

UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND  
REHABILITATIVE SERVICES  
REHABILITATION SERVICES ADMINISTRATION  
WASHINGTON, D.C. 20202

POLICY DIRECTIVE

RSA-PD-09-04

DATE: August 31, 2009

TO: STATE VOCATIONAL REHABILITATION AGENCIES  
CLIENT ASSISTANCE PROGRAMS

SUBJECT: Annual Vocational Rehabilitation Program/Cost Report (RSA-2)

POLICY

STATEMENT: This is to inform you that the Office of Management and Budget (OMB) has approved the continued use of the Annual Vocational Rehabilitation Program/Cost Report (RSA-2) through March 31, 2012. The OMB control number for this data collection remains the same: 1820-0017.

We have not changed the instructions for any of the elements of the RSA-2 for this extension.

The Annual Vocational Rehabilitation Program/Cost Report (RSA-2) includes: expenditures for administration; expenditures for service for individuals with disabilities provided by the state VR agency and purchased outside the agency; expenditures for groups of individuals with disabilities; expenditures broken down by service category and individuals served; VR staff composition reported by person years; and an analysis of carryover funds. These data are used to evaluate and monitor the financial performance and achievements of state VR agencies.

CITATIONS

IN LAW: Sections 3(b), 13, 14(a), 101 and 103 of the *Rehabilitation Act of 1973, as amended*.

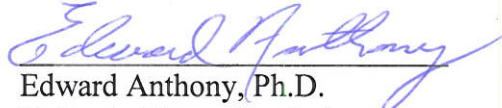
CITATIONS IN

REGULATIONS: 34 CFR 361.40

EFFECTIVE  
DATE: Immediately upon issuance

EXPIRATION  
DATE: March 31, 2012

INQUIRIES: RSA Central Office 202-245-7488

  
Edward Anthony, Ph.D.  
Delegated the authority to  
Perform the functions of  
Commissioner for Rehabilitation  
Services Administration

Attachments

cc: Council of State Administrators of Vocational Rehabilitation  
National Council of State Agencies for the Blind  
National Disability Rights Network

DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20202

ANNUAL VOCATIONAL REHABILITATION PROGRAM/COST REPORT

State & Agency: \_\_\_\_\_

( ) General/Combined
( ) Blind

Fiscal Year \_\_\_\_\_

SCHEDULE I. TOTAL EXPENDITURES

AMOUNT

- 1. Administration \$ \_\_\_\_\_
a. Admin. Costs Paid with Title VI B funds \$ \_\_\_\_\_
b. Indirect Costs \_\_\_\_\_
2. Services to Individuals with Disabilities
A. Services Provided by State VR Agency Personnel
1. Employed at Agency Operated Community Rehabilitation Programs
a) Assessment, Counseling, Guidance, and Placement \_\_\_\_\_
b) Other Services \_\_\_\_\_
2. Employed Elsewhere
a) Assessment, Counseling, Guidance, and Placement \_\_\_\_\_
b) Other Services \_\_\_\_\_
B. Services Purchased by State VR Agency From:
1. Public Community Rehabilitation Programs \_\_\_\_\_
2. Private Community Rehabilitation Programs \_\_\_\_\_
3. Other Public Vendors \_\_\_\_\_
4. Other Private Vendors \_\_\_\_\_
3. Services for Groups of Individuals with Disabilities
a) Establishment, Development or Improvement of Community Rehabilitation Programs \_\_\_\_\_
b) Construction of Facilities for Community Rehabilitation Programs \_\_\_\_\_
c) Business Enterprise Program \_\_\_\_\_
d) Other \_\_\_\_\_
4. Total Expenditures \_\_\_\_\_
5. Innovation & Expansion Activities \$ \_\_\_\_\_

