

Instructions for Completing VETS-501 (JVSG Staff Directory): *Note: Insert or delete rows in Section B, as necessary, before saving and submitting.*

SECTION A - GRANTEE IDENTIFICATION INFORMATION:

Enter the Assigned JVSG Grant Number, the State Name or Abbreviation and the date that this form was prepared

SECTION B: STAFFING INFORMATION:

Enter the office name and address in Column (a). Use Alt-Enter to type multiple lines of information in this cell.

Enter the name (Last Name, First Name and Middle Initial [Optional]) and e-mail address (work) in combined Column (b) and (c). Use one single cell for both the individual's name and e-mail address, as in the example on row 12 above. Identify any DVOP serving as an Intensive Services Coordinator by putting (ISC) after the individual's name.

Enter the most recent date that this staff person was assigned to the currently held position in Column (d).

Enter the date that this staff person completed **the two or three required core training courses at NVTI** for the currently held position in Column (e). If all required courses are not yet completed leave blank. Note that a blank cell will appear highlighted if it has been more than 18 months from date of appointment.

Enter either ".5" (for half-time) or "1" (for full-time) in either Column (f), (g), or (h) as applicable. Note that only a "1" may be entered in Column (g) for any approved/requested Consolidated DVOP/LVER position.

Enter either ".5" (for half-time) or "1" (for full-time) in either Column (i), if the position is currently vacant; in Column (j), if this LVER position serves as a Program Manager (State Veterans' Program Coordinator) and/or (k), if the position is filled by a Non-Veteran, as applicable. Note that any Consolidated DVOP/LVER position being requested should also be shown with a "1" in Columns (g) and Column (j), since the position is considered vacant until approved; and, any positions filled by Non-veterans for over six (6) months requires a narrative explanation.

SECTION C - TOTALS:

This Section of the form automatically calculates the total of the values entered in each column for rows 1, 2, 3, 4, and 6. Note that the total full-time equivalent number of positions appearing on line 3, must match the numbers appearing in the transmittal memorandum for each position filled.

Enter the total number of Full Time Equivalent positions funded by the base allocation in Column (f), (g), or (h) as applicable.

FORM SUBMISSION:

Completion and submission of all Sections of this form is an annual requirement. Additionally, recipients are required to submit an amended form when requesting modifications to grant awards that impact any staffing category. Additional rows may be inserted if needed and unused lines may be deleted prior to submission.

PUBLIC BURDEN STATEMENT: Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is required to obtain or maintain benefits (38 U.S.C. 4102A(c)). Public reporting burden for this collection is estimated to average of 1.5 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 of information, including suggestions for reducing this burden, to the Department of Labor at the address provided below. (Paperwork Reduction Project 1293-0009).