## WIA PARTICIPANT AND COST PROJECTIONS WORKSHEET Section 166 U.S. Dep

**Indian and Native American Program** 

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



a. Grantee Name, Address, Phone Number:		b. Date Submitted (M	o/Day/Yr)	c. Grant Number				
		d. Grant Period From: 07/01/200 To: 06/30/200	)4	e. Program Type  Adult				
I. Projected Enrollment and Terminations (Cumulative Semi-annually)								
		Semi-Annual Year 1	Year 1	Semi-Annual Year 2	Year 2			
Α.	Total Participants	roar r	rearr	roar z	rour Z			
	New Participants							
	2. Participants Carried Over from Previous Year							
В.	Total Terminations							
	1. Entered Employment with Enhancement							
	2. Entered Employment							
	3. Attained Employability Enhancement Only							
	4. All Other Terminations							
C.	Total Current Participants							

II. Cost Projections (Cumulative Semi-annually)

	Semi-annual Year 1	Year 1	Semi-annual Year 2	Year 2
A. Employment				
B. Training				
C. Other				
D. Administration				
E. Total Projected Costs				

Comments: