Public Burdon Statement - According to the Puperwork Reduction Act of 1975, 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 1 hour per response, including the time to review instructions, secured evidence in case and a sources, gather the data needed, and complete and review the information collection. The displation to repoin to required to obtain or retain a benefit (SR U.S.C. 2021 and 2023). If you have any comments concerning the accuracy of the time estimate(s) or successors for impossible this from elsew witer to U.S. Destruction of Libert Versella Endowners and Tabulation Proc. 2021.

## Attachment 5 - VETS-700, Summary of Proposed Goals by Quarter and Overall for the Project

## **United States Department of Labor**

Veterans' Employment and Training Service

Period of Performance: Enter Period of Performance

PLEASE NOTE: Use the "Tab" key to navigate. Incorrect entries appear in a red font.

Applicant Name	
Enter Name	
Name of Project	
Enter Name of the Project	

For the below homeless veteran subgroups, enter the planned percentage of total enrollments to be served as stated in your application narrative.	% of Total Planned Enrollments
Chronically Homeless Veteran	0%
Female Homeless Veteran	0%
Homeless Veteran with Family	0%
IVTP Eligible	0%

Name of Project	of Project <u>Funding Amount:</u>		Homeless Veteran with Family		0%				
Enter Name of the Project		Enter Amount		IVTP Eligible		0%			
					_				
					If applicab	le, enter data for the foll	low-up periods covered b	y your grant.	
	Core O	Operation Year Goals (Not Cumulative)							
1. Planned Performance	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	90 day F/U	180 day F/U	270 day F/U	365 day Final	Total
a. # of Eligibility Assessments	0	0	0	0					0
b. # of Participants Enrolled	0	0	0	0					0
c. # Placed in Trans.or Perm Housing	0	0	0	0					0
d. # Referred to VA for Benefits	0	0	0	0					0
e. # Placed into Employment (cannot be greater than # exits)	0	0	0	0					0
f. Average Hourly Wage at Placement	\$0.00	\$0.00	\$0.00	\$0.00					\$0.00
g. Placement Rate Overall (calculated: 1e/1j=rate)	0.0%	0.0%	0.0%	0.0%	Don't force		planned ove		0%
h. Placement Rate for the Chronically Homeless (a subset of 1g)	0.0%	0.0%	0.0%	0.0%	•		•		0%
i. Cost Per Placement (calculated: 1e/4d=cost)	\$0.00	\$0.00	\$0.00	\$0.00	placement i	rate for the c	hronically hor	neless	\$0.00
j. # of Exiters	0	0	0	0				,	0
m. # Earned Wages in the 2nd Full Quarter After Exit			0	0	0	0			0
n. Employment Rate in the 2nd Quarter After Exit (calc.)			0.0%	0.0%	0.0%	0.0%			0.0%
o. # Earned Wages in the 4th Full Quarter After Exit					0	0	0	0	0
p. Employment Rate in the 4th Quarter After Exit (calc.)					0.0%	0.0%	0.0%	0.0%	0.0%
q. Median Quarterly Earnings in the 2nd Qtr. After Exit			\$0.00	\$0.00	\$0.00	\$0.00	Don't forget to e	nter overall >>>	\$0.00
b. % of Participants Trained (calculated cumulative percentage)	0.0%	0.0%	0.0%	0.0%	1			-	0%
a. Unduplicated Count of Those Trained by the Quarter the Participant First Received Training	0	0	0	o					0
c. Class-Room-Training	0	0	0	0					0
d. On-the-Job Training	0	0	0	0	+			-	0
e. Occupational Skills Training	0	0	0	0	-			-	0
f. Apprenticeship Training	0	0	0	0	+				0
g. Upgrading and Retraining	0	0	0	0	-			-	0
h. Other Training	0	0	0	0					0
3. Planned Supportive Services									
a. Job Search Assistance	0	0	0	0					0
b. Life Skills and Money Management	0	0	0	0					0
c. Counseling/Vocational Guidance	0	0	0	0					0
d. Job Club Workshops	0	0	0	0					0
e. Compensated Work Therapy		0	0	0					0
	0	U	U	U					
f. Tools/Fees/Specific Work Clothing/Boots	0	0	0	0	+				0
		_						-	0
g. Other Supportive Services	0	0	0	0	-				
g. Other Supportive Services 4. Planned Expenditures	0	0	0	0					0
f. Tools/Fees/Specific Work Clothing/Boots g. Other Supportive Services  4. Planned Expenditures a. Participant Services b. Admin Costs	0 0 \$0.00	0 0 \$0.00	0 0 \$0.00	0 0 \$0.00					\$0.00
g. Other Supportive Services  4. Planned Expenditures a. Participant Services	0	0	0	0					0