paperwork Reduction Act Project 1205-0425).

**WIA SECTION 167 NATIONAL FARMWORKER JOBS PROGRAM  
WORKFORCE INVESTMENT ACT STANDARDIZED PARTICIPANT RECORD (WIASPR)**

**GENERAL GUIDELINES**

This document is intended to facilitate preparation and submission of an electronic file of records for all WIA section 167 participants who exit the program. It describes the record layout, definitions, and coding values that should be used to create such a file. The resulting file should be either:

- A fixed-field or comma-delimited-field ASCII text file (also called a DOS text file) containing the data record for each individual who exits the WIA section 167 program on a separate line. (Most database and spreadsheet programs contain an option for exporting data to an ASCII file).
- An Excel file.
- A dbf file.
- Other file formats, so long as prior arrangements are made with Social Policy Research Associates (SPR), DOL's data processing contractor.

This document indicates the order in which the data elements should be presented on each electronic record line and the starting column position for each data element for a fixed-field record. For a delimited-field file or a dbf file, observe the data-elements order and field width maximums indicated by the record layout; for comma-delimited files, separate data fields by commas. Please avoid the use of commas embedded in alpha fields or to denote placeholders in numeric fields (e.g., x,xxx); commas should be used only by grantees who are submitting comma-delimited files.

In general, submissions should follow the coding guidelines for individual items, shown in the attached instructions. In preparing submissions, please name data files using a MGGGGQYY convention, where:

- M stands for the MSFW program.
- GGGG stands for your unique 4-digit grant number.
- Q stands for the quarter (e.g., 1 for the first quarter, etc.; use 5, 6, or 7 for the submissions that include follow-up data for 4th quarter terminees).
- YY stands for the program year.

Submissions can be sent on either a floppy diskette or via email. If a floppy diskette is used, send a 3.5" IBM PC DOS compatible formatted diskette, and mail it to:

NFJP Reporting Submission  
Andrew Wiegand  
Social Policy Research Associates  
1330 Broadway, Suite 1426  
Oakland, California 94612

Include a memorandum in the package clearly identifying your organization, grant number, and the number of terminees being reported.

For those interested in sending submissions via email, please send to: [andrew\\_wiegand@spra.com](mailto:andrew_wiegand@spra.com) or [jane\\_cho@spra.com](mailto:jane_cho@spra.com).

Any questions regarding formatting, record layout and related problems should be referred to Andrew Wiegand or Jane Cho at 510-763-1499. Contact your Federal Project Officer if you have questions regarding item definitions or program policy.

WIA SECTION 167 NATIONAL FARMWORKER JOBS PROGRAM  
WORKFORCE INVESTMENT ACT STANDARDIZED PARTICIPANT RECORD (WIASPR)

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
1 Numeric	1	4	1. ETA-Assigned Grantee Code	Record the appropriate 4-digit ETA assigned identification code. This code is the four-digit segment of the grant number.	0000
2 Numeric	5	2	2a. Field Office Identifier (FIPS Code of State)	Record the 2-digit Federal Information Processing Standards (FIPS) code of the state where the field office is located. For example, the state of Alabama would be recorded as "01."	00
3 Numeric	7	3	2b. Field Office Identifier (FIPS Code of County)	Record the 3-digit FIPS Code of the county where the field office is located. For example, the county of Autauga, Alabama would be recorded as "001."	000
4 Numeric	10	9	3. Participant Identification Number	Record the participant's identification number. If the applicant has no SSN or refuses to provide it, a substitute number may be assigned during intake. Grantees should make every effort to obtain a valid SSN prior to termination and record with transmittal.  SPECIAL NOTE: Possession of a Social Security Number is not a prerequisite for participation. To avoid duplication with Social Security numbers, grantee assigned numbers should be limited to no more than 8 digits, and the first two digits should be 99.	00000000
5 Date	19	8	4. Date of Participation	Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program.	YYYYMMDD
6 Date	27	8	5. Date of Birth	Record the individual's date of birth.	YYYYMMDD
7 Numeric	35	1	6. Gender	Record 1 if the person indicates that he is male.  Record 2 if the person indicate that she is female.  If the person does not self-identify gender, leave "blank" or Record 0.	1 = Male 2 = Female
			7. Race	<b>Important Note:</b> Additional guidance related to the collection and reporting of equal opportunity information, including sex (WIASPR Item #6), age (WIASPR Item #5), disability (WIASPR Item #21h), ethnicity (WIASPR Item #8), and race (WIASPR Items #7a through #7e) can be found under Appendix A of this document.	