**SCHEDULE II. Number of Individuals Served and Expenditures by Service Category**

TYPE OF SERVICE	<u>NO. OF INDIVIDUALS</u>	<u>- A M O U N T -</u>
1. Assessment, Counseling, Guidance and Placement (Provided by State VR Agency Personnel)	_____	
2. Assessment (Purchased only)	_____	\$ _____
3. Diagnosis & Treatment of Physical and Mental Impairments	_____	_____
4. Training:		
a. Postsecondary Institution of Higher Education	_____	\$ _____
b. Job Readiness and Augmentative Skills Training	_____	_____
c. Vocational and Occupational Skills Training	_____	_____
d. All Other	_____	_____
e. Total	_____	_____
5. Maintenance	_____	_____
6. Transportation	_____	_____
7. Personal Assistance Services	_____	_____
8. Placement (Purchased only)	_____	_____
9. All Other	_____	_____
10. Total No. of Individuals and Expenditures	_____	=====
11. Post-Employment Services	_____	_____
12. Rehabilitation Technology Services	_____	_____
13. Small Business Enterprises	_____	_____
14. Total Section 110 Funds Expended on Services		_____
15. Total Title VI-B Funds Expended on Services		_____

**SCHEDULE III. PERSON YEARS -- Report Whole Years Only**

	(1)	(2)	(3)
	<u>NO. OF YEARS</u>	<u>110 ONLY</u>	<u>TITLE VI B</u>
1. Administrative Staff	_____	<u>XXXXXX</u>	<u>XXXXXX</u>
2. Counselor Staff	_____	<u>XXXXXX</u>	<u>XXXXXX</u>
3. Staff Supporting Counselor Activities	_____	<u>XXXXXX</u>	<u>XXXXXX</u>
4. Other Staff	_____	<u>XXXXXX</u>	<u>XXXXXX</u>
5. Total	_____	_____	_____

**SCHEDULE IV. Expenditures From Title VI B Funds and Other Rehabilitation Funds**

- 1. Expenditures From Title VI B Funds \$ \_\_\_\_\_
- 2. Expenditures From Other Rehabilitation Funds \_\_\_\_\_

**SCHEDULE V. Carryover Funds**

- 1. Amount of current Fiscal Year Section 110 Allotment carried over to next FY \$ \_\_\_\_\_
- 2. Amount of previous Fiscal Year Section 110 Allotment carried over and expended this FY \_\_\_\_\_
- 3. Amount of current Fiscal Year Title VI B Allotment carried over to next FY \_\_\_\_\_
- 4. Amount of previous Fiscal Year Title VI B Allotment carried over and expended this FY \_\_\_\_\_
- 5. Amount of current Fiscal Year Program Income carried over to the next FY \_\_\_\_\_
- 6. Amount of previous Fiscal Year Program Income carried over and expended this FY \_\_\_\_\_

**CERTIFICATION**

This Report is Complete and Correct: Signed: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Agency Point of Contact for this Report: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

# Instructions

## Annual Vocational Rehabilitation Program/Cost Report (RSA-2)

Each State Vocational Rehabilitation (VR) Agency that has expended funds in providing VR services to individuals with disabilities under the Section 110 and Title VI-B programs of the Rehabilitation Act (hereafter referred to as the Act) of 1973, as amended, must submit an Annual Vocational Rehabilitation Program/Cost Report (RSA-2) for each Federal fiscal year (October 1 - September 30).

The RSA-2 report must be submitted to RSA by December 31 following the close of the Federal fiscal year (FY). See page 20 for submission information.

The RSA-2 report must reflect all expenditures made during the Federal fiscal year from Federal, State and other rehabilitation funds. It must include those expenditures made during the reporting period and charged to Section 110 Federal funds, Title VI-B Federal funds or program income funds that were carried over from the previous fiscal year in accordance with Section 19 of the Act. For the purpose of this report, **expenditures include unliquidated obligations**. The RSA-2 report consists of five schedules:

<u>Schedule</u>	<u>Title</u>
Schedule I	Total Expenditures
Schedule II	Number of Individuals Served and Expenditures by Service Category
Schedule III	Person Years
Schedule IV	Expenditures from Title VI-B Funds and Other Rehabilitation Funds.
Schedule V	Carryover Funds

### Definitions

Unless otherwise defined in this document, the terms used in these instructions are defined in the Act or program regulations at 34 CFR Part 361 or 363, or in the grant administrative regulations at 34 CFR Part 80. All of the requirements in 34 CFR Part 80 apply to the Section 110 Program, except for the provision concerning third-party in-kind contributions for matching purposes. Third-party in-kind contributions are not allowable for matching purposes under the Section 110 Program. 34 CFR Part 80 also applies to the Title VI-B Program.

