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# HVRP Technical Performance Narrative (TPN) U.S. Department of Labor Veterans' Employment and Training Service

Recipient Name:					
Grant Number:					
Address:					
Program Year: Quarter: (Check applicable reporting quarter)				arter)	
	1	2	3	4	
	5	6	7	8	
<b>Recipient Certification:</b> As accuracy of the information		-		he grant re	ecipient, I attest to the completeness and
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's 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.

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**1. FAILED PERFORMANCE IN QUARTERS 1-4.** Performance measures on the quarterly TPR flagged with a red "X" TPN Action indicator 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; and
- 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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**2. MINIMAL PERFORMANCE IN QUARTERS 1–4.** Performance measures on the quarterly TPR flagged with a **yellow "!"** TPN Action indicator 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 not meeting the performance goal(s);
- Remedies you are presently taking to address and improve performance; and
- 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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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.* 

**4. 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.

**5. 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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**6. PERSONNEL.** Identify all staff who charged time to the grant. Additional staff rows are available on pages 8-9.

- Enter the "Percent of Time" as a decimal. 1.0 or 100% is 40 hours per week; .5 or 50% is 20 hours per week.
- If a position is vacant due to staff turnover, do not delete the position from the table.
  - o Enter "Vacant" in the Employee Name column;
  - o Retain the title in the Position Title column;
  - o Clear the entries for the Percentage of Time and Date Hired columns; and
  - o Update the Date Vacant column with the last date of position occupancy.

Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
•	itles and percentages of time shown above and tive in your grant award or most recently appro	• •	es No

amendment? If "No," contact your GOTR to explain why the grant personnel deviates

from the approved budget.

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### Quarters 5-8

**Reminder:** Grant recipients are responsible for follow-up tracking activities and reporting outcomes for participants 12 months after exit and continuing 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 Director of Veterans' Employment and Training (DVET)/GOTR or NVTAC if you are having any difficulties in your program.

#### 7. 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 and require corrective action. If any of the post-exit Employment Rate or Median Earnings measures show 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 actions to improve performance;
- The timeline for actual performance to be aligned with planned performance; and
- 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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#### 8. MINIMAL PERFORMANCE IN QUARTERS 5-8.

Performance measures on the quarterly TPR flagged with a **yellow "!"** TPN Action indicator 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. If any of the post-exit Employment Rate or Median Earnings measures in the performance report show a **yellow "!"** TPN Action indicator, please provide the following:

- The indicator(s) showing underperformance;
- The underlying cause(s) for not meeting the performance goal(s);
- Remedies you are presently taking to address and improve performance; and
- 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.

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

Employee Name:		
Position Title:		
Percent of Time:	Date Hired:	Date Vacant:
Employee Name:		
Position Title:		
Percent of Time:	Date Hired:	Date Vacant:
Employee Name:		
Position Title:		
Percent of Time:	Date Hired:	Date Vacant:
Employee Name:		
Position Title:		
Percent of Time:	Date Hired:	Date Vacant:
Employee Name:		
Position Title:		
Percent of Time:	Date Hired:	Date Vacant:
Employee Name:		
Position Title:		
Percent of Time:	Date Hired:	Date Vacant:
Employee Name:		
Position Title:		
Percent of Time:	Date Hired:	Date Vacant:
Employee Name:		
Position Title:		
Percent of Time:	Nate Hired:	Date Vacant

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Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	
Employee Name:			
Position Title:			
Percent of Time:	Date Hired:	Date Vacant:	