

ADULT & DISLOCATED WORKER PROGRAM CUMULATIVE REGISTRANTS

‘Attachment A’

Workforce Area #26

Organization Name _____ Date Submitted _____

| | 1 st Quarter | 2 nd Quarter | 3 rd Quarter | 4 th Quarter |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Prior Year Adult Participants * | | | | |
| 2. New Adult Participants | | | | |
| 3. Total Adult Participants | | | | |
| | 1 st Quarter | 2 nd Quarter | 3 rd Quarter | 4 th Quarter |
| 1. Prior Dislocated Worker Participants * | | | | |
| 2. New Dislocated Worker Participants | | | | |
| 3. Total Dislocated Worker Participants | | | | |
| | | | | |
| | 1 st Quarter | 2 nd Quarter | 3 rd Quarter | 4 th Quarter |
| Total Adult Participants | | | | |
| | | | | |
| Total Dislocated Worker Participants | | | | |

*If applicable, Prior Year Participants are those enrolled in the Program Prior to July 1, 2015 and are still receiving services.