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
8 Numeric	36	1	7a. American Indian or Alaskan Native	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.  If the individual does not self-identify his/her race as American Indian or Alaska Native, leave "blank" or Record 0.	1 = Yes
9 Numeric	37	1	7b. Asian	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  If the individual does not self-identify his/her race as Asian, leave "blank" or Record 0.	1 = Yes
10 Numeric	38	1	7c. Black or African American	Record 1 if the individual indicates that he/she is a person having origins in any of the black racial groups of Africa.  If the individual does not self-identify his/her race as Black or African American, leave "blank" or Record 0.	1 = Yes
11 Numeric	39	1	7d. Hawaiian Native or Other Pacific Islander	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  If the individual does not self-identify his/her race as Hawaiian Native or Other Pacific Islander, leave "blank" or Record 0.	1 = Yes
12 Numeric	40	1	7e White	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  If the individual does not self-identify his/her race as White, leave "blank" or Record 0.	1 = Yes
13 Numeric	41	1	8. Ethnicity	Record 1 if the person indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.  Record 2 if the individual indicates that he/she does not meet any of these conditions.  If the individual does not self-identify his/her ethnicity, leave "blank" or Record 0.	1 = Yes 2 = No
14 Numeric	42	1	9. Qualifies for Sec. 167 Program as a:	Record appropriate status of the participant.  SPECIAL NOTE: If a participant qualifies as eligible under both categories, use Code 1 – Farmworker.	1 = Farmworker 2 = Dependent or Spouse of a Farmworker

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
15 Numeric	43	2	10a. Enter FIPS Code of State of the Primary Domicile	Record the 2-digit FIPS code of the state of the primary domicile of the participant. Primary domicile is that location that is established or claimed as the permanent residence or "home" of the participant.  If primary domicile is outside the United States, use the following codes:  77 = All Other Countries 88 = Mexico 99 = Canada	00
16 Numeric	45	3	10b. Enter FIPS Code of County of the Primary Domicile	Record the 3-digit FIPS Code of the County of the primary domicile of the participant. Primary domicile is that location that is established or claimed as the permanent residence or "home" of the participant.  If primary domicile is outside the United States, use the following codes:  777 = All Other Countries 888 = Mexico 999 = Canada	000
17 Numeric	48	1	11. Farmworker Status	Use the appropriate code to record the status of the participant at the time of eligibility determination.  SPECIAL NOTE: Where participant is a dependent of a farmworker, record the status of the eligible farmworker.	1 = Migrant Farmworker 2 = Seasonal Farmworker
			12. Public Assistance Recipient	This instruction applies to items 12a through 12c, below. Record the appropriate code to indicate whether or not the individual is a recipient of each of the following public assistance categories.	
18 Numeric	49	1	12a – Temporary Assistance to Needy Families (TANF)	Record 1 if the individual is a person who, at the time of participation, is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program.  Record 2 if the individual does not meet the condition described above.	1 = Yes 2 = No

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
19 Numeric	50	1	12b – Other Public Assistance	Record 1 if the individual is a person who, at the time of participation, is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), and Supplemental Security Income (SSI-SSA Title XVI).  Record 2 if the individual does not meet the condition described above.	1 = Yes 2 = No
20 Numeric	51	1	12c – Supplemental Nutrition Assistance Program (food stamps) (Food Stamp Act of 1977)	Record 1 if the individual is a person who, at the time of participation, is receiving or has received food stamp assistance in the last six months prior to participation in the program.  Record 2 if the individual does not meet the condition described above.	1 = Yes 2 = No
21 Numeric	52	2	13a. Number of Dependents in the family Under Age 18	Record the number of dependents in the family under age 18.	00
22 Numeric	54	2	13b. Number of Individuals in Family	Record the total number of individuals in the family, including the participant.	00
23 Numeric	56	2	14. Highest School Grade Completed	Use the appropriate code to record the highest school grade completed by the participant. 00 = No school grades completed  01 - 12 = Number of elementary/secondary school grades completed  13 - 15 = Number of college, or full-time technical or vocational school years completed  16 = Bachelor's degree or equivalent  17 = Education beyond the Bachelor's degree  Record 87 if the individual completes the 12th grade and attained a high school diploma.  Record 88 if the individual completes the 12th grade and attained a GED or equivalent.  Record 90 if the individual attained another post-secondary degree or certification.  Record 91 if the individual attained an associates diploma or degree (AS/AA).	00

