1) Sample - State's Veterans Retraining Assistance Program (VRAP) file on participants, to be available as an electronic system

This is a sample – of what each state's Veterans Retraining Assistance Program (VRAP) file on participants will look like. Each state will receive a file with its VRAP participants (e.g. Florida will receive participants from Florida ONLY). This attachment will identify each data field shared with the states and a quick explanation of what the field is.

**First** – This is the First Name of the VRAP participant.

**Middle** – This is the Middle Name of the VRAP participant (if applicable).

**Last** – This is the Last Name of the VRAP participant.

**DOB** – This is the Date of Birth (DOB) of the VRAP participant (e.g. 1/1/1960).

**Email Address** – This is the email address provided by the VRAP participant on their application (*Note* – This is a required field to complete the application, so every participant should have an email address).

**Phone** – This is the phone number provided by the VRAP participant on their application.

**High Demand Occupation** – This is the occupation chosen by the VRAP participant in which he or she will receive training.

**Address Line 1** – This is the address provided by the VRAP participant on their application

**State** – This is the state of residence provided by the VRAP participant on their application.

**Zip code** – This is the zip code provided by the VRAP participant on their application.

**Name of Facility** – This is the educational institution in which the VRAP participant received training.

**Course Name** – This is the educational program the VRAP participant was trained in (*Note* – This may be the course taken, the credential being pursued, or the program in which they are enrolled.)

**Objective Name** – This is the educational credential the VRAP participant has completed or terminated from (*Note* – This can be an Associate's degree or other educational program.)

**Notification Weeks** – This is the number of weeks remaining to contact the VRAP participant to offer employment services within the required 30-day period. (*Note* – This will countdown from each week starting at "4")

**DOL-Unique ID** – This is a unique VRAP participant identifier (ID) established by the Department of Labor (DOL) (*Note* – It is not personally identifiable information.)

**Employment Assistance** – This field will be blank when states receive the files, it is to be filled in by the American Job Center staff to document the outreach to VRAP participants. (*Note* – Instructions on how to record outreach are provided in the Training and Employment Guidance Letter).

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 90 minutes per final report, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this required to obtain or retain benefit (VOW to Hire Heroes Act of 2011, Pub. L. 112-56 Sec. 211). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, 200 Constitution Avenue, N.W., Room S-4209, Washington, DC 20210 (OMB Control Number 1205-0491).