

**ELEMENTS OF AN UNEMPLOYMENT INSURANCE (UI)  
REEMPLOYMENT SERVICES AND ELIGIBILITY ASSESSMENT (RESEA) GRANT PROPOSAL ABSTRACT**

(1) State Name:	
(2) Name and Title of the State Agency Administrator:	Name: Title: Address:
(3) RESEA Program Lead/Contact  <i>The person who can answer questions about the RESEA proposal.</i>	Name: Telephone: E-mail:
(4) UI Program Lead/Contact  <i>The person who can answer questions about the UI aspects of the RESEA proposal. This person may also be the RESEA Program Lead/Contact.</i>	Name: Telephone: E-mail:
(5) Total Funds From <u>prior</u> RESEA Grants Projected to Remain after December 31, 2016	\$

<p>(6) Total Proposed RESEA Project Cost</p> <p><i>The total amount of funds requested in this grant, which may be up to the limit specified in Attachment D. Do not include funds carried forward from 2016.</i></p>	<p>\$</p>
<p>(7) Staff Benefit Cost Percentage Rate</p>	
<p>(8) Indirect Cost Percentage Rate</p>	
<p>(9) Total Service Delivery Staff Cost</p> <p><i>The total amount of funds requested for staff solely to conduct the RESEAs excluding management costs and other costs that are not related to service delivery such as programming.</i></p>	<p>\$</p>
<p>(10) Total Management Costs</p> <p><i>The total amount of funds requested for program management costs excluding cost of staff who will conduct the RESEAs.</i></p>	<p>\$</p>
<p>(11a) Total Information Technology (IT) Staff Costs</p> <p><i>The total amount of funds requested for programming and other IT staff costs.</i></p>	<p>\$</p>
<p>(11b) Additional IT Costs (Applies to States that have not previously administered an RESEA program before FY 2017)</p> <p><i>If proposal includes a request for up to \$100,000 in IT costs beyond the administrative cost limit described identify the amount requested and provide a brief summary describing the proposed activities and how they would benefit claimants.</i></p>	

<p>\$</p> <p><i>–Insert description of additional IT activities (Limit 500 words) –</i></p>	
<p>(12) Staff and Management Costs for a <u>Single</u> Completed Initial RESEA</p> <p><i>The sum of service delivery staff costs and management costs divided by the number of initial RESEAs projected to be completed. (Initial RESEA costs are capped \$155 per initial RESEA)</i></p>	
<p>\$</p> <p><i>(Narrative can be included to provide additional clarification or information as needed)</i></p>	
<p>(13) Staff and Management Costs for Subsequent RESEA</p> <p><i>The sum of service delivery staff costs and management costs divided by the number of subsequent RESEAs projected to be complete. Must not exceed one subsequent RESEA and \$80 per claimant. If subsequent RESEAs are not included in program design please indicate “No Subsequent”.</i></p>	<p>\$</p>
<p>(14) Staff Training Costs</p> <p><i>The total amount of funds requested for staff training to conduct RESEAs.</i></p>	<p>\$</p>

<p>(15) Projected Time for a <u>Single</u> Initial RESEA, Including Paperwork</p> <p><i>The total time spent preparing for and conducting a single initial RESEA, recording results, and other documentation.</i></p>	
<p>(16) Projected Time for the Subsequent RESEA, Including Paperwork</p> <p><i>The total time spent preparing for and conducting a single subsequent RESEA, recording results and other documentation. If times for the second and third RESEA are expected to differ please provide both.</i></p>	
<p>(17) Projected Costs for a Single RESEA for which the Claimant Fails to Report</p> <p><i>The total costs spent scheduling a single RESEA for which the claimant subsequently fails to report and referring the claimant to adjudication for failure to report. This estimate should not include the costs of adjudication, which are separately funded.</i></p>	\$
<p>(18) Total Number of Initial RESEAs to be Scheduled</p> <p><i>The total number of initial RESEAs that will be scheduled including both the RESEAs for which claimants are projected to report and the RESEAs for which claimants are projected to fail to report.</i></p>	

