
Public Burden Statement - According to the Paperwork Reduction Act of 1995, no persons at collection is 1 hour per response, including the time to review instructions, search existing data estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor,

PLEASE NOTE: Use the "Tab" key to navigate. Incorrect e

Applicant Name

Enter Name

Name of Project

Enter Name of the Project

1. Planned Performance

- a. # of Eligibility Assessments
- b. # of Participants Enrolled
- c. # Placed in Trans.or Perm Housing
- d. # Referred to VA for Benefits
- e. # Placed into Employment (cannot be greater than # exits)
- f. Average Hourly Wage at Placement
- g. Placement Rate Overall (calculated: $1e/1j=rate$)
- h. Placement Rate for the Chronically Homeless (a subset of 1g)
- i. Cost Per Placement (calculated: $1e/4d=cost$)

- j. # of Exiters
- m. # Earned Wages in the 2nd Full Quarter After Exit
- n. Employment Rate in the 2nd Quarter After Exit (calc.)
- o. # Earned Wages in the 4th Full Quarter After Exit
- p. Employment Rate in the 4th Quarter After Exit (calc.)
- q. Median Quarterly Earnings in the 2nd Qtr. After Exit

2. Planned Training Activities

- a. Unduplicated Count of Those Trained by the Quarter the Participant First Received Training
- b. % of Participants Trained (calculated cumulative percentage)
- c. Class-Room-Training
- d. On-the-Job Training
- e. Occupational Skills Training
- f. Apprenticeship Training
- g. Upgrading and Retraining
- h. Other Training

3. Planned Supportive Services

- a. Job Search Assistance
- b. Life Skills and Money Management
- c. Counseling/Vocational Guidance
- d. Job Club Workshops
- e. Compensated Work Therapy
- f. Tools/Fees/Specific Work Clothing/Boots
- g. Other Supportive Services

4. Planned Expenditures

- a. Participant Services
- b. Admin Costs
- c. Stand Down (requires prior approval from the Grant Officer)
- d. Total Expenditures (calculated)

are required to respond to a collection of information unless such collection displays a valid OMB control number. For more information on this notice and how to comment on OMB control numbers, visit www.omb.gov. For more information on how to provide input on this information collection, visit www.reg.gov. If you do not wish to provide input on this information collection, you do not have to do so. If you do provide input on this information collection, you do not have to provide all the information requested. The information that you provide will be used to help the Department of Labor, Office of Veterans' Employment and Training Service, 200 Constitution Avenue, N.W., Washington D.C. 20210.

Attachment B

United States Department of Labor

Veterans' Employment and Training Service

Competitive Grants Planned Goals Chart

Entries appear in a **red font**.

Period of Performance:

Enter Period of Performance

Funding Amount:

Enter Amount

Core Operation Year Goals (Not Cumulative)			
<u>Jul-Sep</u>	<u>Oct-Dec</u>	<u>Jan-Mar</u>	<u>Apr-Jun</u>
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
\$0.00	\$0.00	\$0.00	\$0.00
0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%
\$0.00	\$0.00	\$0.00	\$0.00

0	0	0	0
		0	0
		0.0%	0.0%
		\$0.00	\$0.00

0	0	0	0
0.0%	0.0%	0.0%	0.0%
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\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

number. The valid OMB control number for this information collection is 1293-0014. The time required to complete and respond is required to obtain or retain a benefit (38 U.S.C. 2021 and 2023). If you have any comments concerning this collection of information, please write to the Office of Management and Budget, Paperwork Reduction Project (1293-0014), Washington, DC 20503.

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For the below homeless veteran subgroups, enter the planned percentage of total enrollments to be served as stated in your application narrative.	% of Total Planned Enrollments
Chronically Homeless Veteran	0%
Female Homeless Veteran	0%
Homeless Veteran with Family	0%
IVTP Eligible	0%

If applicable, enter data for the follow-up periods covered by your grant.			
90 day F/U	180 day F/U	270 day F/U	365 day Final
<p>Don't forget to enter the planned overall placement rate for the chronically homeless </p>			

0	0		
0.0%	0.0%		
0	0	0	0
0.0%	0.0%	0.0%	0.0%
\$0.00	\$0.00	Don't forget to enter overall >>>	

B Approval 1293-0014

Expires 9/30/2019

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the accuracy of the time

<u>Total</u>
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VETS-700