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
24 Numeric	58	1	15. Student Status at Time of Participation	<p>Record 1 if the participant has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school.</p> <p>Record 2 if the participant has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time.</p> <p>Record 3 if the participant has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school.</p> <p>Record 4 if the participant is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.</p> <p>Record 5 if the participant is not attending any school and has either graduated from high school or holds a GED.</p>	<p>1 = In-school, H.S. or less</p> <p>2 = In-school, Alternative School</p> <p>3 = In-school, Post-H.S.</p> <p>4 = Not attending school or H.S. Dropout</p> <p>5 = Not attending school; H.S. graduate</p>
25 Numeric	59	1	16. Employment Status at Participation	<p>Record 1 if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.</p> <p>Record 2 if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member.</p> <p>Record 3 if the participant does not meet any one of the conditions described above.</p>	<p>1 = Employed</p> <p>2 = Employed, but Received Notice of Termination of Employment or Military Separation</p> <p>3 = Not Employed</p>
26 Numeric	60	5	17. Six Month Pre-Program Earnings	<p>Record the <b>total</b> pre-program earnings of the participant for the 6-month period prior to the date of application in the program. Earnings include salaries or wages, and also include any bonuses, tips, gratuities, and commissions or overtime pay earned.</p> <p>Record 00000 if there were no earnings during this period.</p>	00000

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
27 Numeric	65	5	18. Total Preprogram Earnings During the 12-month Eligibility Determination Period.	Record <b>total</b> pre-program earnings of the participant during the 12-month eligibility determination period. Earnings include salaries or wages, and also include any bonuses, tips, gratuities, and commissions or overtime pay earned.  Record 00000 if there were no earnings during this period.	00000
28 Numeric	70	1	19. Unemployment Insurance Status	Record 1 if the participant is a person who filed a claim and has been determined monetarily eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights.  Record 2 if the participant has exhausted all UC benefit rights for which he/she has been determined monetarily eligible, including extended supplemental benefit rights.  Record 3 if the participant was neither an UC Claimant nor an Exhaustee.	1 = Claimant 2 = Exhaustee 3 = Neither Claimant nor Exhaustee
29 Numeric	71	1	20. Veteran Status	Record 1 if the participant is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.  Record 2 if the participant served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.  Record 3 if the participant is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.  Record 4 if the participant does not meet any one of the conditions described above.	1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
			21. Additional Barriers to Employment	Record all the appropriate codes for the following categories as they apply to the participant.	
30 Numeric	72	1	21a. Limited English Language Proficiency	Record 1 if the participant is a person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language.  Record 2 if the participant does not meet the conditions described above.	1 = Yes 2 = No
31 Numeric	73	1	21b. Offender/ Criminal Justice Barrier	Record 1 if the participant is a person who either (a) is or has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.  Record 2 if the participant does not meet any one of the conditions described above.	1 = Yes 2 = No
32 Numeric	74	1	21c. Homeless	Record 1 if the participant is a person who lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.  Record 2 if the participant does not meet any one of the conditions described above.	1 = Yes 2 = No
33 Numeric	75	1	21d. Lacks Significant Work History	Record 1 if the participant is a person who has not worked for any nonagricultural employer for longer than three (3) consecutive months in the 24 months prior to intake/eligibility determination.  Record 2 if the participant does not meet the conditions described above.	1 = Yes 2 = No

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
34 Numeric	76	1	21e. Long-term Agricultural Employment	Record 1 if the participant is a person who has engaged in agricultural work as the primary source of income for a minimum of four (4) years prior to intake/eligibility determination.  Record 2 if the participant does not meet the conditions described above.	1 = Yes 2 = No
35 Numeric	77	1	21f. Lacks Transportation	Record 1 if the participant is a person who lacks access to adequate/reasonable transportation services, resulting in a barrier to receiving training or accepting employment.  Record 2 if the participant does not meet the conditions described above.	1 = Yes 2 = No
36 Numeric	78	1	21g. Single Parent with Dependents Under Age 18	Record 1 if the participant is a single, separated, divorced, or widowed individual who has responsibility for one or more dependent children under age 18.  Record 2 if the participant does not meet the conditions described above.	1 = Yes 2 = No
37 Numeric	79	1	21h. Individual with a Disability	Record 1 if the participant indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.)  Record 2 if the participant indicates that he/she does not have a disability that meets the definition.  If the participant does not wish to disclose his/her disability status, leave "blank" or Record 0.	1 = Yes 2 = No
38 Numeric	80	1	22. Basic Literacy Skills Deficient	Record 1 if the participant meets the definition of basic literacy skills deficient. This definition must include a determination that an individual either (a) computes or solves problems, reads, writes or speaks English (Spanish in Puerto Rico) at or below grade level 8.9; or (b) is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family or in society.  Record 2 if the participant does not meet the above definition.  Record 9 if this information not obtained or reported.	1 = Yes 2 = No 9 = Not Applicable/Not Reported

