

U.S. Department of Labor
Veterans' Employment and Training Service
STAND DOWN AFTER ACTION REPORT



1. Stand Down City and State:
2. Date(s) of this Stand Down:
3. Grant Number:
4. Indicate whether each of the following services were available:

Yes	No	Health screenings/examinations ¹	
Yes	No	Housing/shelter referral ¹	
Yes	No	Mental health services ¹	
Yes	No	DOL employment and job training assistance ¹	
Yes	No	Veterans' benefits counseling ¹	Provided by Department of Veterans Affairs (VA)
Yes	No	Social and community services	
Yes	No	Legal advice and services	
Yes	No	Personal care/hygiene services (showers, haircuts, kits)	
Yes	No	Clothing (cold weather, underwear, boots) or Outdoor gear (backpacks, tents, sleeping bags)	
Yes	No	Food (lunch/dinner/snacks/drinks)	

¹ 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:
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Total Participants: _____

Total Eligible Participants: _____

Cost Share Percentage: _____

DOL-VETS Stand Down funding may only be used for eligible participants. If non-homeless and/or non-veterans attended the event, the cost share calculation must be applied as described in the Stand Down Application Guide. **Grantee certifies that VETS funds do not comprise more than _____ of total event costs.**

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 terms and conditions of the Stand Down grant award and applicable regulations.

Person filing this report:

Phone Number:

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: U.S. Department of Labor, Veterans' Employment and Training Service, 200 Constitution Avenue, N.W., Washington, D.C. 20210.