JOBS FOR VETERANS STATE GRANT (JVSG)
STAFFING DIRECTORY

OMB Approval Number 1293-0009
Expiration Date: XX/XX/XXXX

SECTION A - GRANTEE IDENTIFICATION INFORMATION

Grant Number: _____ State: _____ Date Prepared: _____

SECTION B - STAFFING INFORMATION

(a) Office Number, Name and Address	(b) and (c) (b) Grant Funded Staff Name (Last Name, First Name) (c) E-mail Address	(d) Date Appointed to Current Position	(e) Date Last Completed NVTI Required Courses for Current Position	(f) DVOP	(g) Consolidated DVOP/ LVER	(h) LVER	(i) Position Vacant	(j) Program Manager	(k) Filled by A Non-Veteran
				Enter "1" for full-time position or "0.5" for half-time position (Note: A Consolidated DVOP/LVER can only be a single full time position)					
AJC 0120 - Springfield LWIB 1234 West Main Street, Springfield, Anystate 12345	Marine, John J. Marine,john.j@state.gov	12/12/2014		1					

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