

U.S. Department of Labor

Assistant Secretary for
Veterans' Employment and Training
Washington, D.C. 20210



July 7, 1998

VETERANS' PROGRAM LETTER NO. 10-98

TO: ALL REGIONAL ADMINISTRATORS AND DIRECTORS FOR
VETERANS' EMPLOYMENT AND TRAINING
ALL STATE EMPLOYMENT SECURITY AGENCY
ADMINISTRATORS (SESAs)
ALL REGIONAL ADMINISTRATORS, EMPLOYMENT
AND TRAINING ADMINISTRATION (INFO)

FROM: ESPIRIDION (AL) BORREGO 

SUBJECT: Fiscal Year 1999 Disabled Veterans' Outreach Program (DVOP)/
Local Veterans' Employment Representative (LVER) Grant Modifications

I. **Purpose:** To provide guidance and planning assumptions for Grantees submitting Fiscal Year (FY) 1999 modification requests for DVOP and LVER grant funding to the applicable Director for Veterans' Employment and Training (DVET) on or before July 24, 1998.

II. **References:** Solicitation for Grant Applications (SGA) for FY 1998 funds, dated June 20, 1997 (electronic); Veterans' Program Letter (VPL) 7-98, dated June 24, 1998; Veterans' Program Letter (VPL) 3-98, dated December 4, 1997; VPL 2-97, dated November 25, 1996 (expired); and VPL 4-96, dated May 31, 1996 (expired).

III. **Background:** Multi-year DVOP/LVER grants were awarded for the period which began on October 1, 1997. Funds have been provided for Fiscal Year 1998. The solicitation indicated that incremental funding for the years through 2000 would be available through annual grant modifications to extend the period of performance through or beyond Fiscal Year 2000 with appropriate funding as provided annually by Congress. The President submitted a FY 1999 budget request to Congress that includes \$80,040,000 to support Disabled Veterans' Outreach Program (DVOP) staffing, \$77,078,000 to support Local Employment Veterans' Representative (LVER) staffing including the necessary costs for the payment management system (HHS/PMS), transportation staff costs for attendance at the National Veterans' Training Institute (NVTI) and costs to cover State's DVOP/LVER postage. It is unclear, at this time, what funding levels will be proposed by either the House or the Senate appropriations committees.

Special emphasis was placed on Labor Exchange Delivery Systems (LEDS) services to those veterans' populations traditionally disadvantaged in the local labor market, as evidenced by greater rates of unemployment than their veteran or non-veteran counterparts. These groups include but are not limited to Special Disabled, disabled, minority, female, homeless veterans, young veterans recently separated from military service without significant civilian work experience or transferrable skills and other economically disadvantaged veterans, including welfare recipients. Further emphasis was placed on the delivery of DVOP and LVER services at State-approved one-stop career/multi-service center system sites. The utilization of the DVOP and LVER staff stationed at these locations is dedicated to assisting LEDS staff to deliver priority services to those populations targeted by the Veterans' Employment and Training Service (VETS) for assessment and intensified individualized career-development services using a case management approach to service delivery.

In support of the Government Performance and Results Act (GPRA) and the Secretary of Labor's goal of a prepared workforce, VETS has established specific outcome goals for these targeted groups (see VPL 7-98). The VETS strategic plan includes a 2% annual increase in entered employment rates of targeted group veterans. Also included are outcome goals such as an annual increase of 4% in wage at placement and an increase in job retention for all veterans placed. DVETs will be requesting from Grantees such data as may be necessary to demonstrate that DVOP and LVER staff are providing special emphasis to these groups resulting in improved outcomes.

IV. Financial Management of Grant Funds: As described in the SGA, funds unspent by States as the result of staff vacancies will be subject to a recapture and redistribution process following reports received for the first, second and third quarter. States should strive to fulfill their quarterly fiscal spending plan (State Fiscal Operating Plan); and avoid under expenditure in the fourth quarter, especially due to carrying unfilled vacancies to hedge against under funding in the next fiscal year. Any excess funds carried into the fifth quarter should be expended before any FY 1999 monies are obligated by VETS. States must ensure they complete obligation of all FY 1998 funds by December 31, 1998.

