

Expires:

**DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20202**

ANNUAL VOCATIONAL REHABILITATION PROGRAM/COST REPORT

State &
Agency: _____ () General/Combined Fiscal Year _____
() Blind

**SCHEDULE I. TOTAL EXPENDITURES
AMOUNT**

- 1. Administration \$ _____
 - a. Admin. Costs Paid with Title VI B funds \$ _____
 - b. Indirect Costs _____
- 2. Services to Individuals with Disabilities
 - A. Services Provided by State VR Agency Personnel
 - 1. Employed at Agency Operated Community Rehabilitation Programs
 - a) Assessment, Counseling, Guidance, and Placement _____
 - b) Other Services _____
 - 2. Employed Elsewhere
 - a) Assessment, Counseling, Guidance, and Placement _____
 - b) Other Services _____
 - B. Services Purchased by State VR Agency From:
 - 1. Public Community Rehabilitation Programs _____
 - 2. Private Community Rehabilitation Programs _____
- c 3. Other Public Vendors _____
- d 4. Other Private Vendors _____
- 3. Services for Groups of Individuals with Disabilities
 - a) Establishment, Development or Improvement of Community Rehabilitation Programs _____
 - b) Construction of Facilities for Community Rehabilitation Programs _____
 - c) Business Enterprise Program _____

- d) Other _____
- 4. Total Expenditures _____
- 5. Innovation & Expansion Activities \$ _____

SCHEDULE II. Number of Individuals Served and Expenditures by Service Category

TYPE OF SERVICE	<u>NO. OF INDIVIDUALS</u>	<u>- A M O U N T</u>
=		
1. Assessment, Counseling, Guidance and Placement _____ (Provided by State VR Agency Personnel)		
2. Assessment (Purchased only) _____		\$ _____
3. Diagnosis & Treatment of Physical and Mental Impairments _____		_____
4. Training:		
a. Postsecondary Institution of Higher Education _____		\$ _____
b. Job Readiness and Augmentative Skills Training _____		_____
c. Vocational and Occupational Skills Training _____		_____
d. All Other _____		_____
e. Total _____		_____
5. Maintenance _____		_____
6. Transportation _____		_____
7. Personal Assistance Services _____		_____
8. Placement (Purchased only) _____		_____
9. All Other _____		_____
10. Total No. of Individuals and Expenditures _____		_____
11. Post-Employment Services _____		_____
12. Rehabilitation Technology Services _____		_____
13. Small Business Enterprises _____		_____
14. Total Section 110 Funds Expended on Services _____		_____
15. Total Title VI-B Funds Expended on Services _____		_____

SCHEDULE III. PERSON YEARS -- Report Whole Years Only

	(1)	(2)	(3)
	<u>NO. OF YEARS</u>	<u>110 ONLY</u>	<u>VI B</u>
			TITLE
1. Administrative Staff	_____	<u>XXXXX</u>	<u>XXXXX</u>
2. Counselor Staff	_____	<u>XXXXX</u>	<u>XXXXX</u>
3. Staff Supporting Counselor Activities	_____	<u>XXXXX</u>	<u>XXXXX</u>
4. Other Staff	_____	<u>XXXXX</u>	<u>XXXXX</u>
5. Total	_____	_____	_____

SCHEDULE IV. Expenditures From Title VI B Funds and Other Rehabilitation Funds

- 1. Expenditures From Title VI B Funds \$ _____
- 2. Expenditures From Other Rehabilitation Funds _____

SCHEDULE V. Carryover Funds

- 1. Amount of current Fiscal Year Section 110 Allotment carried over to next FY \$ _____
- 2. Amount of previous Fiscal Year Section 110 Allotment carried over and expended this FY _____
- 3. Amount of current Fiscal Year Title VI B Allotment carried over to next FY _____
- 4. Amount of previous Fiscal Year Title VI B Allotment carried over and expended this FY _____
- 5. Amount of current Fiscal Year Program Income carried over to the next FY _____
- 6. Amount of previous Fiscal Year Program Income carried over and expended this FY _____

CERTIFICATION

This Report is Complete and Correct: Signed: _____

Date: _____

E-Mail Address: _____

Agency Point of Contact for this Report: Name: _____

Phone: _____

E-Mail Address: _____

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