



**JOBS FOR VETERANS STATE GRANTS (JVSG)
BUDGET INFORMATION SUMMARY**

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

SECTION A – GRANTEE IDENTIFICATION INFORMATION

Grant Number: State: Date Prepared:

SECTION B - BUDGET SUMMARY BY CATEGORY

U.S. DEPARTMENT OF LABOR FUNDS

Object Class Categories	DVOP Activities		Consolidated DVOP/LVER Activities		LVER Activities		Incentive Awards	Total JVSG	
	Funded FTE:	<input type="text"/>	Funded FTE:	<input type="text"/>	Funded FTE:	<input type="text"/>		Funded FTE:	<input type="text"/> 0.0
1. Personnel (PS)		#DIV/0!		#DIV/0!		#DIV/0!		\$0	#DIV/0!
2. Personnel Benefits (PB)		#DIV/0!		#DIV/0!		#DIV/0!		\$0	#DIV/0!
3. Travel		#DIV/0!		#DIV/0!		#DIV/0!		\$0	#DIV/0!
4. Equipment		#DIV/0!		#DIV/0!		#DIV/0!		\$0	#DIV/0!
5. Supplies		#DIV/0!		#DIV/0!		#DIV/0!		\$0	#DIV/0!
6. Other		#DIV/0!		#DIV/0!		#DIV/0!		\$0	#DIV/0!
7. Total Direct Costs (Lines 1–6)	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!		\$0	#DIV/0!
8. Indirect Costs		#DIV/0!		#DIV/0!		#DIV/0!		\$0	#DIV/0!
9. Total Program Cost (Lines 7 + 8)	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	\$0	#DIV/0!
PS+PB Ratio (Lines 1 + 2 / Line 9)		#DIV/0!		#DIV/0!		#DIV/0!			#DIV/0!
Cost Per Position (Line 9 / Funded FTE)		#DIV/0!		#DIV/0!		#DIV/0!			#DIV/0!

SECTION C – FORECAST FEDERAL FUNDING NEEDS

Program Activity	(1) 1 st Quarter	(2) 2 nd Quarter	(3) 3 rd Quarter	(4) 4 th Quarter	(5) Total
a. DVOP Activities					\$0
b. Consolidated DVOP/LVER Activities					\$0
c. LVER Activities					\$0
d. Incentive Awards					\$0
e. Total Funds	\$0	\$0	\$0	\$0	\$0