

**ELEMENTS of an UNEMPLOYMENT INSURANCE (UI)
REEMPLOYMENT and ELIGIBILITY ASSESSMENT (REA) GRANT PROPOSAL
ABSTRACT**

State Name:	
Name and Title of the State Agency Administrator: Name: Title: Address:	
UI REA Program Lead/Contact The person who can answer questions about the UI REA proposal.	Name:
	Telephone:
	E-mail:
UI Program Lead/Contact The person who can answer questions about the UI aspects of the REA proposal. This person may also be the UI REA Program Lead/Contact.	Name: Telephone: E-mail:
Total UI REA Funds Projected to Remain after March 31, 2014	\$
Total UI REA Project Cost The total amount of funds requested.	\$
Total Service Delivery Staff Cost The total amount of funds requested for staff solely to conduct the UI REAs <u>excluding</u> management costs and other costs that are not related to service delivery such as programming.	\$
Total Management Costs The total amount of funds requested for management costs excluding cost of staff who will conduct the UI REAs.	\$
Total Information Technology (IT) Staff Costs The total amount of funds requested for programming and other IT staff costs	\$
Staff and Management Costs for a <u>Single</u> Initial UI REA The sum of service delivery staff costs and management costs divided by the number of planned initial UI REAs.	\$

<p>Staff and Management Costs for a <u>Single</u> Subsequent UI REA</p> <p>The sum of service delivery staff costs and management costs divided by the number of planned subsequent UI REAs, not to exceed 2 subsequent UI REAs per claimant. If costs for the second and third REA are expected to differ please provide both.</p>	\$
<p>Staff Training Costs</p> <p>The total amount of funds requested for staff training to conduct UI REAs.</p>	\$
<p>Projected Time for a <u>Single</u> Initial UI REA, Including Paperwork</p> <p>The total time spent preparing for and conducting a single initial UI REA, recording results, and other documentation. The funded time cannot exceed 2 hours.</p>	
<p>Projected Time for a <u>Single</u> Subsequent UI REA, Including Paperwork</p> <p>The total time spent preparing for and conducting a single subsequent UI REA, recording results and other documentation. If times for the second and third REA are expected to differ please provide both.</p>	
<p>Projected Costs for a <u>Single</u> UI REA for which the Claimant Fails to Report</p> <p>The total costs spent preparing for a single UI REA for which the claimant subsequently fails to report. This estimate should not include the costs of adjudication which are separately funded.</p>	\$
<p>Total Number of UI REAs Projected to be Completed</p> <p>The total number of UI REAs the state will schedule during the grant period for which the claimant will report and participate in an REA.</p>	
<p>Total Number of UI REAs Projected for which the Claimant will Fail to Report</p> <p>The total number of UI REAs the state will schedule during the grant period for which the claimant will fail to report and will not participate in an REA.</p>	
<p>Total Number of UI REA Sites</p> <p>The total number of sites where UI REAs will be conducted. States requesting funds to expand the numbers of UI REAs should provide the number of sites at both the current and the expanded levels.</p>	
<p>Type of Staff Conducting UI REAs</p> <p>Description of the staff that will conduct the UI REAs (e.g., UI, American Job Center, or a combination).</p>	
<p>Memorandum of Understanding (MOU)</p> <p>Is it signed and operational? (Yes or No)</p> <p>If no, provide the estimated date that the MOU will be</p>	

signed and operational. New states should submit a copy of the MOU when it has been signed.	
UI REA Required Reports If a state does not include a narrative regarding how it will address any data problems, the Supplemental Budget Request will not be funded. Please confirm that a narrative has been included by indicating “yes.”	