# 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) Office Name and Address | (b) Grant Funded Staff Name (Last Name, First Name) | (c) Date Appointed to Current Position | (d) DVOP | (e) LVER | (f) Position Vacant | (g) Funded through Special Initiative | (h) Program Manager | (i) Filled by Non-Veteran |
|---|---|---|---|---|---|---|---|---|
| | | | Enter "1" for full-time position or "0.5" for half-time position | | | | | |
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## SECTION C - TOTALS

| | (d) DVOP | (e) LVER | (f) Position Vacant | (g) Funded through Special Initiative | (h) Program Manager | (i) Filled by Non-Veteran |
|---|---|---|---|---|---|---|
| 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 | 0 | | | | | |