For the purpose of these instructions, the following definitions also apply:

## Section 110 Funds -

Except where indicated otherwise in these instructions, the term “Section 110 funds” means the Section 110 Federal funds, the State matching funds including certified public funds under cooperative arrangements, the State funds used to meet the Maintenance of Effort (MOE) requirement, and the eligible State funds in excess of those required for matching the Federal funds or meeting the MOE requirement.

## Title VI-B Funds -

These are the Federal funds awarded under the Title VI-B Supported Employment Program.

## Other Rehabilitation Funds -

These are funds--other than Section 110 and Title VI-B funds--that are under the control of the State VR agency and that are not eligible to match the Section 110 Federal funds. Included in this category are funds from program income.

Program income means gross income received by the State VR agency that is directly generated by an activity supported under the Section 110 or Title VI-B program. Examples of sources of program income include: reimbursement payments from the Social Security Administration for rehabilitating Social Security disability beneficiaries; payments received from insurance carriers; payments received from workers' compensation funds; fees for services to defray part or all of the costs of services provided to individuals with disabilities; and income generated by State VR agency operated community rehabilitation programs.

This category also includes other sources of funds such as Welfare-to-Work, Temporary Assistance for Needy Families, etc., but does not include any funds under the control of others (e.g. comparable benefits).

PLEASE NOTE: ALL AMOUNTS SHOULD BE REPORTED IN WHOLE DOLLARS ONLY

## **Schedule I - Total Expenditures**

The purpose of Schedule I is to provide the means for State VR agencies to report the total amount of expenditures in providing VR services under the Rehabilitation Act of 1973, as amended. The amounts entered on this schedule include expenditures from Section 110 funds, Title VI-B funds, and other rehabilitation funds. These would also include expenditures made from the Section 110 Federal funds, Title VI-B Federal funds or program income funds that were carried over from the previous fiscal year in accordance with Section 19 of the Act.

## **Line 1 - Administration**

Enter the total amount expended on administrative costs under the vocational rehabilitation program, including those expenditures reported on line 1a, Administrative Costs Paid with Title VI-B funds and line 1b, Indirect Costs. The salaries and fringe benefits of all staff whose person-years of effort are recorded on Schedule III, line 1, Administrative Staff, are to be included here as well as all other State VR agency expenses incident to carrying out its administrative functions. These other expenses would include staff travel, rent, utilities, supplies, etc. All administrative costs claimed by the State VR agency for the fiscal year pursuant to an approved Indirect Cost Agreement or Cost Allocation Plan are also to be included here.

[Note: The total on line 1 may not equal the sum of the amounts reported on lines 1a and 1b.]

### **Line 1a - Administrative Costs Paid with Title VI-B Funds**

Enter the total amount of Title VI-B funds expended on administrative costs, including any administrative costs claimed through an approved Indirect Cost Agreement or Cost Allocation Plan. This amount cannot exceed 5% of the total amount of the Title VI B grant.

### **Line 1b - Indirect Costs**

Enter the total amount of funds expended for administrative costs claimed through an approved Indirect Cost (I/C) Agreement or Cost Allocation Plan. This amount also includes such costs claimed under the Title VI-B program and reflected on line 1a.

## **2 - Services to Individuals with Disabilities**

The amounts to be entered in this part of the report are the expenditures made by the State VR agency for the provision of VR services to individuals with disabilities.

### **2A – Services Provided by State VR Agency Personnel**

Reported in this category are expenditures made by the State VR agency for services provided directly by its personnel. The expenditures are to be broken down based on where the personnel are employed. If the agency operates its own community rehabilitation programs, all of the line items in this category are to be completed; otherwise, only line items 2.A.2.(a) and (b) need to be completed.



