A. GRANTEE IDENTIFYING INFORMATION

1. Grantee Name: ____________________________
2. Grant Number: ____________________________

4. Grantee Address:
   City ____________________________
   State ______
   Zip Code ______

5. Report Year End Date: ____________________________
6. Report Due Date: ____________________________

B. ANNUAL PARTICIPANT OUTCOMES (ALL GRANT PARTICIPANTS)

1. Unique Participants Enrolled

2. Total Number of Participants Who Have Completed a Grant-Funded Program of Study
   2a. Total Number of Grant-Funded Program of Study Completers Who Are Incumbent Workers
   2b. Total Number of Participants Still Retained in Their Programs of Study (or Other Grant-Funded Programs)
   2c. Total Number of Participants Retained in Other Education Program(s)
   2d. Total Number of Grant-Funded Credit Hours Completed
   2e. Total Number of Participants Completing Credit Hours
   2f. Total Number of Earned Certificates/Degrees
   2g. Total Number of Participants Earning Certificates - Less Than One Year
   2h. Total Number of Participants Earning Certificates - More Than One Year
   2i. Total Number of Participants Earning Degrees
   2j. Total Number of Participants Enrolled in Further Education After Program of Study Completion and Exit
   2k. Total Number of Participants Employed After Program of Study Completion and Exit
   2l. Total Number of Participants Retained in Employment After Program of Study Completion and Exit

3. Total Number of Grant-Funded Program of Study Completers Who Are Incumbent Workers

4. Total Number of Participants Completing Credit Hours

5. Total Number of Participants Earning Certificates/Degrees
   5a. Total Number of Participants Earning Certificates - Less Than One Year
   5b. Total Number of Participants Earning Certificates - More Than One Year
   5c. Total Number of Participants Earning Degrees
   5d. Total Number of Participants Completing Credit Hours
   5e. Total Number of Participants Completing Credit Hours
   5f. Total Number of Participants Completing Credit Hours
   5g. Total Number of Participants Completing Credit Hours
   5h. Total Number of Participants Completing Credit Hours
   5i. Total Number of Participants Completing Credit Hours
   5j. Total Number of Participants Completing Credit Hours
   5k. Total Number of Participants Completing Credit Hours
   5l. Total Number of Participants Completing Credit Hours

C. ANNUAL PARTICIPANT SUMMARY INFORMATION (ALL GRANT PARTICIPANTS)

1. Male
2. Female
3a. Hispanic/Latino
3b. American Indian or Alaskan Native
3c. Asian
3d. Black or African American
3e. Native Hawaiian or Other Pacific Islander
3f. White
3g. More Than One Race
3h. Full-time Status
3i. Part-time Status
4. Incumbent Workers
5. Eligible Veterans
6. Participant Age (Mean)
7. Persons with a Disability
8. Pell-Grant Eligible
9. TAA Eligible
10. Other Demographic Measure (Optional - Entered by Applicant)

D. ACHIEVEMENTS AND SUCCESSES

1. Summarize your most innovative achievement or your greatest success story from the previous year.
   Please limit your response to 700 characters.

F. SERVICES and OUTCOMES for TAA ELIGIBLE INDIVIDUALS

1. Provide a description of how the program(s) have served TAA eligible individuals. Specifically, address: 1) the number of TAA Eligible individuals who participated in TAACCCT funded programs, 2) how many TAA Eligible individuals enrolled and obtained credentials, certificates or degrees, 3) how many TAA Eligible Individuals enrolled and did not attain credentials, certificates or degrees, and 4) the average duration and whether the duration of education and training was longer or shorter for these individuals than for other non-TAA eligible participants (provided in weeks). You may use observations or participant records to compile and summarize this information.
   Please limit your response to 700 characters.

G. REPORT CERTIFICATION/ADDITIONAL COMMENTS

1. Report Comments/Narrative:
   Please describe any additional outcomes or information about your grant.

2. Name of Grantee Certifying Official/Title:
3. Telephone Number:
4. Email Address:

Form ETA-9160
ROUNDS 2, 3 AND 4 ANNUAL PERFORMANCE REPORT
TAACCT COMMUNITY COLLEGE and CAREER TRAINING GRANTS

OMB No. 1205-0489
Expires: 07/30/2018

(Report if Available)

(B)

(C)

(D)

Please describe any additional outcomes or information about your grant.

Please limit your response to 700 characters.

Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, averages 48 hours per response, including time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, ETA, Room N-4643, 200 Constitution Avenue, NW, Washington, DC 20210.

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