It is imperative that grantees understand that the funds appropriated by Congress and allocated by VETS are to be used to fund the DVOP and LVER positions to assist the States to provide the maximum employment and training assistance to our Nation's veterans. It is expected that all funds requested will be expended. Current FY 1998 funds obligated through September 30, 1998 must be drawn down by December 31, 1998. Funds that remain unobligated by September 30, 1998 may be carried over into a fifth fiscal year quarter. Fifth quarter obligations must be made by December 31, 1998, and drawn down by March 31, 1999, even if the obligations have not been fully expended/ liquidated by that date, as with resources on order.

V. Submitting Modification Requests: States are to maintain the Personal Services and Personal Benefits (PS+PB) to Total grant amount ratio at the levels most recently approved for the Fiscal Year (FY) 1998 DVOP and LVER grants. Any grantee requesting to use lower PS+PB

accompanied by a vendor's certification that the equipment is Year 2000 compatible. For any equipment purchased, this certification must be retained for the duration of the grant.

4 - A revised staffing chart indicating DVOP/LVER work site and out stationed addresses in the same format as submitted with original grant applications, giving special attention to out stationing DVOP specialists at Veterans' Administration Vocational Rehabilitation and Counseling Service offices, on a full-time basis wherever warranted.

5 - If, and only if, a new administrative entity has been designated to operate the DVOP/LVER grant since the time that grant awards were issued in November of 1997, a transmittal memorandum indicating that the individual who signed the SF 424 is authorized to do so and an Assurance/ Certifications Signature Page (see SGA Enclosure VI.D.) must also be completed and submitted with the grant modification request.

VI. Allocation Strategy: It is unclear at this time whether or not a Fiscal Year 1999 appropriation will be passed and signed by the President prior to the start of FY 1999. The FY 1999 awards may be based upon the amounts appropriated by Congress or as specified in a Continuing Resolution. The amounts allocated may, however, differ from the amounts planned, since the allocation of funds is contingent upon amounts actually appropriated for FY 1999. If the FY 1999 DVOP/LVER appropriation is insufficient to fund the States at levels equivalent to those found on Enclosure I, a reduction will be applied across-the-board to all grant modification amounts to be awarded. As per the special provisions of the grant agreement, States are limited in spending to the amounts appearing on their most recently issued Notice of Obligational Authority (NOA) issued by their Regional Administrators for Veterans' Employment and Training (RAVET).

SESAs may not be advised of their actual funding allocations until sometime in the first quarter if a continuing resolution is enacted. If this is the case, the SESAs may be periodically authorized through an NOA to draw down a portion of their FY 1999 grant award until the final appropriation is enacted and an Advice of Allotment is received by VETS from the Office of Management and Budget (OMB). Funding allocations will then be issued to regions and Notices of Obligational Authority (NOA) will be issued by the RAVET to the States as soon as possible, based upon the SFOP they had submitted in June of 1998. After the awards are made, States will be asked to produce a revised SFOP for any variances in funds actually appropriated, and to identify any FY 1998 funds carried over past September 30, 1998 for use before FY 1999 funds are obligated by States.

Although funding for FY 1999 is expected to remain at essentially the same level as that available for FY 1998, States may experience a slight reduction in the FY 1999 staffing levels due to increased costs. However, since States are authorized to obligate funds available through the Fifth Quarter, VETS does not expect staffing levels to be impacted in more than a few States.

Attachments (4):

- I. FY 1999 DVOP/LVER Allocations by State and Region;
- II. SF 424 Application for Federal Assistance, Instructions & Sample;
- III. State Fiscal Operating Plan Form and Instructions; and
- IV. FY 1999 DVOP/LVER Grant Modification Review Checklist.