Lines 2.A.1.a and 2.A.2.a – Assessment, Counseling, Guidance and Placement

Enter the total amount expended for Assessment, Counseling, Guidance and Placement services provided directly by State VR agency personnel.

Included in this category are expenditures for trial work experiences, the development of individualized plans for employment, any services formerly categorized as extended evaluation services, and the collection and retrieval of information, e.g., medical records, school transcripts, etc. This category also includes expenditures made in providing periodic reviews and reevaluations of individuals with disabilities who were determined to be ineligible for vocational rehabilitation services or have been placed in extended employment in community rehabilitation programs to determine the feasibility of their employment or their training for future employment in the competitive labor market.

The total expenditures reported in this category include salaries and fringe benefits of all personnel providing assessment, counseling, guidance or placement services or supervising their provision or providing consultation in their provision, as well as other State VR agency expenses incident to the provision of these services. Other expenses could include all of district or field offices' costs if they deal with no other function other than to provide assessment, counseling, guidance and placement services. These expenses could include rent, utilities, supplies and other costs which might be considered administrative. The determining factor is the function they support--administrative or assessment, counseling, guidance and placement services.

Personnel included in this category are counselors, interviewers, case aides, etc. Also included are clerical personnel whose duties support these activities as well as supervisory personnel and consultants whose responsibilities cover these activities. When personnel employed in these activities devote part of their time to administrative functions, that portion of their salaries, fringe benefits and other agency expenses attributable to those functions should be included on line 1, Administration.

#### **Lines 2.A.1.b and 2.A.2.b – Other Services**

Enter the total amount expended for services provided directly by State VR agency personnel other than Assessment, Counseling, Guidance and Placement services. The amount reported for this category includes the salaries, fringe benefits of all staff who provide these services as well as other agency expenses incident to the provision of these services such as rent, utilities, supplies, etc. Also included are the salaries and fringe benefits of clerical and supervisory personnel including the costs of consultants whose duties support the provision of these other services.

Examples of services that would be classified under this category include orientation and mobility training, rehabilitation teaching, and job coaching. Do not include in this category the salaries of staff and support personnel, and other agency expenses for the provision of management and supervision and other services under the Business Enterprise Program; those expenditures should be reported on line 3c.

## **2B – Services Purchased by State VR Agency**

Reported in this category are the expenditures made for services purchased by the State VR agency broken down by the type of vendor.

### **Line 2.B.1 – Services Purchased from Public Community Rehabilitation Programs**

Enter the total amount expended for services purchased from public community rehabilitation programs. Public community rehabilitation programs are those programs operated by a State, county, municipal, or other local government. For State VR agency operated community rehabilitation programs, all expenditures made for the provision of VR services including salaries, wages and other expenses are not to be reported here but on lines 2.A.1.a and 2.A.1.b.

### **Line 2.B.2 – Services Purchased from Private Community Rehabilitation Programs**

Enter the total amount expended for services purchased from private community rehabilitation programs.

### **Lines 2.B.3 and 2.B.4 – Services Purchased from Other Public/Private Vendors**

Enter on the appropriate line, by type of vendor, the total amount expended for services purchased from sources other than community rehabilitation programs. The amounts reported on these two lines are expenditures for services purchased from vendors (doctors, schools, etc.).

Public vendors are organizations or agencies of State, county, municipal or other local government. Private vendors are all others, including private not-for-profit organizations, such as VR providers (other than community rehabilitation programs), as well as proprietary businesses, such as hospitals and mental health clinics.

### **3 - Services for Groups of Individuals with Disabilities**

The amounts to be entered in this part of the report are the expenditures made by the State VR agency for the provision of VR services for the benefit of groups of individuals with disabilities.

Line 3a - Establishment, Development or Improvement of Community  
Rehabilitation Programs

Enter the total amount expended for the establishment, development or improvement of a public or nonprofit community rehabilitation program.

