	CLASSIFICATION
EMPLOYMENT AND TRAINING ADMINISTRATION **ADVISORY SYSTEM** **U.S. DEPARTMENT OF LABOR** Washington, D.C. 20210	Unemployment Insurance
	CORRESPONDENCE SYMBOL OUI
	DATE April 21, 2017

ADVISORY: **UNEMPLOYMENT INSURANCE PROGRAM LETTER NO. 19-15, Change 1**

TO: STATE WORKFORCE AGENCIES

FROM: BYRON ZUIDEMA /s/
Deputy Assistant Secretary

SUBJECT: Unemployment Insurance (UI) Supplemental Budget Request (SBR) Activities: Quarterly Program Reporting Form & Instructions

1. **Purpose.** To transmit an updated Attachment providing a new Employment and Training Administration (ETA) Form number (ETA 9178) for the Quarterly Program Reporting Form for required reporting of quarterly progress and implementation updates for UI SBR grants.

2. **References.**
   - Unemployment Insurance Program Letter (UIPL) No. 19-15, *Unemployment Insurance (UI) Supplemental Budget Request (SBR) Activities: Quarterly Program Reporting Form & Instructions*;
   - UIPL No. 7-16, *Fiscal Year (FY) 2016 Unemployment Insurance (UI) Reemployment Services and Eligibility Assessment (RESEA) Grants*;
   - UIPL No. 19-16, *Unemployment Insurance (UI) Supplemental Funding Opportunity for Improved Operations*; and
   - UIPL No. 3-17, *Fiscal Year (FY) 2017 Unemployment Insurance (UI) Reemployment Services and Eligibility Assessment (RESEA) Grant*.

3. **Information.** The previously announced ETA Form 9165 is being renumbered. This form remains the official report for quarterly progress and implementation on UI SBR grants. No material or substantive change is made to the currently approved collection. Two ETA forms were erroneously assigned number 9165 and this action corrects that error. The only change is that the collection is now numbered ETA Form 9178. All references to the ETA Form 9165 in prior UIPLs shall be considered as referencing ETA Form 9178. This includes all UIPLs listed in the References section of this document.

4. **Action Requested.** State administrators should distribute this advisory to appropriate staff and ensure that the correct Attachment with the new ETA Form 9178 number is used.

5. **Inquiries.** Questions should be directed to the appropriate regional office.

RESCISSIONS	EXPIRATION DATE
None	Continuing

6. Attachments.
- Form ETA 9178
- Unemployment Insurance Supplemental Budget Request Activities: Quarterly Program Reporting Form and Instructions

Quarterly Narrative Progress Report
Unemployment Insurance Supplemental Budget Request Activities

SBR General Information			
State Name:	**Grant Number:**	**Report Quarter Ending:**	**Date of Submission:**
Project Name:		**UIPL Number:**	

Project Contact Information				
Name:		**Agency:**		
Title		**Address:**		
Phone:	**Ext:**	**City:**		
E-Mail:		**State:**		**Zip Code:**

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 SBR project will have its own separate quarterly progress report (ETA 9178) 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.

C. Project Implementation and Funding Status

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 check-boxes provided below to provide an assessment of implementation progress. The assessment should be supported by the status narrative 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

D. Project Challenges, Risk Mitigation Efforts/Modification Requests, and Technical Assistance Needs

Please limit your response to 1500 characters or less.

Use this section to summarize any significant challenges to project implementation encountered during the quarter, and describe any risk mitigation efforts or actions taken to address the identified challenges. In addition, a status update shall be provided on the resolution of challenges identified in previous quarters. This section should also include any questions you have for DOL and note any identified needs for technical assistance from DOL or others. The narrative should also indicate whether the grantee is requesting a modification to any project strategies and how the modification request changes the original project proposal. If a modification has been requested, the narrative should also indicate the status of the

modification request. If states have nothing to report, that should be specified.

E. Best Practices, Promising New Strategies and Success Stories

Please limit your response to 1000 characters or less.

Use this section to describe promising approaches, innovative processes, or grant success stories. States may also describe any lessons learned and how those lessons learned will be implemented. Throughout the implementation of the project, states may discover new strategies that emerge as a result of data-driven continuous improvement. As progress is made with a new and promising strategy, or as data is gathered to support it, states should document the progress and data each quarter. If states have nothing to report, that should be specified.

F. Additional Outcome Information

Please limit your response to 1000 characters or less.

This section allows states to report any grant-specific outcomes not captured in other sections of the quarterly narrative progress report, including, but not limited to, any specific outcomes included in the statement of work.

