U.S. Department of Labor
Veterans' Employment and Training Service

OMB Control No. 1293-0014
Expiration: XX/XX/XXXX

Stand Down After Action Report

1. Stand Down Event Location:
   (Address, City, State and Zip code)

2. Date(s) of this Stand Down:

3. Grant Number:

4. Indicate whether each of the following services were available:

☐ Yes	☐ No	a. Health screenings/examinations[1]
☐ Yes	☐ No	b. Housing/shelter referral[1]
☐ Yes	☐ No	c. Mental health services[1]
☐ Yes	☐ No	d. DOL employment and job training assistance[1]
☐ Yes	☐ No	e. Veterans' benefits counseling[1]
☐ Yes	☐ No	f. Veterans' benefits counseling provided by Department of Veterans Affairs
☐ Yes	☐ No	g. Legal advice and services
☐ Yes	☐ No	h. Personal care/hygiene services (showers, haircuts, kits)
☐ Yes	☐ No	i. Clothing (cold weather, underwear, boots) or outdoor gear (backpacks, tents, sleeping bags)
☐ Yes	☐ No	j. Food (lunch/dinner/snacks/drinks)
☐ Yes	☐ No	k. American Job Center (AJC) staff attendance
☐ Yes	☐ No	l. Social and community services

Services marked with a "1" are a required service for a Stand Down event as stated in the Funding Opportunity Announcement. **If you checked "No" for any of these required items, please use the comment box below to explain why.**

5. Stand Down Participants

Number of Male Homeless Veterans:	Number of Female Homeless Veterans:	Number of Non-Homeless and/or Non-Veteran Participants:

Total Participants	**0**	DOL-VETS Stand Down funding may only be used for eligible individuals defined in the Stand Down policy. If non-homeless/at-risk and/or non-veterans attended the event, the cost share calculation must be applied as described in the Funding Opportunity Announcement and Stand Down policy. **Grant Recipient certifies that VETS funds do not comprise more than 0.0% of total event costs.**
Total Eligible Participants	**0**	
Cost Share Percentage	**0.0%**	

6. Event Planned Costs Total: $

7. Event Expended Costs Total: $

I certify that the responses in this report are accurate, complete, and current as of this date. I attest that the funds were spent in accordance with the Funding Opportunity Announcement, Stand Down policy, terms and conditions of the grant award, and applicable regulations.

Authorized Representative Phone Number

Organization Address, City, State, and Zip Code

Signature Date

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 45 minutes per response, 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: HVRP@dol.gov or U.S. Department of Labor, Veterans' Employment and Training Service, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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