#### **Line 3b - Construction of Facilities for Community Rehabilitation Programs**

Enter the total amount expended for the construction of facilities for public or nonprofit Community Rehabilitation Programs. The Federal share of the cost of constructing a facility for a community rehabilitation program may not be more than 50% of the total cost of the project.

#### **Line 3c - Business Enterprise Program**

Enter the total amount expended for the Business Enterprise Program (e.g., Randolph-Sheppard). The Business Enterprise Program is the program in which individuals with significant disabilities operate vending facilities or other small businesses under the management and supervision of the State VR agency. Include in this total the expenditures for management services and supervision, initial stock and supplies, and other goods and services, as well as the operational costs of a small business enterprise during its initial establishment period, not to exceed six months.

Line 3d - Other

Enter on this line the total amount expended for services for groups of individuals with disabilities that was not reported elsewhere on lines 3a through 3c.

Examples of the types of services that would be included in this category are:

- Telecommunications systems, including telephone, television, satellite, radio, and similar systems, that have the potential for substantially improving service delivery methods of activities described in the State plan, and developing appropriate programming to meet the particular needs of individuals with disabilities.
- Special services to provide nonvisual access to information for individuals who are blind, including the use of telecommunications, Braille, sound recording, or other appropriate media;

- Captioned television, films, or video cassettes for individuals who are deaf or hard of hearing; tactile materials for individuals who are deaf-blind; and other special services that provide information through tactile, vibratory, auditory, and visual media.
- Technical assistance and support services to businesses that are not subject to Title I of the Americans with Disabilities Act of 1990 and that are seeking to employ individuals with disabilities.
- Consultative and technical assistance services to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including employment.
- Other services that promise to contribute substantially to the rehabilitation of a group of individuals but that are not related directly to the individualized plan for employment of any one individual with a disability.

**Line 4- Total Expenditures**

Enter on this line the sum of the amounts recorded on lines 1, 2.A.1.a. through 2.B.4, and 3a. through 3d.

**Line 5 - Innovation and Expansion Activities**

Of the total expenditures reported on line 4, enter the amount that was expended for innovation and expansion activities that were identified in the State plan. The 1998 Amendments to the Act require that the State reserve and use a portion of its Section 110 allotment for such purposes.

**Schedule II - No. of Individuals Served & Expenditures  
by Service Category**

The purpose of this schedule is to provide information on the number of individuals with disabilities receiving services and on the funds expended on their behalf by the State VR agency for each major type of VR service. Except where indicated otherwise below, the expenditures reported on each line are the expenditures made by the State VR agency in directly providing or purchasing the service. The dollar amounts to be reflected on this schedule are those reported in item 2 on Schedule I except lines 2.A.1.a and 2.A.2.a.

For reporting data on lines 2 through 9 and 11 through 13: In the column “No. of Individuals,” enter the number of individuals who had expenditures made on their behalf by the State VR agency for the respective type of VR service furnished. If an individual received a service, but the cost of that service was covered through “comparable benefits,” that individual should not be included in the category of the service received. If an individual received a service under one of the categories more than one time, count that individual only once for that service category.

For the lines in the columns titled “Amount,” enter the amount of expenditures made by the State VR agency for the respective VR service categories.

For reporting data on line 1 and lines 10, 14 and 15: See the instructions below for those line items.

[Note: In the “No. of Individuals” column, no individual may be counted more than once in a single category, but the same individual may be included in more than one category. However, if during the fiscal year covered by this report an individual had his or her record of services closed and that person later reapplied for services by September 30<sup>th</sup> of that fiscal year, count that individual as two separate individuals for the purposes of reporting the number of individuals on Schedule II.]

Line 1 – Assessment, Counseling, Guidance and Placement (Provided by State VR Agency Personnel)

Enter the number of individuals who did not receive any purchased services and who also did not receive any of the other services provided directly by State VR agency personnel.

The figure entered on this line would include those individuals who, during the report period, received all of their services through the use of comparable benefits only, resulting in no cost to the State VR agency.

