

**SCSEP State  
Equitable Distribution (ED) Report**

**OMB Control Number: 1205-0400**

**Expiration Date: X/XX/XXXX**

*The Equitable Distribution (ED) State Report, Form 8705A, is based on the number of modified positions by county (authorized positions adjusted for the applicable minimum wage in the county) as determined by the Census data, as well as the number of enrollments by county as determined by the data in the ETA data collection system at the time of the report. The State Report should include all grantees that operate in that State.*

*The Senior Community Service Employment Program (SCSEP) ED tables (downloadable from the ETA system) provide various calculations of the variance between the modified positions and the number of current enrollments by county. Please use the modified positions by State tables to fill out the values in Section I below and use those calculations to answer the two questions about the variance: What is its significance; and what, if any, actions the grantees will take to come into better compliance with the equitable distribution requirements? Submit the completed report to your FPO with a copy to [grants.SCSEPdocs@dol.gov](mailto:grants.SCSEPdocs@dol.gov).*

**State:** \_\_\_\_\_

**Program Year:** \_\_\_\_\_ **Quarter:** \_\_\_\_\_ (Specify the quarter of the ED data used)

**I. Summary of Variance**

Ensure the numbers in this section of the Equitable Distribution Report are consistent with the numbers/percentages/variance reported in the Modified Positions by State tables downloadable from the ETA System.

	Number of Counties	Percent of All Counties	Average Percentage of Variance
Under-service			
Over-service			
Combined Total Under- and Over-service			

**II. Discussion: reasons for and significance of the variance**

Please describe any significant variance and explain the possible reasons for the variance. Detail any collaboration among the state grantee and the national grantees within the state when addressing the variances by county statewide for all grantees. Describe challenges that affect your collective ability to meet and/or maintain ED in each county throughout the State. Identify if there is a history of noncompliance with ED in any area. Describe any administrative issues, grantee/sub-grantee structure, or external factors unrelated to ED patterns (e.g., a change of sub-grantee, natural disaster, etc.) contributing to the problem.

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**III. Plan to improve ED in your grant during program year**

Please explain your plans to reduce the variance in your state during the program year. Describe how all SCSEP grantees will collectively work to reduce variances throughout the State. Highlight collaboration between the state grantee and the national grantees operating in the State. Provide concrete steps (consolidating positions by county, position swaps, attrition) to fix ED, particularly in difficult to serve areas such as rural counties, counties where there has been a significant historical inequity, and/or areas where there have been recent large increases in numbers of eligible persons.

**IV. Attach copy of relevant Modified Positions by State table (downloadable from the ETA System).**

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information required to obtain or retain benefits (PL 114-144 Sec 501-518) is estimated to average 3 hours per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040). Note: Please do not return the completed ETA 8705A to this address.

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