

2014 Supplemental Budget Request (SBR) Application

| Unemployment Insurance Supplemental Budget Request Abstract | | |
|---|-----------------------|--------------------------|
| State Name: | | |
| Total Funds Requested for All Projects: | | |
| Name, Title, and Address of Grant Notification Contact (<i>Typically the State Workforce Agency Administrator</i>) Name: Title: Address: | | |
| Name, E-Mail Address and Phone Number of SBR Project or Fiscal Manager Name: E-Mail Address: Telephone Number: | | |
| Name, E-Mail Address and Phone Number of Benefit Payment Control Supervisor Name: E-Mail Address: Telephone Number: | | |
| Provide the following information for each project (<i>add additional rows as needed</i>): | | |
| Individual Project Name | Total Cost of Project | Proposed Completion Date |
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| SBR Project Application <i>Complete a separate document for each activity for which the state seeks funding</i> | |
| Name of Project | |
| | |
| Amount of Funding Request for this Project | |
| | |
| State Contact | |
| Name: E-Mail Address: Telephone Number: | |

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|----------------------------|
| Project Description |
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| Project Timeline |
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| Description of Costs | | | |
|---|---------------|---------------|-------|
| Staff Costs for Agency and Contract Staff: | | | |
| Type of Position | Total Hours | Cost Per Hour | Total |
| | | | |
| | | | |
| Hardware, Software and Telecommunications Equipment: | | | |
| Item Description | Cost Per Item | Quantity | Total |
| | | | |
| | | | |
| | | | |

| Other Costs: | | |
|--------------|------|-------------|
| Item | Cost | Explanation |
| | | |

| Strategic Design: |
|-------------------|
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| Measurable Improvements Expected in UI Operations: |
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Instructions: In addition to the SBR Abstract, states must complete a separate document using the format above and instructions below for each activity for which the state is seeking funding. These documents are to be combined in a single SBR with a SF-424 and an SF-424A combining all projects. The lead state in a consortium must submit a separate application for a Consortium Project. Applications that do not follow this prescribed format will be returned to states for correction without review.

Name of Project:

Amount of Funding Request for this Project: Provide the total amount of funds requested in this individual project.

State Contact: Provide name, telephone number, and e-mail address of the individual who can answer any questions relating to the proposal.

Project Description: Provide a brief description of the activity/project for which the state is seeking funding and explain how the project will improve prevention, detection, or collection of overpayments; or improve performance in other UI activities.

Project Timeline (20 percent of total score): Provide a list of the dates and the milestones for this project. The timeline should include the completion of the work, the designation of specific tasks to appropriate parties, the issuance of a request for proposal, if appropriate, the projected start date, the proposed dates to begin and complete testing (if necessary), and the proposed date for full implementation of the project. These milestones and dates will be used to monitor the implementation of the project.

Description of Costs (20 percent of total score): Provide an explanation of all costs included in the project.

Staff Costs for Agency and Contract Staff: Use the table format above to request state or contract staff. The project must clearly explain which costs are for state staff and which costs are for contract staff.

Hardware, Software, and Telecommunications Equipment: Provide an itemized list of hardware, software, and telecommunications equipment including the cost per item and the number of each item requested. A description of each item must provide any information needed to identify the specific item and a description of the size and capacity of each item if applicable.

Other: Identify each item of cost not covered elsewhere and provide the expected cost per item. The need for each item must be explained.

Strategic Design (30 percent of total score): The strategic design should provide evidence of a thorough analysis of current operations and show that the design will meet the needs of the state. For example, the description could include an explanation of the overpayments that are currently not being addressed or the collections that are not accomplished because the proposed automated system is not operational. The state must explain how it has determined that the proposed system would be the most beneficial to its operation. This explanation might include a list of other overpayment systems that are operational such as the NDNH.

For example:

- Identify the data that will be received from the data matching, e.g., wages, start to work date, name, date of birth, address, etc.
- Estimate the amount of overpayments the system will prevent or detect in a year.
- Estimate the percentage of claimants that will be part of the data matching system.
- Describe the data system(s) that the state will use to match claimant records.
- Indicate how often the data match will be conducted.
- Describe the assurance(s) that the state has received from the owner(s) of the data, which will demonstrate a willingness to participate in the proposed data exchange.

Measurable Improvements Expected in UI Operations (30 percent of total score): Identify the areas which will be improved or on-going costs reduced through implementation of the proposed project. All improvements and cost reductions must be quantified rather than generalized. For example, if it is anticipated that overpayments will be collected more quickly with the new system, the measurable improvements must identify the anticipated time savings per overpayment and the percentage of overpayments that will be affected by the project(s).