

RECOVERY ACT PROGRAM CUMULATIVE REGISTRANTS

Workforce Investment Area #: <u>5</u>	Grant Number: _____	<input type="checkbox"/>	Original Plan
Grant Recipient: <u>KCDEE</u>	Date Submitted: _____	<input type="checkbox"/>	Plan Mod. No.
		PY: _____	<u>08</u>

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
ADULT REGISTRANTS		0		400
1. Prior Year(s) Registrants				0
2. Registered Core Services				400
3. Intensive Services				250
4. Training Services				120
a. Individual Training Accounts				55
b. Class Size Training				25
5. Supportive Services				90

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
DISLOCATED WORKER REGISTRANTS		0		585
1. Prior Year(s) Registrants				0
2. Registered Core Services				585
3. Intensive Services				500
4. Training Services				325
a. Individual Training Accounts				225
b. Class Size Training				100
5. Supportive Services				90

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
YOUTH REGISTRANTS		0		525
1. Prior Year(s) Registrants				0
2. Program Services				525
3. Class Size Training				0