JOBS FOR VETERANS STATE GRANTS (JVSG) STAFFING DIRECTORY

STAFFING DIRECTORY SECTION A - GRANTEE IDENTIFICATION INFORMATION Grant Number: State: Date Prepared: SECTION B - STAFFING INFORMATION (a) (b) (d) (f) (h) (i) (j) (k) (c) (g) Consoli-Filled by Program Manager Position DVOP dated LVER A Non-Vacant DVOP/ Veteran Date Last Date Appointed LVER Completed NVTI Core E-mail Address Office Number, Name and Address Grant Funded Staff Name to Current (Last Name, First Name) Position Training Enter "1" for full-time position or "0.5" for half-time position (Note: A Consolidated DVOP/LVER can only be a single full time position) SECTION C - TOTALS 1) Number Half-Time Positions 0

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SECTION A - GRANTEE IDENTIFICATION INFORMATION										
Grant Number:	State:				Date Prepared:					
SECTION B - STAFFING INFORMATION										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Office Number, Name and Address	Grant Funded Staff Name (Last Name, First Name)	E-mail Address	Date Appointed to Current Position	Date Last Completed NVTI Core Training	DVOP	Consoli- dated DVOP/ LVER	LVER	Position Vacant	Program Manager	Filled by A Non- Veteran
					Enter "1" for full-time position or "0.5" for half-time position (Note: A Consolidated DVOP/LVER can only be a single full time position)					
2) Number Full-Time Positions					0	0	0	0	0	0
3) Total Full-Time Equivalent (FTE) Positions					0	0	0	0	0	0
4) Total FTE Positions Filled					0					

Instructions for Completing VETS-501 (JVSG Staff Directory):

SECTION A - GRANTEE IDENTIFICATION INFORMATION:

Enter the Assigned JVSG Grant Number, the State Name or Abbreviation and the date that this form was prepared.

SECTION B: STAFFING INFORMATION:

Enter the office name and address in Column (a). Use Alt-Enter to type multiple lines of information in this cell.

Enter the name (Last Name, First Name and Middle Initial [Optional]) in Column (b). Use one line for each staff person. Identify any DVOP serving as an Intensive Services Coordinator by putting (ISC) after the individual's name.

Enter the e-mail address for this staff person in Column (c).

Enter the most recent date that this staff person was assigned to the currently held position in Column (d).

Enter the most recent date that this staff person attended NVTI training for the core courses required for the currently held position in Column (e).

Enter either ".5" (for half-time) or "1" (for full-time) in either Column (f), (g), or (h) as applicable. Note that only a "1" may be entered in Column (g) for any Consolidated DVOP/LVER position.

Enter either ".5" (for half-time) or "1" (for full-time) in either Column (i), if the position is currently vacant Column (j), if this LVER position serves as a Program Manager (State Veterans' Program Coordinator) and/or (k), if the position is filled by a Non-Veteran, as applicable. Note that any positions filled by Non-veterans for over six (6) months requires a narrative explanation.

SECTION C - TOTALS:

This Section of the form automatically calculates the total of the values entered in each column. Note that the total full-time equivalent number of positions appearing on line 3, must match the numbers appearing in the transmittal memorandum for each position filled.