Certification	
Name of Grantee Certifying Official:	
Phone:	
E-Mail Address:	

OMB Control Number 1205-0517

Expiration Date: 05/31/2018

Unemployment Insurance Supplemental Budget Request Activities:

Quarterly Program Reporting Form & Instructions

Prepared By
Employment and Training Administration
United States Department of Labor

I.   GENERAL INSTRUCTIONS

Recipients of funding for Unemployment Insurance Supplemental Budget Request (SBR) activities are required to submit quarterly progress reports to the United States Department of Labor's Employment and Training Administration (USDOL/ETA) in order to comply with the reporting and record keeping requirements of these grants. Each state recipient of SBR funds must submit a narrative Quarterly Progress Report (QPR) containing updates on the progress and implementation of each grant project as listed in the award letter. The instructions and performance reporting form (ETA 9178) for completing this report can be found under Section II and Appendix A of these instructions. Should changes in definitions resulting from new legislation or related regulations occur, appropriate revisions will be issued to reflect these changes.

II.   REPORT FORMS AND INSTRUCTIONS

The QPR provides narrative updates on the implementation of projects as described in each state's statements of work and a self-assessment of the status of each project per quarter. The instructions for states to complete the QPR can be found under Appendix A. The format for the QPR can be found in Attachment A.

III. DUE DATES

All quarterly reports under Section II are due to ETA no later than 45 days after the end of each reporting quarter. The table below shows the expected due dates for each reporting quarter.

Reporting Quarters	Due Dates
October 1st – December 31st	February 14th
January 1st – March 31st	May 15th
April 1st – June 30th	August 14th
July 1ST – September 30th	November 14th

Should the due date of the report fall on a Saturday, Sunday, or holiday, the report is due the previous business day.

IV.   SUBMISSION PROCEDURES

Information contained in the UI SBR quarterly reports (ETA 9178) must be submitted by email directly to the ETA regional office. An ETA Federal Project Officer will review and accept the report within 30 days of receipt, saving the document in ETA's online grants management system as part of the official grant file. A grantee must specifically request approval through the Federal Project Officer prior to submitting any modifications to a submitted report. The modification will then be reviewed by the Federal Project officer and submitted to the ETA national office for comment and approval.

Appendix A

Instructions for Completing the
Quarterly Narrative Progress Report (ETA 9178)
Unemployment Insurance Supplemental Budget Request Activities

SBR General Information
State Name:
Grant Number:
Report Quarter Ending:
Date of Submission:
Project Name: This is the name of the funded project identified in the grant statement of work. States shall complete one full report (Parts A-I) per funded project.
UIPL Number: This is the number of the UI Program Letter from which the supplemental funding was obligated.

Project Contact Information
Contact Information:
This section is to provide the contact information (i.e., Name, Title, Address, etc.) for the state official who is the project lead responsible for the day-to-day operation and implementation of the project. This may be a different person that the project certifying official.

Project Report
A. Summary of Project
   This section is an executive summary of the project. Each funded SBR project will have its own separate quarterly progress report (ETA 9178) 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, Milestones, and Deliverables
   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.

C. **Project Implementation and Funding Status**
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 check-boxes provided below to provide an assessment of implementation progress. The assessment should be supported by the status narrative 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 funding, total obligated, funding balance, and time remaining to expend funds. The funding totals should match the quarterly totals reported in the ETA 9130 form.

D. **Project Challenges, Risk Mitigation Efforts/Modification Requests, and Technical Assistance Needs**
Use this section to summarize any significant challenges to project implementation encountered during the quarter, and describe any risk mitigation efforts or actions taken to address the identified challenges. In addition, a status update shall be provided on the resolution of challenges identified in previous quarters. This section should also include any questions you have for DOL and note any identified needs for technical assistance from DOL or others. The narrative should also indicate whether the grantee is requesting a modification to any project strategies and how the modification request changes the original project proposal. If a modification has been requested, the narrative should also indicate the status of the modification request. If states have nothing to report, that should be specified.

E. **Best Practices, Promising New Strategies and Success Stories**
Use this section to describe promising approaches, innovative processes, or grant success stories. States may also describe any lessons learned and how those lessons learned will be implemented. Throughout the implementation of the project, states may discover new strategies that emerge as a result of data-driven continuous improvement. As progress is made with a new and promising strategy, or as data is gathered to support it, states should document the progress and data each quarter. If states have nothing to report, that should be specified.

F. **Additional Outcome Information**
This section allows states to report any grant-specific outcomes not captured in other sections of the quarterly narrative progress report, including, but not limited to, any specific outcomes included in the statement of work.

Certification
G. **Name of Grantee Certifying Official**
Use this section to provide the name of the state official who is certifying submission of the report to the Department.

H. **Telephone Number**
Provide the area code (###) and telephone number ((###) ###-####) of the authorized state official.

I. **Email Address**
Provide the email address of the authorized state official.

Attachment A – Form ETA-9178 (Word file)