

---

**Public Burden Statement** - According to the Paperwork Reduction Act of 1995, no persons a 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 access the public reporting burden, contact the Office of Management and Budget, Paperwork Project Director (2025-01807-0001), Washington, D.C. 20503. For more information on this notice and how to access the public reporting burden, contact the Office of Management and Budget, Paperwork Project Director (2025-01807-0001), Washington, D.C. 20503. For more information on this notice and how to access the public reporting burden, contact the Office of Management and Budget, Paperwork Project Director (2025-01807-0001), Washington, D.C. 20503.

## 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%
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0	0	0	0
0	0	0	0
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
\$0.00	\$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 this information collection is 30 minutes. The time required to obtain or retain a benefit (38 U.S.C. 2021 and 2023). If you have any comments concerning this information collection, please contact the Office of Management and Budget, Paperwork Reduction Project (1293-0014), Washington, DC 20503.

# Labor Service Part

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
------------	-------------	-------------	---------------

Don't forget to enter the planned overall placement rate for the chronically homeless 

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

lete this information  
he accuracy of the time

|

<b><u>Total</u></b>
0
0
0
0
0
\$0.00
0%
0%
\$0.00

0
0
0.0%
0
0.0%
\$0.00

0
0%
0
0
0
0
0
0
0

0
0
0
0
0
0
0
0

\$0.00
\$0.00
\$0.00
<del>\$0.00</del>

VETS-700