Technical Performance Narrative

State and Agency Name:

Grant Number:

Fiscal Year and Quarter:

Date Prepared:

(a) Actual outlays and obligations compared to the planned budget

"Tab" after each entry to allow form to calculate.

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

Analysis, if over- or under-spent by more than 10 percent of budgeted amount (indicated by bold red font in the Total row, % of Plan column):

(b) Plan for the use of any under-spent or under-obligated funds (or potential deobligation amount) Required only if Total row, % of Plan column above is negative.

(c) Planned and actual Salaries & Benefits Percentage (S&B%)

Previously referred to as "PS+PB/Total ratio." Enter percentages as a decimal (.75, not 75%). "Tab" after each entry to calculate. Your Grant Officer's Technical Representative (GOTR) can assist you in calculating the actual S&B%.

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

Analysis, if actual overall S&B% is significantly lower than planned (indicated by bold red font):

(d) Analysis of quarterly performance outcomes and ICS rate

Use the certified Rolling 4 Quarters report (ETA-9173 for JVSG) for all outcomes. Enter percentages as a decimal (.75, not 75%). "Tab" after each entry to calculate.

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

Analysis of the outcomes and progress toward achieving the negotiated goals, including any current or anticipated issues that affect services to veterans and the current or planned actions to address such issues:

Individualized Career Services Rate Calculation

Use the ETA-9173 for JVSG, Line A.1. "Tab" after each entry to calculate.

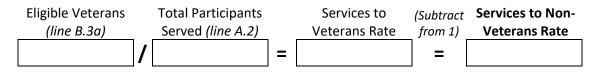


Explanation, if the ICS Rate calculated above is less than 90 percent (indicated by bold red font):

(e) Analysis of any services to non-veterans provided by DVOP staff

Services to Non-Veterans by DVOP Staff calculation

Refer to the ETA-9173 for JVSG, Total Current Period column. "Tab" after each entry to calculate.



Explanation, if Services to Non-Veterans Rate calculated above is greater than 0 percent (indicated by bold red font):

(f) Staff utilization rate analysis

"Tab" after each entry to allow form to calculate.

| Activity | Planned # of FTEs VETS-401 Sec. D | Funded Positions YTD EDR Sec. C | Staff Utilization Rate Actual / Planned |
|--------------|--------------------------------------|------------------------------------|--|
| DVOP | | | |
| Consolidated | | | |
| LVER | | | |
| Total | | | |

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

(g) An analysis and explanation of 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) A report of each JVSG-funded staff position filled by a non-veteran for six months or more, including the rationale

(i) An analysis of services provided and/or best practices by LVER staff to promote the HIRE Veterans Medallion Program (HVMP)

(j) Staffing changes that occurred during this quarter

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

| Staff Name and Location | HT / FT | Activity | Action Type | Date |
|-------------------------|---------|----------|-------------|------|
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Reminders:

- Annual Incentive Award Report is due with Q4 report.
- States on a Corrective Action Plan submit a follow-up document with each quarterly report.

We attest that the information in this report is accurate and complete to the best of our knowledge.

State Agency Administrator or Designee Signature

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