



JOBS FOR VETERANS STATE GRANTS (JVSG)

OMB Control Number: 1293-0009

BUDGET INFORMATION SUMMARY

Expiration Date: xx/xx/20xx

SECTION A – GRANTEE IDENTIFICATION INFORMATION

State:

Date Prepared:

SECTION B - BUDGET SUMMARY BY CATEGORY

U.S. DEPARTMENT OF LABOR FUNDS

| Object Class Categories | DVOP Activities | Consolidated DVOP/LVER Activities | LVER Activities | Incentive Awards | Total JVSG |
|--------------------------------------|-----------------|-----------------------------------|-----------------|------------------|------------|
| 1. Personnel | | | | | \$0.00 |
| 2. Fringe Benefits | | | | | \$0.00 |
| 3. Travel | | | | | \$0.00 |
| 4. Equipment | | | | | \$0.00 |
| 5. Supplies | | | | | \$0.00 |
| 6. Other | | | | | \$0.00 |
| 7. Total Direct Costs (Lines 1–6) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 8. Indirect Costs | | | | | \$0.00 |
| 9. Total Program Cost (Line 7 + 8) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

SECTION C – FORECAST FEDERAL FUNDING NEEDS

| Program Activity | (1) 1 st Quarter | (2) 2 nd Quarter | (3) 3 rd Quarter | (4) 4 th Quarter | (5) Total |
|--------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------|
| a. DVOP Activities | | | | | \$0.00 |
| b. Consolidated DVOP/LVER Activities | | | | | \$0.00 |
| c. LVER Activities | | | | | \$0.00 |
| d. Incentive Awards | | | | | \$0.00 |
| e. Total Funds | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |