

**ECONOMIC AND WORKFORCE DEVELOPMENT DEPARTMENT  
ECONOMIC DEVELOPMENT DIVISION  
QUARTERLY PARTICIPANT REPORT**



**GENERAL INFORMATION**

Subrecipient:	
Contract No.:	Quarterly Reporting Period:
Staff Member Completing Report Name(s) and Title(s):	
Telephone Number:	E-mail Address:

Use the Individual Business Service Agreements to enter the information in the table below. In the first column, enter all new unduplicated clients enrolled during the reporting period. In the second column, enter the Program Year's cumulative unduplicated clients. This report is due thirty (30) days after the close of the quarter.

**Total Number of Unduplicated Clients Served During Reporting Period:**

Client Demographic Data	Total Number of Clients During Reporting Period	Total Number of Clients Program Year-to-Date
<b>I. Income Level – Based on HUD guidelines</b>		
<b>A</b> Extremely Low (“Group 1”)		
<b>B</b> Low-Income (“Group 2”)		
<b>C</b> Moderate-Income (“Group 3”)		
<b>D</b> Above 80% of the Median (“Group 4”)		
<b>E</b> No response / Declined to answer		
<b>II. Other Qualifiers</b> (self-declared is acceptable, does not need to be certified by Office of Finance or other agencies)		
<b>A</b> Women-owned Businesses		
<b>B</b> Minority-owned Businesses		
<b>C</b> Veteran-owned Businesses		
<b>D</b> LGBTQIA+-owned Businesses		

Attach or upload the current client/cohort list, Individual Business Service Agreements, job forms, and assisted activity reports.

The authorized person approving and submitting this Quarterly Participant Report on the behalf of the Subrecipient (including all attachments) hereby certifies that the information provided in the Quarterly Participant Report are accurate, complete and that the Subrecipient is in full compliance with all terms and conditions of their Agreement

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date