Purchased services are those services for which expenditures were recorded on lines 2.B.1 through 2.B.4 on Schedule I. Other services provided directly by the State VR agency personnel are those services for which expenditures were recorded on lines 2.A.1.b and 2.A.2.b on Schedule I.

**Line 2 – Assessment (Purchased Only)**

Enter the number of individuals receiving assessment services for determining eligibility and vocational rehabilitation needs that were purchased by the State VR agency. In the amount column, enter the amount of expenditures made by the State VR agency in purchasing these services.

Line 3 – Diagnosis and Treatment of Physical and Mental Impairments

Enter the number of individuals receiving diagnostic or treatment services for their physical or mental impairments, whether purchased or provided directly by the State VR agency. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing these services. If any individuals received purchased diagnostic services that were for assessment purposes, report those individuals and the associated expenditures not on this line, but on line 2, above. If any individuals received diagnostic services for assessment purposes which were furnished by State VR agency

personnel and those were the only services received, report the number of individuals not on this line, but on line 1, above.

#### **Line 4 - Training**

This category includes training provided at schools, colleges or universities, community or junior colleges, at community rehabilitation programs, by tutor or correspondence or apprenticeship or in an organized on-the-job training situation or trade school or by some other organized training program.

It also includes books, tools, and other training materials needed to meet the rehabilitation needs of the individuals being served.

#### **Line 4a – Postsecondary Institutions of Higher Education**

Enter the number of individuals receiving academic training from a postsecondary institution of higher education, whether purchased or provided directly by the State VR agency. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing this service.

#### **Line 4b – Job Readiness and Augmentative Skills Training**

Enter the number of individuals receiving job readiness and/or disability related augmentative skills training services, whether purchased or provided directly by the State VR agency. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing these services. This category includes (1) individuals receiving job readiness training to prepare for the world of work (e.g., appropriate work behaviors, getting to work on time, appropriate dress and grooming, increasing productivity) and (2) individuals receiving disability related augmentative skills training such as orientation and mobility, rehabilitation teaching, training in the use of low vision aids, Braille, speech reading, sign language and cognitive training/retraining.

#### **Line 4c – Vocational and Occupational Skills Training**

Enter the number of individuals receiving occupational, vocational, or job skills training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree, whether purchased or provided directly by the State VR agency. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing this service.

**Line 4d – All Other**

Enter the number of individuals receiving training not falling into any of the above categories, whether purchased or provided directly by the State VR agency. This category includes courses leading to a GED, basic academic remedial or literacy training, on-the-job training, job coaching, or any other training that cannot be classified above. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing this service.

**Line 4e – Total Training**

Enter the number of individuals (this number will not necessarily equal the sum of lines 4a through 4d) receiving one or more training services and in the amount column, enter the total amount of expenditures (the sum of lines 4a through 4d) made for training of any kind.

**Line 5 - Maintenance**

Enter the number of individuals receiving maintenance, whether purchased or provided directly by the State VR agency. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing this service.

**Line 6 - Transportation**

Enter the number of individuals receiving transportation services, whether purchased or provided directly by the State VR agency. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing this service.

**Line 7 - Personal Assistance Services**

Enter the number of individuals receiving personal assistance services, whether purchased or provided directly by the State VR agency. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing this service. Personal assistance services include reader services, interpreter services, and personal attendant services.



### **Line 8 – Placement (Purchased Only)**

Enter the number of individuals receiving placement services that were purchased by the State VR agency. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing this service.

### **Line 9 - All Other**

Enter the number of individuals receiving services, whether purchased or provided directly by the State VR agency that do not fall into any of the above service categories. In the amount column, enter the amount of expenditures made on their behalf by the State VR agency in purchasing or directly providing these services. Examples of the types of the services that would be included in this category are:

- job related services, including job search, job retention services, follow-up services, and follow-along services;
- transition services for students with disabilities, that facilitate the achievement of the employment outcome identified in the individualized plan for employment;
- services to the family of an individual with a disability necessary to assist the individual to achieve an employment outcome; and
- occupational licenses, tools, equipment and initial stocks and supplies.

