# HVRP Technical Performance Narrative (TPN) Report

**U.S. Department of Labor** **Veterans’ Employment and Training Service**

Grantee Name:

Grant Number:

Address:

Program Year: Quarter: (Check applicable reporting quarter)

2024    

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| 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 |



**Grantee Certification:** As an authorized representative of the grantee, I attest to the completeness and accuracy of the information contained in this report.

Name:

Title: Date:

Please refer to the VETS-701 Technical Performance Report (TPR) for the period covered by this report. In the TPN Action column of the TPR, yellow “!” and red “X” indicators require a narrative response or explanation in the associated fields of this TPN.

All fields on this form are required. For any that are not applicable, please enter N/A. Contact your Grant Officer Technical Representative (GOTR) or the National Veterans Technical Assistance Center (NVTAC) if you are experiencing difficulties with your program.

**Public Burden Statement** - According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1293-0014. The time required to complete this information collection is 4 hours per response for Quarters 1-4 and 1 hour per response for Quarters 5-8, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. The obligation to respond is required to obtain or retain a benefit (38 U.S.C. 2021 and 2023). If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Veterans' Employment and Training Service, 200 Constitution Avenue, N.W., Washington,

D.C. 20210.

**Reset Form**

**Print Form**

1. **FAILED PERFORMANCE.** Performance measures on the quarterly TPR flagged with a **red “X”** TPN Action indicator are failing to meet minimum performance expectations and require corrective action.

For each measure showing a **red “X”** TPN Action indicator, please provide the following:

* + The indicator(s) where performance failed to meet minimum performance expectations;
	+ The underlying cause(s) for the failure;
	+ Proposed action(s) to improve performance;
	+ The timeline for actual performance to be aligned with planned performance;
	+ If the failure is related to a continuing issue from the previous quarter(s), include what remedies you have previously taken to address and improve performance.

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1. **MINIMAL PERFORMANCE.** Performance measures on the quarterly TPR flagged with a **yellow “!”** TPN Action indictor are meeting minimum performance expectations and do not require corrective action. However, you are required to describe the results of your analyses of this underperformance.

For each measure showing a **yellow “!”** TPN Action Indicator, please provide the following:

* + The indicator where performance is minimally acceptable;
	+ The underlying cause(s) for not performing for not performing at minimally acceptable performance. If it is the Total Expenditures & Obligations indicator, provide the underlying cause for the spending variance;
	+ Remedies you are presently taking to address and improve performance;
	+ If the underperformance is related to a continuing issue from the previous quarter(s), include what remedies you have previously taken to address and improve performance.

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## FINANCIAL REVIEW.

Do the SF-425 and the TPR crosswalk? *If “No,” please explain below why they do not*

Yes No *match, and notify your GOTR of the discrepancy.*

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1. **IDENTIFYING ACHIEVEMENTS.** Describe success stories, accomplishments, or achievements for your program that you consider to be exemplary in nature. Attachments to this form are accepted.

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1. **GRANT-RELATED ACTIVITIES.** Describe the current quarter’s community awareness activities, outreach activities to veterans experiencing homelessness, job-driven training initiatives, and program linkages to the activities offered through the American Job Centers. Describe any administrative or programmatic challenges not already addressed that may adversely affect performance outcomes.

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1. **GRANT STAFF.** Identify all staff who charged time to the grant.
	* Enter the “% of Time” as a decimal;
	* If a position is vacant due to staff turnover, do not delete the position from the table;
		+ Enter “Vacant” in the Name column;
		+ Retain the position title in the Title column;
		+ Clear the entries for the % of Time and Date Hired columns;
		+ Update the Date Vacant column with the last date of position occupancy.

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| --- | --- | --- | --- |
| Name:Title:Percent of Time: | 0% | Date Hired: | Date Vacant: |
| Name: |  |  |  |
| Title:Percent of Time: | 0% | Date Hired: | Date Vacant: |
| Name: |  |  |  |
| Title: |  |  |  |
| Percent of Time: | 0% | Date Hired: | Date Vacant: |
| Name: |  |  |  |
| Title: |  |  |  |
| Percent of Time: | 0% |  |  |
| **Response** |  |  |  |

Yes No Do the staff titles and percentage of time shown above match with the budget narrative in your most recent grant award or budget-related modification?

If needed, additional rows for Grant Staff are on page 8.

# Follow-up Period (Quarters 5-8)

### Reminder: Grantees are responsible for follow-up activities during the grant's three-year period of performance. Tracking and reporting outcomes continues for 12 months after exit until the end of the grant's period of performance. Follow-up must be conducted on all exiters, even those who were not placed into employment by the grantee.

* Maintaining contact with HVRP exiters can be challenging. HVRP funding may be used to provide incentives for continued contact, as long as it is consistent with your approved budget.
* When following up with employed exiters, ask if they are experiencing any challenges that impact their ability to maintain employment - such as transportation issues, offer any needed follow-up services to support their continued success, consistent with your approved budget.
* Contact your DVET/GOTR or the National Veterans Technical Assistance Center (NVTAC) if you are having any difficulties in your program.

## FAILED PERFORMANCE IN QUARTERS 5-8.

Performance measures on the quarterly TPR flagged with a **red “X”** TPN Action indicator are failing to meet minimum performance expectations.For each of the three (3) post-exit employment and earnings indicator(s) showing a **red “X”** TPN Action indicator, please provide the following:

* + The indicator(s) where performance failed to meet minimum performance expectations and the underlying cause(s) for the failure;
	+ Proposed actions to improve performance;
	+ The timeline for actual performance to be aligned with planned performance;
	+ If the failure is related to a continuing issue from the previous quarter(s), include what remedies you have previously taken to address and improve performance.

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## MINIMAL PERFORMANCE IN QUARTERS 5-8.

Performance measures on the quarterly TPR flagged with a **yellow “!”** TPN Action indictor are meeting minimum performance expectations and do not require corrective action. However, you are required to describe the results of your analyses of this underperformance. For each of the three (3) post-exit employment and earnings indicator(s) in the performance report showing a **yellow “!”** TPN Action indicator, please provide the following:

* + The indicator(s) showing underperformance and the underlying cause(s) for not performing at

minimally acceptable performance;

* + Remedies you are presently taking to address and improve performance;
	+ If the underperformance is related to a continuing issue from the previous quarter(s), include what remedies you have previously taken to address and improve performance.

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### Additional fields for Section 7 Grant Staff, if needed.

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| Name:Title:Percent of Time: | 0% | Date Hired: | Date Vacant: |
| Name: |  |  |  |
| Title:Percent of Time: | 0% | Date Hired: | Date Vacant: |
| Name: |  |  |  |
| Title:Percent of Time: | 0% | Date Hired: | Date Vacant: |
| Name: |  |  |  |
| Title: |  |  |  |
| Percent of Time: | 0% | Date Hired: | Date Vacant: |
| Name: |  |  |  |
| Title: |  |  |  |

Percent of Time: 0%

Name:

Title:

Percent of Time: 0%

Date Hired: Date Vacant:

Date Hired: Date Vacant: