



Department of Labor
Northern Mariana Is. U.S. Workforce Act of 2018 (“NMI Workforce Act”)
Commonwealth Worker Fund Plan for Fiscal year (FY) 2024



Quarterly Performance Report

1. CNMI Department of Labor		2. CWF Program Year 2025	
3. Recipient Organization (Name and complete address including Zip code)			
4. EIN/FEIN			
5. Reporting Period:		6. Final Report	7. Close out Report
Quarter 1 <input type="checkbox"/> February 01, 2025 - April 30, 2025		<input type="checkbox"/> Yes	<input type="checkbox"/>
Quarter 2 <input type="checkbox"/> May 01, 2025 – July 31, 2025		<input type="checkbox"/> No	
Quarter 3 <input type="checkbox"/> August 01, 2025 – October 31, 2025			
Quarter 4 <input type="checkbox"/> November 01, 2025 – January 31, 2026			
8. Summary Information and Performance		Total Current Quarter	Total Previous Quarter
8a. Participants Served			
8b. Ongoing Participants			
8c. Participants that Withdrew / Dropped from the Program			
8d. Credential Attainment			
8e. Training Related to Employment			
8f. Entered employment			
9. Demographics		Total Current Quarter	Total Previous Quarter
G e n d e r	9a. Male		
	9b. Female		
	9c. Non-binary		
A g e	9d. <16		
	9e. 16 - 18		
	9f. 19 - 24		
	9g. 25 - 44		
	9h. 45 - 54		
	9i. 55 - 59		
	9j. 60+		

E t h n i c i t y / R a c e	9k. American Indian/Alaska Native		
	9l. Asian		
	9m. Black/African American		
	9n. Hispanic/Latino		
	9o. Native Hawaiian/Pacific Islander		
	9p. White		
	9q. More than one Race		
10. Other Characteristics		Total Current Quarter	Total Previous Quarter
10a. Co-Enrolled in a WIOA Title I Program			
10b. Ex-offenders			
10c. Individuals with Disabilities			
10d. Self-Employed			
10e. Veterans			
11. Remarks: <i>(Attach any explanations deemed necessary or information required by the sponsoring agency in compliance with the MOA.)</i>			
12. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate for the purposes and objectives set forth in the terms and conditions of the CWF award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.			
a. Typed or Printed Name and Title of Authorized Certifying Official		c. Telephone (Area code, number, and extension)	
		d. Email Address	
b. Signature of Authorized Certifying Official		e. Date Report Submitted (MM/DD/YYYY)	
		f. Agency Use Only:	

CW Fund

Quarterly PERFORMANCE Report

INSTRUCTIONS

Report Submission

Beginning with the May 15, 2024, quarterly reporting period, CW Fund recipients shall submit their Performance Reports in this format.

Reports shall be submitted via email on the following dates:

CW Program Year (PY) Reporting Schedule

PROGRAM YEAR reporting period	Report type	Report due date
February-April	First quarter	May 15
May-July	Second Quarter	August 15
August-October	Third Quarter	November 15
November-January	Fourth Quarter	February 15
February 2024 - January 2025	Close out Report	March 16

Reporting Requirements

1) Submission of the Performance report is required on a quarterly basis following the Program Year.

Reporting quarter end dates shall correspond to the following calendar quarter end dates: April 30, July 31, October 31, and January 31.

The last quarter of the Program Year (PY) must be indicated by selecting "YES" in Item 5, Final Report.

2) Quarterly reports are required to be submitted **no later than 15 calendar days** after the end of each specified reporting period. **The reporting due dates are: May 15, August 15, November 15, and February 15.**

The deadlines for report submissions do change in instances when the reporting due date falls on a weekend or holiday. Reporting due dates that fall on a weekend or holiday shall be due on the next working day.

3) All participant data is required to be reported **cumulatively from program inception, including each subsequent quarter**, through the end of each reporting period.

4) All sections of the report **must be completed** unless otherwise noted.

CW Fund Quarter Performance Report Instructions

Line Item Number	Reporting/Line Item	Instructions
Cover Information		
1	Government Agency to Which Report is Submitted	"CNMI Department of Labor" PRE-ENTERED
2	Program name and year	"CWF Program Year 2025" PRE-ENTERED
3	Recipient Organization	Name and complete address of recipient organization.
4	EIN	Recipient organization's Employer Identification Number (EIN). Also known as the Federal Employer Identification Number (FEIN), or the Federal Tax Identification Number, the EIN is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purpose of identification.
5	Reporting Period:	Select the appropriate Quarter for the report.
6	Final Report (Yes/No)	Select the appropriate box. Check "Yes" only if this is the final quarter report. The closeout will not occur until after the program end date.
7	Closeout Report (Yes)	Select this box if this is the Closeout report, due 45 days after the end of the program year. Provide the final summary of each data point in the "Total Current Quarter" column. Provide as an attachment the items listed in the MOA as required.
8	Summary Information and Performance	
8a	Participants Served (New)	Report the total number of new participants for all programs approved in the entity's CWF application during the reporting period under the "Total Current Quarter". Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
8b	Ongoing Participants	Report the total number of participants that enrolled in a program who are still working towards credential attainment in the "Total Current Quarter". Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
8c	Participants that Withdrew/Dropped from the Program	Report the total number of participants that withdrew/dropped from the program in the "Total Current Quarter". Carry over the total headcount from the prior quarter in the "Total Previous Quarter." <i>Please provide remarks on the general reasons for discontinuation under Line Item 10 Attachments & Remarks.</i>
8d	Credential Attainment	As a result of this fund, report the total number of participants who completed a program of study that led to an industry recognized credential (degree, certification and or certificate of completion) during the reporting period under the "Total Current Quarter". Carry over the total headcount from the prior quarter in the "Total Previous Quarter." This might include duplicated headcounts if a person attained multiple credentials during a reporting period. <i>Please attach a Credential Attainment Completion List of participants along with each program credential they may have earned under Line Item 10 Attachments & Remarks. If a person acquires multiple credentials, include all credentials they earned during the reporting period.</i>