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
39 Date	81	8	23. Date of Eligibility Determination	Record the date on which the individual was determined eligible to participate in the Section 167 program.  Otherwise, leave "blank" if the participant did not receive core services.	YYYYMMDD
40 Date	89	8	24. Date of First Intensive Service	Record the date on which the participant first received intensive services. Intensive Services include specialized assessments of skill levels, work experience, diagnostic testing, adult basic education or English as a Second Language (ESL) training, development of an individual employment plan, group or individual counseling, case management for participants seeking training services, short-term prevocational services, and remedial reading, writing, or communication skills training.  Otherwise, leave "blank" if the participant did not receive intensive services.	YYYYMMDD
41 Date	97	8	25. Date of First Training Service	Record the date on which the participant first received training services. Training services include, but are not limited to, occupational skills training; OJT; skill upgrading; entrepreneurial training; and job readiness training.  Otherwise, leave "blank" if the participant did not receive training services.	YYYYMMDD
			26. Actual Total Hours	Enter the actual total hours (funded by the 167 grant) in each of the following categories. SPECIAL NOTE: If the participant did not receive the training service, please enter "0000" in the appropriate category of training.	
42 Numeric	105	4	26a. Basic Skills Training funded by 167 grant.	Record the actual total hours the participant received basic skills training financially assisted by the section 167 grant. Basic skills training includes, but is not limited to, remedial reading, writing, communication, mathematics and/or English for non-English speakers.	0000
43 Numeric	109	4	26b. Occupational Skills Training (Non-OJT) funded by 167 grant.	Record the actual total hours the participant received occupational skills training (excluding On-the-job training) financially assisted by the section 167 grant. Occupational skills training includes vocational education and classroom training, designed to provide individuals with the technical skills and information required to perform a specific job or group of jobs.	0000

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
44 Numeric	113	4	26c. Integrated Basic/Occupational Skills Training funded by 167 grant.	Record the actual total hours the participant received integrated basic/occupational skills training financially assisted by the section 167 grant. Integrated basic/occupational skills training combines elements of both Basic Skills Training and Occupational Skills Training (Non-OJT) as described immediately above.	0000
45 Numeric	117	4	26d. On-the-job Training (OJT) funded by 167 grant	Record the actual total hours the participant received On-the-job Training (OJT) financially assisted by the section 167 grant. OJT includes training by an employer that is provided to a paid participant while engaged in productive work in a job that: (a) provides knowledge or skills essential to the full and adequate performance of the job; (b) provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; and (c) is limited in duration appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant as appropriate.	0000
46 Numeric	121	4	26e. Work Experience funded by 167 grant	Record the actual total hours the participant received work experience financially assisted by the section 167 grant. Work experience includes short-term or part-time work activity that provides an individual with the opportunity to acquire appropriate work habits and behaviors.	0000
47 Numeric	125	1	27. Received Worker Safety Training	Record 1 if the participant received any training that consists of instruction in any of the following: safe and proper ways to operate or maintain machinery, safe handling and use of toxic chemicals, proper use of protective clothing and devices, first aid, or other topics related to worker safety on the job site.  Record 2 if the participant did not receive worker safety training.	1 = Yes 2 = No
48 Numeric	126	1	28. Enrolled in a program or activity leading to an educational or occupational credential or license.	Record 1 if the participant was enrolled in a program or activity leading to an educational or occupational credential or license. A credential is defined as any nationally recognized degree or certificate or a state/locally recognized credential. Credentials will include, but are not limited to, a high school diploma, GED or other recognized equivalents, postsecondary degrees, recognized skills standards and licensure or industry recognized certificates.  Record 2 if the participant does not meet the above definition.	1 = Yes 2 = No

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
49 Numeric	127	8	29. Occupational Skills Training Code	Enter the 8-digit O*Net 4.0 (or later versions) code that best describes the occupation for which the participant received training.  Record 00000000 or leave "blank" if the occupational code is not available or not known.  SPECIAL NOTE: If all 8-digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the occupational skills training code for the most recent training.	00000000
			30. Related Assistance Services Received	For each of the following Related Assistance services record whether or not the services were provided while an individual was a participant, <i>regardless of the funding source</i> .	
50 Numeric	135	1	30a. Transportation	Record 1 if the participant received transportation (public or private) assistance or cash paid to participants or members of their families for the purpose of transportation.  Record 2 if the participant did not receive any transportation assistance.	1 = Yes 2 = No
51 Numeric	136	1	30b. Health Care	Record 1 if the participant received supportive health care services that includes, but is not limited to, preventive and clinical medical treatment, voluntary family planning, and necessary psychiatric, psychological and prosthetic services.  Record 2 if the participant did not receive any health care assistance.	1 = Yes 2 = No
52 Numeric	137	1	30c. Family Care (including child care)	Record 1 if the participant received supportive services which helps participants meet their family care needs during program participation. Family care ranges from adult to child care inside or outside the home to after-school programs (inside or outside the home). It usually includes supervision and shelter.  Record 2 if the participant did not receive any family care assistance.	1 = Yes 2 = No
53 Numeric	138	1	30d. Housing, Resettlement, or Rental Assistance	Record 1 if the participant received supportive services which assists participants in maintaining or obtaining adequate shelter, including utilities, for themselves and their families or relocating in order to accept or maintain employment or to obtain education or training while they are participating in the program.  Record 2 if the participant did not receive any housing resettlement or rental assistance.	1 = Yes 2 = No
54 Numeric	139	1	30e. Nutritional Assistance	Record 1 if the participant received supportive service(s) that includes the provision of food and other nutritional assistance (other than counseling) to eligible program participants and their dependents.  Record 2 if the participant did not receive any nutritional assistance.	1 = Yes 2 = No

