

JOBS FOR VETERANS STATE GRANT STAFFING DIRECTORY

OMB Control Number: 1293-0009

Expiration Date:

SECTION A - GRANTEE IDENTIFICATION INFORMATION Grant Number: State: Date Prepared: **SECTION B - STAFFING INFORMATION** (a) (b) (c) (e) (f) (g) (h) (i) Filled by Funded Position DVOP LVER throughProgram Non-Date Office Name and Address Grant Funded Staff Name Vacant Appointed to Special Manager Veteran (Last Name, First Name) Initiative Current Position Enter "1" for full-time position or "0.5" for half-time position SECTION C - TOTALS 1) Number Half-Time Positions 0 0 0 0 0 0 2) Number Full-Time Positions 0 0 0 0 0 0 3) Total FTE Positions 0 0 0 0 0 0 4) Total Positions Filled

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