<p>(19) Total Number of Subsequent RESEAs to be Scheduled</p> <p><i>The total number of subsequent RESEAs that will be scheduled including both the RESEAs for which claimants are projected to report and the RESEAs for which claimants are projected to fail to report. (If the state does not conduct subsequent RESEAs this number will be zero.)</i></p>	
<p>(20) Total Number of RESEAs Projected to be Completed</p> <p><i>The total number of RESEAs the state will schedule during the grant period for which the claimant will report and participate in an RESEA.</i></p>	
<p>(21) Total Number of RESEAs Projected for which the Claimant Will Fail to Report</p> <p><i>The total number of RESEAs the state will schedule during the grant period for which the claimant will fail to report and will not participate in an RESEA.</i></p>	
<p>(22) Actions taken to reduce number of claimants failing to report.</p> <p><i>If the state has taken any actions in the past year and/or plans to carry out any actions in FY 2017, to reduce the number of claimants failing to report, please provide a brief description.</i></p>	
<p><b><i>–Insert description of activities taken to reduce claimants failing to report (Limit 500 words) –</i></b></p>	

(23) Total number of RESEA Sites

*The total number of sites where RESEAs will be conducted. If RESEAs are conducted statewide, please indicate “statewide.” If RESEAs are provided at limited sites, list the towns/cities or local workforce areas where RESEA activities will be conducted.*

***–Insert total number of sites and list of site locations if activities are not statewide- (Limit 500 words) –***

(24) Type of staff conducting RESEAs

*Description of the staff that will conduct the RESEAs. List all applicable program staff including: UI, Wagner-Peyser-funded Employment Services, WIOA formula programs, or other.*

(25) Role of UI Staff

*Briefly describe the role played by UI staff in program management. As discussed in UIPL, all eligibility determinations and redeterminations are funded through the regular funding for non-monetary determinations and not through the RESEA grant. (limit 250 words)*

***–Insert description of UI staff roles (Limit 250 words) –***

(26) Selection of RESEA Participants

*Describe how claimants are selected and at what point in the claim series selections are made. UI claimants who have a definite return-to-work date; claimants who secure work only through a union hiring hall; and claimants who are in approved training should be excluded from the RESEA program*

*–Insert description of how claimants are selected (Limit 250 words) –*

(27) Description of RESEA

*Provide a brief description of the state’s initial and, if applicable, subsequent RESEA, including the elements of the RESEA and how the key components in this UIPL are implemented (limit 500 words).*

*–Insert description of RESEAs (Limit 250 words) –*

(28) Group or Individual

*Identify components, if any, of the RESEA activities provided in a group setting.*

*–Identify RESEA components conducted in a group (Limit 250 words) –*

(29) Memorandum of Understanding (MOU)

*Is it signed and operational? (Yes or No)*

*If no, provide the estimated date that the MOU will be signed and operational. New states should submit a copy of the MOU when it has been signed and continuing states should submit a copy of the MOU if it has changed.*

*If yes, list all parties to the agreement.*

*–Insert status of MOU and members (Limit 250 words) –*

**(30) RESEA Required Reports and Reporting Problems**

*States currently operating an RESEA program should review both ETA 9128s and ETA 9129s with particular emphasis on the most recent 4 quarters. Attachment C “Unemployment Insurance Reemployment Services and Eligibility Assessment RESEA Data Concerns” provides some guidelines for detecting current reporting problems*

- (1) Provide a narrative identifying any current reporting issues and the steps that will be taken to address these challenges*
- (2) If the state has made any major corrections in the past year please describe and provide dates.*

***-Insert description of reporting challenges, plans to correct, and any major corrections that have occurred in past year -***

**(31) Planned Supplemental Activities if Additional Funding is Available.**

*If the State has capacity and need for funding beyond the provided maximum level identified in Attachment D, please provide:*

- (1) The amount of additional funds requested;*
- (2) The number of additional sites, if any there would be served using the increased funds*
- (3) The estimated number of additional scheduled and completed RESEAs that would be conducted.*
- (4) Any additional activities or program enhancements that will be implemented, if applicable.*

***-Insert description of funding needed, additional sites services, and scheduled/completed RESEAs supported  
(Limit 500 words-)***