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
55 Numeric	140	1	30f. Translation and Interpretation Services	Record 1 if the participant received supportive services which involves a bi-lingual agent who hears or reads the language of one party and speaks or writes another language for another party. One of the two parties will be a program participant.  Record 2 if the participant did not any receive translation and interpretation services.	1 = Yes 2 = No
56 Numeric	141	1	30g. Other	Record 1 if the participant received supportive services not specified above.  Record 2 if the participant did not receive any other related assistance services.	1 = Yes 2 = No
			31. Partner Program Participation	The following instruction applies to items 31a through 31k. In each instance indicate whether or not the individual is participating in each of the following programs. Record only those programs that are coordinated, possibly through a formal coenrollment, by inclusion in the individual's service plan, or through follow-up services.	
57 Numeric	142	1	31a. Concurrent Participation: WIA Title I State/local program (Subtitle B)	Record 1 if the participant received services financially assisted under WIA Title I-B program.  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
58 Numeric	143	1	31b. Concurrent Participation: Adult Education	Record 1 if the participant received services financially assisted under WIA Title II.  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
59 Numeric	144	1	31c. Concurrent Participation: Native American Programs	Record 1 if the participant received services financially assisted under WIA Title I-D, Section 166.  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
60 Numeric	145	1	31d. Concurrent Participation: Veterans Workforce Investment Programs	Record 1 if the participant received services financially assisted by either DVOP/LVER funds (WIA section 121(b)(1)(B)(ix)) or WIA section 168.  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
61 Numeric	146	1	31e. Concurrent Participation: Trade Adjustment Act (TAA)	Record 1 if the participant received services financially assisted under the Trade Adjustment Assistance Act (WIA section 121(b)(1)(B)(viii)).  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
62 Numeric	147	1	31f. Concurrent Participation: Vocational Education	Record 1 if the participant received services financially assisted under the Carl D. Perkins Vocational and Applied Technology Education Act (20 USC 2471) (WIA section 121(b)(1)(B)(vii))  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
63 Numeric	148	1	31g. Concurrent Participation: Vocational Rehabilitation	Record 1 if the participant received services financially assisted under parts A and B of title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.) WIA title IV  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
64 Numeric	149	1	31h. Concurrent Participation: Wagner-Peyser	Record 1 if the participant received services financially assisted under the Wagner-Peyser Act (29 USC 49 et seq.) WIA section 121(b)(1)(B)(ii).  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
65 Numeric	150	1	31i. Concurrent Participation: Title V activities	Record 1 if the participant received services financially assisted under the Older Americans Act of 1998 (WIA section 121(b)(1)(B)(vi)).  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
66 Numeric	151	1	31j. Concurrent Participation: Employment and Training Programs under Dept. HUD	Record 1 if the participant received employment and training services financially assisted by the U.S. Department of Housing and Urban Development.  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
67 Numeric	152	1	31k. Concurrent Participation: Other WIA and non-WIA programs	Record 1 if the participant received services financially assisted from any other WIA and non-WIA program not listed above.  Record 0 or leave "blank" if the participant did not receive any services under the condition described above or it is not known.	1 = Yes
68 Numeric	153	1	32. Pell Grant Recipient	Record 1 if the participant is or has been notified s/he will be receiving a Pell Grant at any time during participation in the program. This information may be updated at any time during participation in the program.  Record 2 if the participant does not meet the condition described above.	1 = Yes 2 = No

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
69 Date	154	8	33. Date of Exit	Record the date on which the last service funded by the program or a partner program is received by the participant. Once 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.	YYYYMMDD
70 Numeric	162	1	34. Category of Exit	<p>Record 1 if the participant received and/or completed any job-related core (beyond core informational or self-services, and eligibility determination), intensive, or training services.</p> <p>Record 2 if the participant received non-job related services, without having received job-related core, intensive, or training services.</p> <p>Record 3 if the participant did not complete the program and exited for other reasons, as specified in Item 35 below.</p> <p>SPECIAL NOTE: Individuals who receive training-related services AND intensive, or training services should be coded 1.</p>	<p>1 = Employment and Training Exiter</p> <p>2 = Related Assistance Services ONLY Exiter</p> <p>3 = Other Reasons for Exit</p>