ENCLOSURE I

FY 1999 DVOP/LVER Allocation By State and Region

Grantee#	State	DVOP	LVER
5040	CT	1,318.0	1,631.0
5041	ME	483.0	508.0
5042	MA	1,889.0	1,426.0
5043	NH	435.0	461.0
5044	RI	343.0	317.0
5045	VT	206.0	405.0
	RG 1 TOT	4,674.0	4,748.0
5046	NJ	2,006.0	1,342.0
5047	NY	5,421.0	4,551.0
5048	PR	178.0	212.0
5092	VI		66.0
	RG 2 TOT	7,605.0	6,171.0
5049	DE	191.0	184.0
5050	DC	369.0	645.0
5051	MD	1,509.0	1,003.0
5052	PA	3,333.0	4,033.0
5053	VA	1,852.0	1,117.0
5054	WV	344.0	582.0
	RG 3 TOT	7,598.0	7,564.0
5055	AL	1,170.0	1,176.0
5056	FL	3,504.0	2,853.0
5057	GA	1,854.0	1,401.0
5058	KY	734.0	805.0
5059	MS	595.0	1,115.0
5060	NC	1,713.0	2,288.0
5061	SC	1,099.0	1,313.0
5062	TN	1,204.0	1,193.0
	RG 4 TOT	11,873.0	12,144.0
5063	IL	3,607.0	3,589.0
5064	IN	1,345.0	1,856.0
5065	MI	3,263.0	3,047.0
5066	MN	1,484.0	1,742.0
5067	OH	3,983.0	3,994.0
5068	WI	1,673.0	1,824.0
	RG 5 TOT	15,355.0	16,052.0
5069	AR	657.0	1,196.0
5070	LA	817.0	684.0
5071	NM	464.0	666.0
5072	OK	943.0	1,526.0
5073	TX	3,961.0	4,227.0
	RG 6 TOT	6,842.0	8,299.0
5074	IA	790.0	1,248.0
5075	KS	634.0	985.0
5076	MO	1,433.0	1,687.0
5077	NE	373.0	521.0
	RG 7 TOT	3,230.0	4,441.0
5078	CO	1,713.0	1,300.0
5079	MT	248.0	568.0
5080	ND	162.0	461.0
5081	SD	191.0	296.0
5082	UT	362.0	672.0
5083	WY	146.0	424.0
	RG 8 TOT	2,822.0	3,721.0
5084	AZ	1,207.0	942.0
5085	CA	12,114.0	6,350.0
5086	HI	420.0	401.0
5087	NV	634.0	544.0
	RG 9 TOT	14,375.0	8,237.0
5089	AK	350.0	644.0
5090	ID	340.0	693.0
5091	OR	1,076.0	1,233.0
5088	WA	2,591.0	1,975.0
	RG 10 TOT	4,357.0	4,545.0

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED	Applicant Identifier												
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier												
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier												
5. APPLICANT INFORMATION															
Legal Name:		Organizational Unit:													
Address (give city, county, state, and zip code):		Name and telephone number of the person to be contacted on matters involving this application (give area code):													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>										7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____					
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify): _____		9. Name of Federal Agency: U.S. Department of Labor - VETS													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (DVOP) (LVER) <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;">1</td><td style="width: 20px;">7</td><td style="width: 20px;">•</td><td style="width: 20px;">8</td><td style="width: 20px;">0</td><td style="width: 20px;">1</td> </tr> <tr> <td>1</td><td>7</td><td>•</td><td>8</td><td>0</td><td>4</td> </tr> </table> TITLE: DVOP/LVER Grant Programs		1	7	•	8	0	1	1	7	•	8	0	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Disabled Veterans' Outreach Program (DVOP) Local Veterans' Employment Representative (LVER)	
1	7	•	8	0	1										
1	7	•	8	0	4										
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide															
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:													
Start Date 10/1/98	Ending Date 9/30/99	a. Applicant	b. Project												
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?													
a. Federal	\$.00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW													
b. Applicant	\$.00														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input type="checkbox"/> No													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Typed Name of Authorized Representative		b. Title	c. Telephone number												
d. Signature of Authorized Representative		e. Date Signed													

