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**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**

[Redacted field]

**Name of Project**

[Redacted field]

**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
- k. # Earned Wages in the 2nd Full Quarter After Exit
- l. Employment Rate in the 2nd Quarter After Exit (calc.)
- m. # Earned Wages in the 4th Full Quarter After Exit
- n. Employment Rate in the 4th Quarter After Exit (calc.)
- o. 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)



re required to respond to a collection of information unless such collection displays a valid OMB control nu  
 1 sources, gather the data needed, and complete and review the information collection. The obligation to res  
 Veterans' Employment and Training Service, 200 Constitution Avenue, N.W., Washington D.C. 20210.

**Attachment B (Competitive Grants Planned  
 United States Department of  
 Veterans' Employment and Training S**

entries appear in a red font.

	<b>Period of Performance:</b>
	<b>Funding Amount:</b>

<b>Core Operation Year Goals (Not Cumulative)</b>			
<b><u>Jul-Sep</u></b>	<b><u>Oct-Dec</u></b>	<b><u>Jan-Mar</u></b>	<b><u>Apr-Jun</u></b>
0	0	0	0
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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


Goals Chart)

**Labor**  
Service

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

**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	<b>Don't forget to enter overall &gt;&gt;&gt;</b>	

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3 Approval 1293-0014  
Expires 9/30/2019

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3 the accuracy of the time

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<b><u>Total</u></b>
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