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
71 Numeric	163	1	35. Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	<p>Record 1 if the participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days.</p> <p>Record 2 if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the 167 program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Record 3 if the participant was found to be deceased or no longer living.</p> <p>Record 4 if the participant entered advanced training. Advanced training includes an occupational skills employment/training program, not funded under Title I of WIA, which does not duplicate training received under Title I. This category includes only training outside of the 167 program, One-Stop, WIA and partner system.</p> <p>Record 5 if the participant entered post-secondary education. Post-secondary education includes a program at an accredited degree-granting institution that leads to an academic degree (e.g., AA, AS, BA, BS). This does not include entry into post-secondary education programs offered by degree-granting institutions that do not lead to an academic degree.</p> <p>Record 6 if the participant cannot be located or has moved to an area that prevents them from completing their program, or has voluntarily left the program.</p> <p>Record 7 if the participant is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Record 8 if the participant is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days.</p> <p>Record 9 if the social security number of the participant is not valid.</p> <p>Record 0 or leave "blank" if the participant exited for a reason other than one of the conditions described above.</p>	<p>1 = Institutionalized</p> <p>2 = Health/Medical</p> <p>3 = Deceased</p> <p>4 = Entered Advanced Training</p> <p>5 = Entered Post-Secondary Education</p> <p>6 = Moved/Cannot Locate/Voluntary Separation</p> <p>7 = Family Care</p> <p>8 = Reserve Forces Called to Active Duty</p> <p>9 = Not a Valid SSN</p>
72 Date	164	8	36. Date Placed in Unsubsidized Employment	<p>Record the date on which the participant was placed into unsubsidized employment. Leave this field blank if the participant did not enter unsubsidized employment.</p>	YYYYMMDD

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
			37. For Those Who Were Placed in Employment, Check Yes for All that Apply	Record the requested information as appropriate for participants who were placed in unsubsidized employment.	
73 Numeric	172	1	37a. Entered Registered Apprenticeship Program	Record 1 if the participant entered a Registered Apprenticeship program. The program must be registered with DOL Office of Apprenticeship (OA) or a federally-recognized State Apprenticeship Agency (SAA). Record 2 if the participant did not enter a Registered Apprenticeship program.	1 = Yes 2 = No
74 Numeric	173	1	37b. Entered Military Service	Record 1 if the participant joined the Army, Navy, Air Force, Marines or Coast Guard, or, entered into active duty from Reserve or National Guard units in cases of unplanned military buildup. Record 2 if the participant did not enter the military services.	1 = Yes 2 = No
75 Numeric	174	1	37c. Self-Employment	Record 1 if the participant was self-employed. Self-employment includes self-directed work in which goods or services produced by, or obtained by, the individual (or others working for him/her) are offered for sale. Record 2 if the participant was not self-employed	1 = Yes 2 = No
			38. For Those Who Were Placed in Employment, Provide Employment Information	Record the requested employment information below as appropriate for those participants who were placed in unsubsidized employment.	
76 Numeric	175	2	38a. Hours Worked per Week	Record the usual number of hours of work scheduled per week, including overtime. Record 00 if the participant was not placed into unsubsidized employment.	00
77 Currency	177	5	38b. Hourly Wage at Placement	Record the hourly wage at placement. Hourly wage includes any bonuses, tips, gratuities, commissions, and overtime pay earned. Record 00.00 if the participant was not placed into unsubsidized employment. SPECIAL NOTE: Decimal point in entry must be explicit.	00.00

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
78 Numeric	182	1	38c. Fringe Benefits Available/Received	<p>Record 1 if the participant was placed into unsubsidized employment where the employer makes available (or will make available following the completion of a probationary period) to the individual (whether or not the individual accepts) fringe benefits, beyond those required by law (e.g., Unemployment Insurance, worker's compensation), including health insurance benefits, holiday or vacation pay, sick leave, or a pension plan (not including social security).</p> <p>Record 2 if the participant was placed into unsubsidize employment where the employer does not make available fringe benefits.</p> <p>Record 0 if the participant was not placed into unsubsidized employment.</p> <p>SPECIAL NOTE: For individuals holding multiple jobs, this item should be recorded as 1 = Yes if any job provides fringe benefits.</p>	<p>1 = Yes</p> <p>2 = No</p>
79 Numeric	183	8	38d. Occupational Code: Code	<p>Enter the 8-digit O*Net 4.0 (or later versions) code that best describes the participant's employment.</p> <p>Record 00000000 or leave "blank" if the occupational code is not available or not known.</p> <p>SPECIAL NOTE: If all 8-digits of the occupational skills code are not collected, record as many digits as are available. If the individual had multiple jobs, use the occupational code for the most recent job held.</p>	00000000
80 Numeric	191	2	38e. FIPS Code of State Where Job is Located	<p>Record the 2-digit FIPS code of the state where the job is located.</p> <p>Record 00 if the participant was not placed into unsubsidized employment.</p>	00
81 Numeric	193	1	38f. Job Covered by Unemployment Insurance	<p>Record 1 if the participant was placed into unsubsidized employment that is covered by Unemployment Insurance.</p> <p>Record 2 if the participant was placed into unsubsidized employment that is not covered by Unemployment Insurance.</p>	<p>1 = Yes</p> <p>2 = No</p>
82 Numeric	194	1	38g. Was Employment Training Related	<p>Record 1 if the employment in which the participant entered uses a substantial portion of the skills taught in the training received by the individual.</p> <p>Record 2 if the employment in which the participant entered does not meet the condition described above.</p>	<p>1 = Yes</p> <p>2 = No</p>

