**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 ReportProject 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 ReportProject 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 ReportProject 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 ReportProject Quarter 4 |
| Reporting period |       to       |
| Planned enrollments |       |
| Actual enrollments |       |
| Planned expenditures |       |
| Actual expenditures |       |
| Narrative describing program success/problems |       |