### **Line 10 - Total Number of Individuals and Expenditures**

Enter the number of individuals (unduplicated count) receiving any of the services listed above. This number will almost always be less, but never greater, than the sum of the entries on lines 1 through 3 plus 4e through 9.

In the amount column, enter the sum of the amounts on lines 2, 3, 4e and 5 through 9. The amount entered on this line should also equal the sum of all of the amounts entered for item 2 on Schedule I except lines 2.A.1.a and 2.A.2.a.

**Line 11 - Post-Employment Services**

Of the total number of individuals reported on line 10, enter on line 11 the number of individuals receiving post-employment services.

Of the total expenditures reported on line 10, enter in the amount column of line 11, the amount of expenditures made on behalf of these individuals for post-employment services

**Line 12 - Rehabilitation Technology Services**

Of the total number of individuals reported on line 10, enter on line 12 the number of individuals receiving rehabilitation technology services.

Of the total expenditures reported on line 10, enter in the amount column of line 12, the amount of expenditures made on behalf of these individuals for rehabilitation technology services. The term “rehabilitation technology services” includes rehabilitation engineering, assistive technology devices, and assistive technology services.

**Line 13 – Small Business Enterprises**

Of the total number of individuals reported on line 10, enter on line 13 the number of individuals receiving services supporting small business enterprises.

Of the total expenditures reported on line 10, enter in the amount column of line 13, the amount of expenditures made for the provision of services supporting small business enterprises. These services would include technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent such resources are authorized to be provided through the statewide workforce investment system, to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome.

**Line 14 – Total Section 110 Funds Expended on Services**

Of the total expenditures reported on line 10, enter on line 14 the amount that was expended from Section 110 funds (as defined on page 2 of these instructions).

**Line 15 - Total Title VI-B Funds Expended on Services**

Of the total expenditures reported on line 10, enter on line 15 the amount that was expended from Title VI- B funds.

[Note: The difference, if any, between (a) the amount reported on line 10 and (b) the sum of the amounts on lines 14 and 15 represents the amount of other rehabilitation funds (Schedule IV, line 2) that was expended to provide services to individuals.]

### **Schedule III - Person-Years**

Person-years means the actual time that vocational rehabilitation jobs were filled during the period covered by this report. If a job is filled throughout a fiscal year, it counts as one person-year; two jobs each filled half a year would count as one person-year, etc. Except as noted below, person-years, in full year increments, must be reported in column 1 for all State agency personnel whose salaries are charged in whole or in part to Section 110 funds (as defined on page 2 of these instructions), Title VI-B, or other rehabilitation funds. The total number of person years of all personnel supported by the Section 110 funds (as defined on page 2 of these instructions) and/or the Title VI-B funds will be entered on line 5 in columns 2 and 3, respectively.

[Note: The figure reported in column 1, line 5 may be greater than the sum of the entries in columns 2 and 3. The difference, if any, between (a) the total reported in column 1, line 5 and (b) the sum of the entries in columns 2 and 3 would represent the total number of person-years of staff supported with other rehabilitation funds (Schedule IV, line 2).]

#### **Line 1 - Administrative Staff**

Record the person-years for the number of personnel that perform administrative functions. Included in this category are program evaluators, program planners, budgeting and fiscal personnel, and staff development. Clerical personnel who support the above administrative staff functions are to be included here. However, do not include in this category the person-years of administrative staff whose salaries are subject to distribution pursuant to an Indirect Cost Agreement or Cost Allocation Plan unless those staff are part of the designated State VR Unit and under the control of its Director.

#### **Line 2 - Counselor Staff**

Record the person-years for the number of personnel that are involved in direct provision of service to individuals with disabilities. Included in this category are counselors, counselor aides, supervisors and rehabilitation teachers who carry a caseload. Do not include person-years for clerical personnel supporting the staff defined in this category. Clerical support should be included on line 3 - Staff Supporting Counselor Activities.

