

# PY'06 Dislocated Worker State Reserve Project Quarterly Planning Form Instructions

**The purpose of this form is to identify quarterly benchmarks for participants and expenditures.**

For the purpose of this grant program, record only those dislocated workers you intend to serve, or incur cost. Use this definition on DCEO/1S Forms # 003, 004, and 005.

## Implementation Schedule

To complete this section, enter the number of carry-over participants for each category in column 1. As described above, enter the new participants for each category in the incremental column for each Quarter. Total the Cumulative column of each Quarter accordingly.

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| 1. Carry-over from PY'05 Grant | This number (for each category of the Implementation Schedule) is a sum of carry forward numbers found in column 12 on DCEO/1S Form #003 for ALL Dislocation Event Plan for Services for the LWIA. |
| 2. Quarter One Incremental     | This amount should be the number of new participants in Quarter One for each of the categories of the Implementation Schedule.   |
| Quarter One Cumulative         | This amount should be the sum of Quarter 1 incremental and the PY'05 carry forward.  |
| 3. Quarter Two Incremental     | This amount should be the number of new participants in Quarter Two for each of the categories of the Implementation Schedule.   |
| Quarter Two Cumulative         | This amount should be the sum of Quarter 2 incremental and Quarter 1 cumulative.   |
| 4. Quarter Three Incremental   | This amount should be the number of new participants in Quarter Three for each of the categories of the Implementation Schedule.   |
| Quarter Three Cumulative       | This amount should be the sum of Quarter 3 incremental and Quarter 2 cumulative.   |
| 5. Quarter Four Incremental    | This amount should be the number of new participants in Quarter Four for each of the categories of the Implementation Schedule.  |
| Quarter Four Cumulative        | This amount should be the sum of Quarter 4 incremental and Quarter 3 Cumulative  |
| 6. Total Participants          | This number should reflect the number of total participants receiving services of the listed type. For this item, count a participant only once, even if they are receiving multiple services.     |
| 7. Core Services               | This should reflect all participants who are registered or will be registered in core services.  |
| 8. Intensive Services          | This should reflect all participants who are registered or will be registered in intensive services.   |

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| 9. Training Services             | This should reflect all participants who are enrolled or will be enrolled in training services.                          |
| 10. Individual Training Accounts | This should reflect all participants who are enrolled or will be enrolled in Individual Training Accounts (ITAs).        |
| 11. Support Services             | This should reflect all participants who are receiving or will be receiving supportive services.                         |
| 12. Needs Related Payments       | This should reflect all participants who are eligible for and are receiving or will be receiving needs related payments. |
| 13. Exiters                      | This should reflect all participants who have exited the program.  |
| 14. Entered Employment           | This should reflect all participants who have entered employment.  |

### **Expenditure Schedule**

To complete this section, enter the anticipated costs for each category in the incremental column for each Quarter. Total the Cumulative column of each Quarter accordingly.

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| 15. Quarter One Incremental   | This amount should be the new costs anticipated to be expended in Quarter One for each of the categories of the Implementation Schedule.   |
| Quarter One Cumulative        | This amount should be the sum of Quarter 1 incremental and the PY'05 carry forward.  |
| 16. Quarter Two Incremental   | This amount should be the new costs anticipated to be expended in Quarter Two for each of the categories of the Implementation Schedule.   |
| Quarter Two Cumulative        | This amount should be the sum of Quarter 2 incremental and Quarter 1 cumulative.   |
| 17. Quarter Three Incremental | This amount should be the new costs anticipated to be expended in Quarter Three for each of the categories of the Implementation Schedule. |
| Quarter Three Cumulative      | This amount should be the sum of Quarter 3 incremental and Quarter 2 cumulative.   |
| 18. Quarter Four Incremental  | This amount should be the new costs anticipated to be expended in Quarter Four for each of the categories of the Implementation Schedule.  |
| Quarter Four Cumulative       | This amount should be the sum of Quarter 4 incremental and Quarter 3 Cumulative  |
| 19. Total Grant Cost          | This should reflect the total estimated grant costs.   |
| 20. Administration            | This should reflect the estimated administrative costs.  |
| 21. Program Total             | This should reflect the total costs for the program, minus any administrative costs.   |

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| 22. Core Services                | This should reflect the total estimated costs for core services for all participants.  |
| 23. Intensive Services           | This should reflect the total estimated costs for intensive services for all participants.                                   |
| 24. Training Services            | This should reflect the total estimated costs for training services for all participants.                                    |
| 25. Individual Training Accounts | This should reflect the total estimated costs of ITAs for all participants.  |
| 26. Support Services             | This should reflect the total estimated costs of support services for all participants.                                      |
| 27. Needs Related Payments       | This should reflect the total estimated costs of needs related payments for all participants.                                |
| 28. Other Program Costs          | This should reflect the total estimated costs of any additional program expenses not previously listed for all participants. |