ENCLOSURE II. SAMPLE SF-424

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 7/15/98	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State of Mind Department of Workforce Developmt. Address (give city, county, state, and zip code): State Office Building, Room 1064 Tangle City, Clutter County, CN 12345-1064	Organizational Unit: Job Service Division Name and telephone number of the person to be contacted on matters involving this application (give area code): Mr. I.M. ALLRITE, Job Service Director (999) 555-1234
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>	0	1	2	3	4	5	6	7	8	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
0	1	2	3	4	5	6	7	8		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> A <input type="checkbox"/> B A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify): _____	9. Name of Federal Agency: U.S. Department of Labor - VETS									

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (DVOP) (LVER) <table border="1"> <tr> <td>1</td><td>7</td><td>•</td><td>8</td><td>0</td><td>1</td> </tr> <tr> <td>1</td><td>7</td><td>•</td><td>8</td><td>0</td><td>4</td> </tr> </table> TITLE: DVOP/LVER Grant Programs	1	7	•	8	0	1	1	7	•	8	0	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Disabled Veterans Outreach Program (DVOP) Local Veterans Employment Representative (LVER)
1	7	•	8	0	1								
1	7	•	8	0	4								
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide													

13. PROPOSED PROJECT: Start Date: 10/1/98 Ending Date: 9/30/99	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CN-4 b. Project: Statewide (1-15)																					
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$1,999,000</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$1,999,000</td> <td>.00</td> </tr> </table>	a. Federal	\$1,999,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$1,999,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 7/15/98 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$1,999,000	.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$1,999,000	.00																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No																						

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative I.M. Encharge	b. Title Executive Director	c. Telephone number (999) 555-1235
d. Signature of Authorized Representative <i>I M Encharge</i>	e. Date Signed 7/15/98	

FY 1999 DVOP/LVER GRANT MODIFICATION REQUEST REVIEW CHECKLIST

State _____

Date _____

The fiscal year (FY) 1999 DVOP/LVER Grant Modification Request checklist is to be completed by VETS reviewers with an "X" in the appropriate "yes" or "no" column or an "N/A" in the remarks section for those items that do not apply. The DVET is to complete Section A and the RAVET is to complete Section B. A remarks column is provided for comments regarding the answer selected. Pay special attention to **bold-faced**, CAPITALIZED and/or underlined words and phrases before answering the question. The term **(REQUIRED)** indicates the information requested **MUST** be provided or the request **CANNOT BE APPROVED**.

REVIEW ITEMS	YES	NO	REMARKS
SECTION A - DVET REVIEW			
I. <u>DOCUMENTATION:</u>			
The Grant Modification Request must contain the documents marked required. If your answer to any required item listed in this subsection is NO , the Grant cannot be approved and the item must be obtained from the SESA prior to submission to the RAVET. Has the Grant recipient submitted a:			
a. Grantee transmittal letter indicating individual(s) authorized to sign the SF 424? (REQUIRED)			
b. Signed Standard Form 424 (REV 4-88)? (See VPL Enclosure II.) (REQUIRED)			
c. State Fiscal Operating Plan (SFOP)? (See VPL Enclosure III.) (REQUIRED)			
d. DVOP/LVER Staffing Directory for FY 1999? (REQUIRED)			
e. If the grantee is a different entity than previously identified, has a new signed certification page been submitted by the entity (if applicable)?			
f. SESA's budget narrative (if applicable)?			
g. DVOP Out-station Waiver request (if applicable)?			
II. <u>TRANSMITTAL LETTER</u>			
a. Does the letter indicate the individual who signed the SF 424 is authorized to enter into this agreement with the USDOL? (REQUIRED)			
b. Does the letter contain narrative justifications? (If applicable)			

