

JVSG Technical Performance Narrative

State and Agency Name:

Grant Number:

Fiscal Year and Quarter:

Date Prepared:

Instructions for this form are available our [JVSG Forms page](#).

(a) Compare actual outlays and obligations to the planned budget.

| Activity     | Cumulative<br>Budget Amount<br>(Planned)<br><i>VETS-401 Sec. C</i> | Cumulative<br>Outlays and<br>Obligations<br><i>VETS-402 Sec. C</i> | Under- or Over-<br>Expenditure<br><i>Budget minus<br/>Outlay &amp; Obs</i> | % of Plan<br><i>Outlays &amp; Obs /<br/>Cumulative Budget</i> |
|--------------|--------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------|
| DVOP         |                                                                    |                                                                    |                                                                            |                                                               |
| CODL         |                                                                    |                                                                    |                                                                            |                                                               |
| LVER         |                                                                    |                                                                    |                                                                            |                                                               |
| Incentives   |                                                                    |                                                                    |                                                                            |                                                               |
| Mgmt & Admin |                                                                    |                                                                    |                                                                            |                                                               |
| Total        |                                                                    |                                                                    |                                                                            |                                                               |

If outlays and obligations are not within 80% to 120% of the planned budget (indicated by bold red font in the Total row, % of Plan column), explain why:

(b) Describe your plan to use or deobligate significantly underspent funds.

*Required only if Total row, % of Plan column above is less than 80%.*

- (c) **Compare the planned and actual Salaries & Benefits Percentage (S&B%).**  
*Enter percentages as a decimal (.75, not 75%). Your Grant Officer's Technical Representative (GOTR) can assist you in calculating the actual S&B%.*

| Activity | Planned S&B%<br>VETS-401 Sec. D | Actual YTD S&B%<br>Include carry-in | Difference |
|----------|---------------------------------|-------------------------------------|------------|
| DVOP     |                                 |                                     |            |
| CODL     |                                 |                                     |            |
| LVER     |                                 |                                     |            |
| Overall  |                                 |                                     |            |

If actual overall S&B% is more than 5 percentage points lower than planned (indicated by bold red font), explain why:

- (d) **Compare planned and actual performance outcomes and ICS rate.**  
*Use the certified Rolling 4 Quarters report (ETA-9173 for JVSG) for all outcomes, if available; otherwise, use local records or unvalidated data. Enter percentages as a decimal (.75, not 75%).*

| Performance Indicators                                                                   | Goal | Actual Outcome | Goal Met? (Y/N) |
|------------------------------------------------------------------------------------------|------|----------------|-----------------|
| Employment Rate – 2nd Quarter After Exit<br><i>Item D.1, Total Current Period column</i> |      |                |                 |
| Employment Rate – 4th Quarter After Exit<br><i>Item D.2, Total Current Period column</i> |      |                |                 |
| Median Earnings – 2nd Quarter After Exit<br><i>Item D.3, Total Current Period column</i> |      |                |                 |

Describe your progress toward achieving the goals, including any current or anticipated issues that affect services to veterans and the current or planned actions to address such issues:

Calculate your Individualized Career Services Rate using the table below.  
Use the ETA-9173 for JVSG, Line A.1.

Individualized  
Career Services

(

+

)

/

Total Current  
Period

=

ICS Rate

If the ICS Rate calculated above is less than 90 percent (indicated by bold red font), explain why:

(e) Analyze DVOP services to non-veterans and ineligible participants.

Calculate the rates of services to non-veterans and ineligible participants by completing the table below. Refer to the ETA-9173 for JVSG, Total Current Period column, for Eligible Veterans and Total Participants Served. For eligible non-veterans (e.g. transitioning service members), use local records. Do not duplicate participants who meet more than one criterion.

|                                       |  |                                        |  |
|---------------------------------------|--|----------------------------------------|--|
| Total Participants Served (line A.2): |  | Percentage of Veteran Participants:    |  |
| Eligible Veterans (line B.3a):        |  | Percentage of Nonveteran Participants: |  |
| Eligible Persons:                     |  |                                        |  |
| Transitioning service members:        |  | Total Eligible Participants:           |  |
| Wounded/ill/injured service members:  |  | Percentage of Eligible Participants:   |  |
| Spouses/Family Caregivers:            |  | Percentage of Ineligible Participants: |  |

If any ineligible participants were served by DVOPs (indicated by bold red font), explain why:

**(f) Complete the table below to determine the staff utilization rate.**

| <b>Activity</b>    | <b>Planned # of FTEs</b><br><i>VETS-401 Sec. D</i> | <b>Funded Positions YTD</b><br><i>EDR Sec. C</i> | <b>Staff Utilization Rate</b><br><i>Actual / Planned</i> |
|--------------------|----------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| <b>DVOP</b>        |                                                    |                                                  |                                                          |
| <b>CODL</b>        |                                                    |                                                  |                                                          |
| <b>LVER</b>        |                                                    |                                                  |                                                          |
| <b>Total Staff</b> |                                                    |                                                  |                                                          |

If over- or under-staffed by more than 10 percent in any of the above activities (indicated by bold red font), explain why:

**(g) If applicable, explain any staff positions that were/are vacant for 60 days or more during or overlapping the quarter, and the actions taken to fulfill the staffing plan.****(h) Summarize LVER staff activities and/or best practices during the past quarter such as promoting the HIRE Veterans Medallion Program (HVMP).**

- If there were no changes, enter "No changes" in the first row under "Staff Name and Location."*

[illegible]

- Reminders:

- The individual whose name is entered in the box below attests on behalf of the JVSG recipient that the information in this report is accurate and complete to the best of the recipient's knowledge.**

*A typed name in this block is considered a valid signature.*