**Layoff Assistance**

**Quarterly Status Report Form**

Submit to the Local Board’s OWI Point of Contact via email within 30 days after the end of each calendar quarter.

Date:

Local Board Name:       Staff Name:

Project Name:       Project Code:

Project Amount:

Period of Performance:       to

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| Layoff Assistance Status Report  Project Quarter 1 | |
| Reporting period | to |
| Planned enrollments |  |
| Actual enrollments |  |
| Planned expenditures |  |
| Actual expenditures |  |
| Narrative describing program success/problems |  |

|  |  |
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| Layoff Assistance Status Report  Project Quarter 2 | |
| Reporting period | to |
| Planned enrollments |  |
| Actual enrollments |  |
| Planned expenditures |  |
| Actual expenditures |  |
| Narrative describing program success/problems |  |

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| Layoff Assistance Status Report  Project Quarter 3 | |
| Reporting period | to |
| Planned enrollments |  |
| Actual enrollments |  |
| Planned expenditures |  |
| Actual expenditures |  |
| Narrative describing program success/problems |  |

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| Layoff Assistance Status Report  Project Quarter 4 | |
| Reporting period | to |
| Planned enrollments |  |
| Actual enrollments |  |
| Planned expenditures |  |
| Actual expenditures |  |
| Narrative describing program success/problems |  |