

**Attachment III to UIPL No. 16-20 Change I**

**Form ETA 9178-P**

U.S. Department of Labor  
 Employment and Training Administration  
 Form ETA-9178-P

OMB No. N/A  
 Expiration Date: N/A

**Quarterly Narrative Progress Report  
 Employment and Training Supplemental Budget Request Activities**

General Information									
<b>State Name:</b>		<b>Grant Number:</b>		<b>Report Quarter Ending:</b>		<b>Date of Submission:</b>			
<b>Project Name:</b>				<b>UIPL/Solicitation Number:</b>					
Project Contact Information									
<b>Name:</b>						<b>Agency:</b>			
<b>Title</b>						<b>Address:</b>			
<b>Phone:</b>			<b>Ext:</b>		<b>City:</b>				
<b>E-Mail:</b>						<b>State:</b>		<b>Zip Code:</b>	
Project Report									

**A. Summary of Project**

*Please limit your response to 1000 characters or less.*

This section is an executive summary of the project. Each funded project will have its own separate quarterly progress report (ETA 9178-P) through the quarter the project ends. Use this section to provide a short summary of the project’s purpose. This summary should only change during the life of the grant if the state has received an approved modification to the grant Statement of Work.

**B. Timeline for Grant Activities and Milestones or Deliverables**

*Please limit your response to 1000 characters or less.*

Use this section to provide the timelines for and the progress in completing grant activities, key milestones, and deliverables for this quarter. Use the timeline in the grant’s statement of work to identify all major program activities for the entire life of the grant. The timeline will paint a picture of project flow that includes start and end dates, schedule of activities, and projected outcomes. In order to reap the most benefit from the timeline, it is important that it be updated each quarter, noting the actual date of completion as each activity is accomplished. Items to incorporate in the timeline include: project goals, milestones, special events, important deadlines and deliverables.

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**C. Project Implementation and Funding Status**

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*Please limit your response to 1000 characters or less.*

Use this section to provide a description of the implementation of key activities in line with the grant’s Statement of Work for the current quarter. Place an ‘X’ in one of the four boxes provided below to provide an assessment of implementation progress. The status narrative should support the assessment, noting if the project is on schedule, behind schedule, ahead of schedule, or complete this quarter. In addition, please provide the funding status for this project for the end of the quarter, including the total project funding, total obligated, funding balance, and time remaining to expend funds/expenditure target.

State Self-Assessment:	On Schedule	Behind Schedule	Ahead of Schedule	Complete this Quarter
Total Project Funding	Total Obligated	Funding Balance	Expenditure Target	

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**Certification**

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<b>Name of Grantee Certifying Official:</b>	
<b>Phone:</b>	
<b>E-Mail Address:</b>	

“OMB Approval. Section 2116(a), Division B, Title II of the CARES Act states that “Chapter 35 of Title 44, United States Code, (commonly referred to as the “Paperwork Reduction Act of 1995”) shall not apply to the amendments made under this subtitle. As the OMB approval process is waived for these reporting instructions, these instructions should be considered final.”