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
83 Numeric	195	1	38h. Entered Non-Traditional Employment	Record 1 if the participant's employment is in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field of work. Non-traditional employment can be based on either local or national data, and both males and females can be in non-traditional employment.  Record 2 if the employment in which the participant entered does not meet the condition described above.	1 = Yes 2 = No
84 Numeric	196	1	39. Attainment of recognized educational or occupational certificate, credential, diploma or degree	Record 1 if the participant attained any nationally recognized degree or certificate or a state/locally recognized credential. Credentials will include, but are not limited to, a high school diploma, GED or other recognized equivalents, postsecondary degrees, recognized skills standards and licensure or industry recognized certificates.  Record 2 if the individual received training services, but did not attain a recognized degree, certificate, or credential.	1 = Yes 2 = No
			40. Type of recognized educational or occupational certificate, credential, diploma or degree	Record the requested information below as appropriate if the individual attained a recognized degree, certificate, or credential.	
85 Numeric	197	1	40a. High school diploma or equivalent (including GED).	Record 1 if the participant attained a GED certificate or high school diploma, or equivalency.  Record 2 if the participant did not attain a GED certificate or high school diploma, or equivalency.	1 = Yes 2 = No
86 Numeric	198	1	40b. AA or AS diploma or degree	Record 1 if the participant attained an AA or AS diploma or degree.  Record 2 if the participant did not attain an AA or AS diploma or degree.	1 = Yes 2 = No
87 Numeric	199	1	40c. BA or BS diploma or degree	Record 1 if the participant attained a BA or BS diploma or degree.  Record 2 if the participant did not attain a BA or BS diploma or degree.	1 = Yes 2 = No
88 Numeric	200	1	40d. Occupational skills license	Record 1 if the participant attained an occupational skills license.  Record 2 if the participant did not attain an occupational skills license.	1 = Yes 2 = No
89 Numeric	201	1	40e. Occupational skills certificate or credential	Record 1 if the participant attained an occupational skills certificate or credential.  Record 2 if the participant did not attain an occupational skills certificate or credential.	1 = Yes 2 = No

Field Number & Type	Field Starting Column	Field Width	WIASPR Item and Description	Data Element Definitions/Instructions	Coding Value
90 Numeric	202	1	40f. Other	Record 1 if the participant attained any other license, diploma, degree, or equivalent. Record 2 if the participant did not attain any other license, diploma, degree, or equivalent.	1 = Yes 2 = No
91 Numeric	203	1	41. Employed in the 1 <sup>st</sup> Quarter After Exit Quarter	Record 1 if the participant was employed in the first quarter after the quarter of exit. Record 2 if the participant was not employed in the first quarter after the quarter of exit. Record 3 if information on the participant's employment status in the first quarter after the quarter of exit is not yet available.	1 = Yes 2 = No 3 = Information Not Yet Available
92 Numeric	204	1	42. Employed in the 2 <sup>nd</sup> Quarter After Exit Quarter	Record 1 if the participant was employed in the second quarter after the quarter of exit. Record 2 if the participant was not employed in the second quarter after the quarter of exit. Record 3 if information on the participant's employment status in the second quarter after the quarter of exit is not yet available.	1 = Yes 2 = No 3 = Information Not Yet Available
93 Numeric	205	1	43. Employed in the 3 <sup>rd</sup> Quarter After Exit Quarter	Record 1 if the participant was employed in the third quarter after the quarter of exit. Record 2 if the participant was not employed in the third quarter after the quarter of exit. Record 3 if information on the participant's employment status in the third quarter after the quarter of exit is not yet available.	1 = Yes 2 = No 3 = Information Not Yet Available
94 Numeric	206	5	44. Wages 2 <sup>nd</sup> & 3 <sup>rd</sup> Quarters After Exit Quarter	Record the total earnings earned by the participant in the second and third calendar quarters after the quarter of exit. Total earnings include any bonuses, tips, gratuities, commissions, and overtime pay earned.  Note: Enter whole dollar amounts (00000). Please enter 99999 if data are not yet available for this item. Otherwise, leave "blank" if this data element does not apply.	00000