REVIEW ITEMS	YES	NO	REMARKS
SECTION A - DVET REVIEW (continued)			
j. Does Item 12 contain the term "Statewide" or the name of the entity (Puerto Rico, the District of Columbia, or the Virgin Islands, if applicable) applying for the Grant?			
k. Item 13, "Start Date" should be October 1, 1998 and "Ending Date" should be September 30, 1999. Are these entries correct?			
l. Is the Federal Congressional District # for the capital city (OR SESA headquarters operating city) identified in Item 14a and is the term "Statewide" (Puerto Rico, the District of Columbia, or the Virgin Islands, if applicable) entered in Item 14b?			
m. Is the total funding requested IDENTICAL in Items 15a and 15g indicating only the amounts requested for DVOP and LVER in FY 1999 (see VPL Enclosure I for exact amounts)?			
n. Is the proper entry made in Item 16 for the Single Point of Contact (SPOC) under E.O. 12372?			
o. Is Item 17, Certification for Non-Delinquency checked "No" and, if not, is there an attached explanation?			
p. Is the signature on the SF 424, Item 18d, that of the authorized representative of the Grant Applicant as indicated in the Transmittal Letter?			
IV. INITIAL STATE FISCAL OPERATING PLAN (SFOP), (See Enclosure III of the VPL)			
a. Are the entries for "State" and "Date Prepared" included?			
b. Is the amount reported on Line 5, Column "Total Requested," the same amount reported on Lines 15a and 15g of the SF 424?			
c. Do all fiscal entries, EXCEPT COST PER STAFF YEAR (CPSY) on Line 8, represent thousands of dollars as rounded (e.g., \$367,124 is reported as 367)?			
d. Are percentages rounded to two decimal places (e.g., 47.42%)?			

REVIEW ITEMS	YES	NO	REMARKS
<p>SECTION A - DVET REVIEW (continued)</p> <p>b. Are the number of DVOP staff hours in out-station locations equal to or greater than 25% of the total number of WEEKLY hours available to all DVOP staff in the directory?</p> <p>-- If "Yes," you may skip Items 3.a. through 3.g.</p> <p>VI. DVOP STAFF OUT-STATION WAIVER REQUEST.</p> <p>a. Is there an explanation regarding the lack of productive sites for the out-stationing of DVOP staff?</p> <p>b. Has the Department of Veterans Affairs (VA) provided written concurrence regarding the DVOP out-stationed sites? (REQUIRED)</p> <p>-- If not, is the necessary coordination being attempted?</p> <p>c. Are DVOP staff being assigned to facilitate workshops at Transition Assistance Program (TAP) sites?</p> <p>d. Are all TAP sites fully staffed with facilitators? If "Yes," you may skip Item 3.d.</p> <p>e. Are 5% or more of the aggregate DVOP/LVER time charges being used to support the TAP programs?</p> <p>f. Are DVOP staff being assigned to VR&C Centers?</p> <p>g. Are all VR&C Centers staffed with DVOP Specialists?</p> <p>h. Is the waiver request recommended for approval?</p>			

REVIEW ITEMS	YES	NO	REMARKS
SECTION B - RAVET REVIEW (continued)			
II. GRANT PROPOSAL			
a. Are the amounts on the SAR calculated correctly?			
b. Are the total DVOP/LVER funds on lines 15a. and 15g. on the SF 424 IDENTICAL to the amounts on Line 5 of the SAR?			
c. Was there a variance that was less than the five year average percentage of PS+PB?			
-- If so, was an adequate explanation provided by the Grant Applicant? (REQUIRED)			
-- Did the DVET concur?			
-- Do you concur with the DVET's recommendation regarding the PS+PB percentages?			
d. Is a waiver request for DVOP out-stationing attached? (If NO , go on to #6.)			
-- If so, was the VA contacted regarding adequate VR&C coverage, and all TAP sites covered?			
-- If so, do you approve the waiver request?			
NOTE: Copies of the RAVET's waiver approval letter to the Grant Applicant MUST be attached. (REQUIRED)			
f. Did the DVET note any problems or variances that were not corrected or adequately explained when completing his/her review?			
g. Are there ANY omissions, discrepancies or pen and ink changes on the Modification Request?			
-- If so, explain here and in your Transmittal Letter.			
III. RAVET RECOMMENDATION:			
Do you recommend approval of this proposal?			
IV. DISTRIBUTION Attach this checklist to <u>one</u> original grant mod request and send them to the Chicago RLC via overnight mail to arrive no later than COB , September 2, 1997. Thank you.			