#### **Line 3 - Staff Supporting Counselor Activities**

Record the person-years for the number of personnel, other than those included as Counselor Staff above, who directly or indirectly support Counselor Staff in providing services to

individuals with disabilities. Included in this category are clerical personnel (other than those included on line 1 - Administrative Staff, above), medical consultants, interviewers, placement officers, and specialists, district and local supervisors (except that portion of their time assigned to a caseload), non-caseload carrying rehabilitation teachers, psychologists, social workers, and other professional personnel who do not have a caseload carrying responsibility.

**Line 4 - Other Staff**

Record the person-years for the number of personnel that are not recorded in any of the above categories. Included in this category are staff providing management and supervision services under the Business Enterprise Program (e.g., Randolph-Sheppard Program), State Coordinators for the Deaf and the Deaf/Blind, etc.

**Line 5 - Total**

Record the total person years under each column. For column 1, this is the sum of lines 1 – 4; for columns 2 and 3, see the instructions immediately under the heading “Schedule III – Person – Years.”

**Schedule IV - Expenditures From Title VI-B Funds  
and Other Rehabilitation Funds**

Line 1 - Expenditures From Title VI-B Funds

Of the total expenditures reported on line 4, Schedule I, enter on this line the amount that was expended from Title VI-B funds.

**Line 2 - Expenditures From Other Rehabilitation Funds**

Of the total expenditures reported on line 4, Schedule I, enter on this line the amount that was expended from the State VR agency’s other rehabilitation funds.

**Schedule V - Carryover Funds**

**Line 1 - Amount of Current Fiscal Year Section 110 Allotment Carried Over  
to the Next FY**

Enter the amount of the Section 110 Federal funds allotted for the fiscal year covered by this report that was, in accordance with Section 19 of the Act, carried over to the following fiscal year for obligation and expenditure. As prescribed by Section 19 of the Act, such carryover funds remain available for obligation in the following fiscal year to the extent that the non-Federal matching requirement for those funds was met in the fiscal year for which the grant funds were appropriated.

**Line 2 - Amount of Previous Fiscal Year Section 110 Allotment Carried Over and Expended this FY**

Enter the amount of the Section 110 Federal funds that was, in accordance with Section 19 of the Act, carried over from the previous fiscal year and expended in the fiscal year covered by this report.

**Line 3 - Amount of Current Fiscal Year Title VI-B Allotment Carried Over to the Next FY**

Enter the amount of the Title VI-B Federal funds allotted for the fiscal year covered by this report that was, in accordance with Section 19 of the Act, carried over to the following fiscal year for obligation and expenditure.

**Line 4 - Amount of Previous Fiscal Year Title VI-B Allotment Carried Over and Expended this FY**

Enter the amount of the Title VI-B Federal funds that was, in accordance with Section 19 of the Act, carried over from the previous fiscal year and expended in the fiscal year covered by this report.

**Line 5 - Amount of Current Fiscal Year Program Income Carried Over to the Next FY**

Enter the amount of Program Income funds received during the fiscal year covered by this report that was, in accordance with Section 19 of the Act, carried over to the following fiscal year for obligation and expenditure.

**Line 6 - Amount of Previous Fiscal Year Program Income Carried Over and Expended this FY**

Enter the amount of Program Income funds received during the previous fiscal year that was, in accordance with Section 19 of the Act, carried over and expended in the fiscal year covered by this report.

TRANSMITTAL OF THE REPORT

The RSA-2 report must be submitted to RSA by December 31 following the close of the Federal fiscal year.

Although you may mail or fax the form to us, we encourage you to submit this report using the on-line option described below.

Electronic Submission

To enter this form on-line, visit <http://rsamis.ed.gov>. If you do not have a user ID, click *new users* for instructions. For technical support, click *technical support* at that website.

E-mail, facsimile, and US Mail

This report may be emailed to [Joe.Pepin@ed.gov](mailto:Joe.Pepin@ed.gov) , faxed to the RSA Central Office at 202-245-7593, or mailed via US mail to:

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State Monitoring and Program Improvement Division  
Data Collection and Analysis Unit  
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