APPENDIX A  
ADDITIONAL GUIDANCE FOR COLLECTING  
FEDERAL EQUAL OPPORTUNITY DATA

Beginning on the effective date of this reporting system, states are required to collect, maintain, and report equal opportunity information, including sex (WIASPR Item #6), age (WIASPR Item #5), disability (WIASPR Item #21h), ethnicity (WIASPR Item #8), and race (WIASPR Items #7a through #7e) , for all individuals who apply for benefits or services financially assisted by the program. This requirement is in accordance with 29 CFR Part 37, “Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Investment Act of 1998.” For reference, sections 37.37(b)(1), (b)(2) and (d) of title 29 CFR mandate the following:

*(b)(1) Each recipient must collect such data and maintain such records, in accordance with procedures prescribed by the Director [Director of the Civil Rights Center, Office of the Assistant Secretary for Administration and Management, DOL], as the Director finds necessary to determine whether the recipient has complied or is complying with the nondiscrimination and equal opportunity provisions of WIA or this part. The system and format in which the records and data are kept must be designed to allow the Governor and CRC [Civil Rights Center, Department of Labor] to conduct statistical or other quantifiable data analyses to verify the recipient's compliance with section 188 of WIA and this part;*

*(b)(2) Such records must include, but are not limited to, records on applicants, registrants, eligible applicants/registrants, participants, terminees, employees, and applicants for employment. Each recipient must record the race/ethnicity, sex, age, and where known, disability status, of every applicant, registrant, eligible applicant/registrator, participant, terminee, applicant for employment, and employee;*

*(d) Where designation of individuals by race or ethnicity is required, the guidelines of the Office of Management and Budget must be used.*

Other sources of authority for this requirement include 29 CFR 31.5(b), in DOL’s regulations implementing Title VI of the Civil Rights Act of 1964, and 29 CFR 32.44(b), in DOL’s regulations implementing Section 504 of the Rehabilitation Act of 1973. The CRC Director has determined that collection of the equal opportunity information sought by this section of the reporting system is necessary in order to determine whether recipients have complied, or are complying, with the nondiscrimination and equal opportunity provisions of WIA and other applicable statutes.

The collection of equal opportunity information is to be self-identified and is voluntarily provided by the individual. Individuals should be made aware of the reason for the request of such information as well as the parties to whom disclosure may be made. Information collected from the individual will be used to monitor compliance of recipients with the equal opportunity and nondiscrimination requirements enforced by the CRC. It will also be used to assist the grantee and the Department in evaluating and improving efforts to conduct outreach to diverse population groups, including racial and ethnic minorities and persons with disabilities.

The collection of ethnicity and race information contained within these reporting instructions are in accordance with the Office of Management and Budget (OMB) Statistical Directive 15. The ethnicity and racial categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies.

OMB has determined that a two-question format should be used in all cases involving self-identification of ethnicity and race. Therefore, ethnicity information (i.e., Hispanic or Latino) must be collected separately from race information, and individuals who indicate that they are Hispanic or Latino should also have the opportunity to select one or more racial categories. Information on an individual's ethnicity must also be collected before information on race. When completing race information, individuals must be offered the option of selecting one or more racial designations. Recommended forms for the instruction accompanying the race information should instruct the individual to read each racial designation carefully and then "Mark one or more . . ." or "Select one or more . . ." races to indicate what the individual considers him/herself to be.

For the purposes of the requirements in this section of the reporting system, disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual. 29 CFR 37.4 provides further clarification of the term "disability"; relevant portions of the definition have been included below for reference

*(1)(i) The phrase physical or mental impairment means—*

- (A) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine;*
- (B) Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.*

*(ii) The phrase physical or mental impairment includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. The phrase "physical or mental impairment" does not include homosexuality or bisexuality.*

*(2) The phrase major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.*

Information collected from the individual will be used to monitor compliance of recipients with the equal opportunity and nondiscrimination requirements enforced by the CRC. It will also be used to assist the grantee and the Department in evaluating and improving efforts to conduct outreach to diverse population groups, including racial and ethnic minorities and persons with disabilities.

Personally identifying information (i.e., equal opportunity information by SSN) will not be included in the tabulation or transfer of data to the Department. The Department will use the data supplied by the individual to determine how many applicants are from different groups and how many of these applicants are determined eligible to receive services financially assisted by the program in question. The Department will then assess compliance with nondiscrimination and equal opportunity requirements, as well as the effectiveness of specific outreach efforts and means of communication in light of this information.