

Performance Accountability Reporting  
Workforce Enhancement Grant

WEG Attac. VII A Workforce Accountability Measures	Required	Value	Summary Statistics	Definition	Sample	Comments
Agency Contact Person:	Y	Text			Janet Dixon	
<b>Agency Program Information</b>						
Organization (agency)	Y	Text		Name of the organization providing the program, training or class	Bismarck State College	
Organization Identifier	Y	Text		A unique identifier assigned to the Organization or Agency	BSC	Identifier will be provided
Program Type Offering	Y	1=Program 2=Course 3=Both		Training Course, Program, or Both	Course	
Program Name	Y	Text		The name of the training, program, course	Principles of welding	
Program Identifier	Y	Text		The identifier used for the program or course by the Organizations	Welding 101	
Program Description	Y	Text		Description of the Program or training course, including objective	Learn how to weld common metals	
Program Objective	Y	Text		Description of the Objective of the Program, typically in reference impact on the outcomes of the participants	Certification in CAD	
Program Effective Date	Y	mm/dd/yyyy		Date the program began providing services to participants		If day is not applicable, use the first date of the month the program became effective
Program Completion Date	Y	mm/dd/yyyy		Date the program ended - leave blank if active training/program		If day is not applicable, use the last date of the month the program became effective
Program Contract Number or Identifier	Y	Text		example would be a contract number from WEG, this would identify multiple offerings of a program		
Source System	Y	Text		A description of the system used by the Program or Agency to collect the data	Excel spread sheet, MS access, web application stored on an Oracle database	
Source System Collection Frequency	Y	Text	Annual Monthly Weekly Quarterly	The frequency of data collection the Program Agency submits data to the SLDS (e.g. monthly, daily, weekly, quarterly, annual)		

Performance Accountability Reporting  
Workforce Enhancement Grant

Fund Source Administrator	Y	Text		The agency responsible for administering the program that funds this activity	Department of Commerce	
Program Funding State Amount	Y*	Currency		Total amount of state funding per year		*Must be entered if state funding was utilized
Program Funding State Source	Y*	Text			Workforce Enhancement Grant	
Program Funding Federal Amount	Y*	Currency		Total amount of federal funding per year		*Must be entered if federal funding was utilized
Program Funding Federal Source	Y*	Text			WIA	
Program Funding Match Amount	Y*	Currency		Total amount of matching funds provided by a private entity	Provider Name	*Must be entered if match was utilized
Program Funding Other Amount	Y*	Currency		Total amount of other funding per year	Private Grant	*Must be entered if other funding was utilized
<b>Program Offering Period (reporting period)</b>						
Offering Period Start Date	Y	mm/dd/yyyy		The starting time period for the data being reported on the program		For programs/course that do not collect a day, use the first day of the first month being reported
Offering Period End Date	Y	mm/dd/yyyy		The ending time period for the data being reported on the program		For programs/ courses that do not collect day, use the last day of the last month being reported
Offering Period Description	Y	Text			Spring Semester - Training session 1 -	
<b>Participant Information</b>						
Last Name	Y	Character		Last Name of participant		
First Name	Y	Character		Frist Name of participant		
Middle Name or Initial	N	Character		Middle Name of client/recipient		
SSN	Y*	Number		SSN of the participant		* One of identifiers in lines 31 - 34 must be used
State Student ID (K12)	Y*	Number 10 digits				* One of identifiers in lines 31 - 34 must be used
Postsecondary Student ID (Empl_id)	Y*	Number				* One of identifiers in lines 31 - 34 must be used

Performance Accountability Reporting  
Workforce Enhancement Grant

Local participant identifier	Y*	Text		Additional participant source system identifier to be used by the program for additional research (optional)		* One of identifiers in lines 31 - 34 must be used. Organizations may have a client_id, their own student number, or other form of identifying the participant
Participant DOB	Y	mm/dd/yyyy		The participants dob. When reported the age will be calculated.		
Participant Age	N	Number		The participants age at time of participation. When DOB is not collected and Age is.		
Participant Gender	N	M=Male F=Female U=Unknown		male, female, unknown, other		
Participant Ethnicity	N	Y/N		Y/N indicator of Hispanic		
Participant Race	N	multi-select		multi-select of race codes		
Participant Program Category	N	Program-assigned Code Value		Agency assigned code identifying program specifics	Ex: WIA has 3 program codes (adult, youth, dislocated worker)	
Participant Organization	N	Text		The participant's employer or other group affiliation for which services are received	Jamestown AmeriCorps or an Operation Intern company	
<b>Program Participant Information</b>						
Participant Start Date	Y	mm/dd/yyyy		Start data of a participant's entry into a course or program		
Participant End Date	Y*	mm/dd/yyyy		End date of the participant's enrollment into a course or when known end date of program of study	* Required entry for course, optional entry for program	
Participant Program Type Enrollment	Y	1=Program 2=Course		How the participant is enrolled in the program, see Program Type Offering	Course or Program	
Participant employed at start of program	Y	Y/N/Unavailable		Indicates if the participant is employed at the start of participation		
Participant cohort identifier	Y	Text		An identifier for the program to group participants into cohorts for research or reporting needs. This is for the program to control their cohorts when the program participation start date cannot be used for all participants	Cohort 1, Group 1, etc.	
<b>Area of Occupational Training</b>						
SIP - standard instructional program code	Y*					*One entry required in 52-56

Performance Accountability Reporting  
Workforce Enhancement Grant

SOC standard occupational code	Y*					*One entry required in 52-56
NAICS - North American Industry Classification System	Y*					*One entry required in 52-56
Other	Y*					*One entry required in 52-56
Unavailable	Y*					*One entry required in 52-56
<b>Follow up information</b>						
Follow-up wages-supplemental data	N	Currency		The wages of the client as measured by a time period after receiving development/training services; enter only if program of report includes authorized methodology for recording supplemental wages	WIA Supplemental wage information	
Follow-up wage time period	N	Text		The follow-up time period for investigating wages		
Follow-up placement non-employment	N	Text		Where is the participant placed after a series of follow-up time periods. Workforce, Adult Education, Higher Education, Military, etc.		
Follow-up placement out of state, employment or non-employment	N	Y/N		Indicate the location of the placement as in-state or out of state for the follow-up time period		
Occupational Code	N					