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Veterans' Employment and Training Service STAND DOWN AFTER ACTION REPORT

1. Stand Down City and State:

2. Date(s) of this Stand Down:

3. Grant Agreement Number:

4. Indicate whether each of the following services were available:

- | | | |
|---|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | Health screenings/examinations ¹ |
| <input type="radio"/> Yes | <input type="radio"/> No | Housing/shelter referral ¹ |
| <input type="radio"/> Yes | <input type="radio"/> No | Mental health services ¹ |
| <input type="radio"/> Yes | <input type="radio"/> No | DOL Employment and job training assistance ¹ |
| <input type="radio"/> Yes | <input type="radio"/> No | Veterans' benefits counseling ¹ |
| Provided by Department of Veterans Affairs (VA) | | |
| <input type="radio"/> Yes | <input type="radio"/> No | Social and community services |
| <input type="radio"/> Yes | <input type="radio"/> No | Legal advice and services |
| <input type="radio"/> Yes | <input type="radio"/> No | Personal care/hygiene items or kits |
| <input type="radio"/> Yes | <input type="radio"/> No | Clothing (Cold weather, Underwear, or Boots) |
| <input type="radio"/> Yes | <input type="radio"/> No | Food (Lunch/Dinner/Snacks/Drinks) |

5. Stand Down Participants:

Number of Female
Homeless Veterans:

Number of Other
Homeless Veterans:

Number of Non-Homeless and/
or Non-Veteran Participants:

Total Participants:

Total Eligible Participants:

Cost Share Percentage:

DOL-VETS Stand Down funding may only be used for eligible participants. If non-homeless and/or non-veterans attended the event, the cost share calculation must be applied as described in the Stand Down Application Guide. **Grantee certifies that VETS funds do not comprise more than _____ of total event costs.**

¹ A required service for a Stand Down event as stated in the funding opportunity announcement.

I certify that the responses in this report are accurate, complete, and current as of this date. I attest that the funds were spent in accordance with terms and conditions of the Stand Down grant award and applicable regulations.

Person filing this report:

Phone:

Address, City, State and Zip Code:

Signature: _____

Date: