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

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)

Attachment B

United States Department of L

Veterans' Employment and Training S

Competitve Grants Planned Goals Ch

ntries appear in a ~~red font.~~

Period of Performance:

Enter Period of Performance

Funding Amount:

Enter Amount

Core Operation Year Goals (Not Cumulative)			
Jul-Sep	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**
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

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0.0%	0.0%	0.0%	0.0%
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$0.00	$0.00	$0.00	$0.00
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$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00

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Service

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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

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 >>>**	

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