NOTE: This form is also available to submit online under Forms at https://www.dol.gov/agencies/eta/youth/youthbuild

YouthBuild grantees must submit this information by August 31 annually. DOL uses it to report to Congress and other stakeholders the valuable contributions made by the young people in your programs for your community.

GENERAL

- The Reporting Period for each Annual Housing Census (AHC) is August 1 through July 31.
- Grantees submit an AHC form for each Reporting Period that overlaps with their grant Period of Performance. Each grantee will submit at least three AHC forms, regardless of the number of housing units completed.
- Enter only those units that are complete and ready for occupancy. Do not enter unfinished units on this form; enter them on the AHC form for the Reporting Period in which they are completed.
- Do not enter any units that have been submitted in previous AHCs.
- Complete Sections 1, 2 (if any units completed), and 3, and send via email to **youth.build@dol.gov**.

SECTION 1: Complete this section regardless of the number of housing units completed during the Reporting Period.

1. Type the grantee organization name and address.
2. Type the grant number, e.g., 29A60YB109999. Note: If your organization had more than one DOL YouthBuild grant active during the Reporting Period, you must submit one AHC form for each grant.
3. Type the year in which the Reporting Period began, e.g., for the period August 2024 through July 2025, type 24.

SECTION 2: If participants completed 0 housing units during the Reporting Period, leave this section blank. If participants completed 1 or more housing units at only 1 work site, leave work sites 2-6 blank. If participants completed at least 1 housing unit at more than 6 work sites, submit additional AHC forms.

1. Type the Month and Year (e.g., September 2024) in which participants completed the unit(s) and mark whether the work site was a house, apartment, or townhome/duplex.
2. Type the address of the work site at which participants completed the unit(s).
3. If participants completed only 1 housing unit at this work site address, mark No. If they completed more than one housing unit at this work site address, e.g., 4 apartments in one apartment building, mark Yes and describe.
4. Mark the type of work participants completed. If marking Other, describe the work.

SECTION 3: Complete this section regardless of the number of housing units completed during the Reporting Period.

1. Type the total number of units completed during the Reporting Period across all work sites, e.g., 1 completed house and 4 completed apartments in an apartment building are considered 5 units of housing. If the total is 0, type 0.
2. Type the name, title, and email address of the organization signatory (e.g., Jane Smith, CEO, jsmith@xyz.org).
3. Sign the document.
4. Input the date of submission to DOL.

OMB No.: 1205-0464 OMB Expiration Date: 03/31/2028 OMB Burden Hours: 30 minutes throughout the life of the grant OMB Burden Statement: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. This collection of information is required for grant application and work site approval. Information is collected from eligible applicants for a competition to determine which entities will receive grant funds. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory and is authorized under the Workforce Innovation and Opportunity Act Public Law 113-128 Sec. 171. The information will be used for the YouthBuild grant and response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality. Send comments regarding this 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, Division of Youth Services, Room N4508, 200 Constitution Avenue, NW, Washington, D.C. 20210.

SECTION 1

Grantee Organization Name & Address:	
Grant Number:	
Reporting Period:	August 1 – July 31, 20_____ Check if this is the final report for the grant: ☐

SECTION 2

Work Site #1	Completed in: _____ Month _____ Year ☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units within this work site?	☐ No ☐ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):
Work Site #2	Completed in: _____ Month _____ Year ☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units within this work site?	☐ No ☐ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):
Work Site #3	Completed in: _____ Month _____ Year ☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units within this work site?	☐ No ☐ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):

Work Site #4	Completed in: _____ Month _____ Year ☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units within this work site?	☐ No ☐ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):
Work Site #5	Completed in: _____ Month _____ Year ☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units within this work site?	☐ No ☐ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):
Work Site #6	Completed in: _____ Month _____ Year ☐ House ☐ Apartment ☐ Townhome/Duplex
Address:	
Did participants complete multiple units within this worksite?	☐ No ☐ Yes (describe):
What type of work did participants complete?	☐ New construction ☐ Renovation ☐ Other (describe):

SECTION 3

Total number of units completed at all listed work sites during Reporting Period:	
Organization Signatory: * print name, title, & email address	
Signature:	
Date of submission:	