Program Report Instructions CW Fund

Line Item Number	Reporting/Line Item	Instructions
Cover Information		
8e	Training Related to Employment	<p>In the "Total Current Quarter," report the total number of participants that participated in training related to employment. Provide an unduplicated headcount for this data point. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."</p> <p><i>If there are any duplicated headcounts to note, please attach an enrollment list of each training program offered by the entity under Line Item 10 Attachments & Remarks.</i></p>
8f	Entered Employment	<p>In the "Total Current Quarter," report the total number of participants that entered employment upon completing a program of study in the reporting period as a result of this fund. Provide an unduplicated headcount for this data point. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."</p> <p><i>Attach an Entered Employment list of participants, credentials earned, and any verified job placement under Line Item 10 Attachments & Remarks.</i></p> <p><i>The entity may combine the information to attach one list for all parts described in line items 8a through 8f to submit for Line Item 10 Attachments & Remarks</i></p>
9. Demographics		
Gender		
9a	Male	Report the unduplicated headcount of male participants served in the "Total Current Quarter". Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
9b	Female	Report the unduplicated headcount of female participants served in the "Total Current Quarter". Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
9c	Non-Binary	Report the unduplicated headcount of non-binary participants served in the "Total Current Quarter". Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
Age Range		
9d	<16	In the "Total Current Quarter," report the unduplicated headcount of the total number of participants served in the quarter below 16 years of age. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
9e	16 – 18	In the "Total Current Quarter," report the unduplicated headcount of the total number of participants served in the quarter between 16 - 18 years of age. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
9f	19 – 24	In the "Total Current Quarter," report the unduplicated headcount of the total number of participants served in the quarter between 19 – 24 years of age. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
9g	25 – 44	In the "Total Current Quarter," report the unduplicated headcount of the total number of participants served in the quarter between 25 – 44 years of age. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."

Program Report Instructions CW Fund

Line Item Number	Reporting/Line Item	Instructions
Cover Information		
9h	45 – 54	In the "Total Current Quarter," report the unduplicated headcount of the total number of participants served in the quarter between 45 - 54 years of age. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
9i	55 – 59	In the "Total Current Quarter," report the unduplicated headcount of the total number of participants served in the quarter between 55 – 59 years of age. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
9j	60+	In the "Total Current Quarter," report the unduplicated headcount of the total number of participants served in the quarter 60+ years of age and above. Carry over the total unduplicated headcount from the prior quarter in the "Total Previous Quarter."
Ethnicity		
9k	American Indian/Alaska Native	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served in the current quarter who are American Indian/Alaska Native. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
9l	Asian	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served in the current quarter who are Asian. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
9m	Black/African American	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served in the current quarter who are Black/African American. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
9n	Hispanic/Latino	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served in the current quarter who are Hispanic/Latino. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
9o	Native Hawaiian/Pacific Islander	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served in the current quarter who are Native Hawaiian/Pacific Islander. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
9p	White	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served in the current quarter who are White. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
9q	More than one Race	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served in the current quarter who are more than one race. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
10. Other Characteristics		
10a	Co-enrolled in a WIOA Title I Program	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants who are <u>CO-Enrolled with WIOA</u> in the current quarter. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
10b	Ex-Offenders	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served in the current quarter who are Ex-Offenders. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."

Program Report Instructions CW Fund

Line Item Number	Reporting/Line Item	Instructions
Cover Information		
10c	Individuals with Disabilities	In the 'Total Current Quarter', provide the unduplicated headcount representing the total number of participants served who disclose they are disabled individuals. Carry over the total headcount from the prior quarter in the "Total Previous Quarter."
11.	<p>Attachments & Remarks</p> <p>Include any attachments and/or provide any explanations deemed necessary by the recipient or information required by CNMI DOL. (This section supports transactions entered on lines identified in Line Item 8a-8f as applicable.)</p>	
12.	<p>Certification</p> <p>The authorized official certifies accuracy of reported data.</p> <p>"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and data provided herein are for the purposes and objectives set forth in the terms and conditions of the CWF award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise."</p>	
12a	Typed or printed name and Title of Authorized Certifying Official	Include the name and Title of the Authorized Certifying Official.
12b	Signature of Authorized Certifying Official	Include the signature of the Authorized Certifying Official.
12c	Telephone (Area Code, Number and Extension)	Include the telephone number and extension of the certifying official.
12d	Email Address	Include the email address of the certifying official.
12e	Date Report Submitted (MM/DD/YYYY)	Include the date the Program Report is certified/submitted to CNMI DOL.
12f	Agency Use Only	Reserved for DOL use.