



**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:	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 <sup>st</sup> Quarter	(2) 2 <sup>nd</sup> Quarter	(3) 3 <sup>rd</sup> Quarter	(4) 4 <sup>th</sup> 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