

**ATTACHMENT B**

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

State Name:	
Name and Title of the State Agency Administrator: Name: Title: Address:	
RESEA Program Lead/Contact <i>The person who can answer questions about the RESEA proposal.</i>	Name:
	Telephone:
	E-mail:
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:
Total UI REA Funds From <u>Prior</u> UI REA Grants Projected to Remain after March 31, 2015	\$
Total RESEA Project Cost <i>The total amount of funds requested in this grant. Do not include funds carried forward from 2014.</i>	\$
Staff benefit cost percentage rate	\$
Indirect cost percentage rate	\$
Total Service Delivery Staff Cost <i>The total amount of funds requested for staff solely to conduct the RESEAs <u>excluding</u> management costs and other costs that are not related to service delivery such as programming.</i>	\$
Total Management Costs <i>The total amount of funds requested for program management costs excluding cost of staff who will conduct the RESEAs.</i>	\$
Total Information Technology (IT) Staff Costs <i>The total amount of funds requested for programming and other IT staff costs.</i>	\$

<p>Staff and Management Costs for a <u>Single</u> Completed Initial RESEA  <i>The sum of service delivery staff costs and management costs divided by the number of initial RESEAs projected to be completed.</i></p>	\$
<p>Staff and Management Costs for a <u>Single</u> Completed Subsequent RESEA  <i>The sum of service delivery staff costs and management costs divided by the number of subsequent RESEAs projected to be completed, not to exceed 2 subsequent RESEAs per claimant. If costs for the second and third RESEA are expected to differ please provide both.</i></p>	\$
<p>Staff Training Costs  <i>The total amount of funds requested for staff training to conduct RESEAs.</i></p>	\$
<p>Projected Time for a <u>Single</u> Initial RESEA, Including Paperwork  <i>The total time spent preparing for and conducting a single initial RESEA, recording results, and other documentation. The funded time cannot exceed five (5) hours if requesting funds for reemployment services or two (2) hours if not requesting funds for reemployment services.</i></p>	
<p>Projected Time for a <u>Single</u> Subsequent RESEA, Including Paperwork  <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>Projected Costs for a <u>Single</u> RESEA for which the Claimant Fails to Report  <i>The total costs spent preparing for a single RESEA for which the claimant subsequently fails to report. This estimate should not include the costs of adjudication which are separately funded.</i></p>	\$
<p>Total Number of Initial RESEAs to be Scheduled  <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>Total Number of Subsequent RESEAs to be Scheduled  <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>Total Number of RESEAs projected to be completed  <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>Total Number of RESEAs projected for which the claimant will fail to report  <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>Total number of RESEA sites  <i>The total number of sites where RESEAs will be conducted. States requesting funds to expand the numbers of RESEAs should provide the number of sites at both the current and the expanded levels.</i></p>	
<p>Type of staff conducting RESEAs  <i>Description of the staff that will conduct the RESEAs (e.g., UI, American Job Center, or a combination).</i></p>	
<p>Memorandum of Understanding (MOU)  Is it signed and operational? (Yes or No)  <i>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.</i></p>	
<p>RESEA required reports  <i>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."</i></p>	
<p>Date at which the state projects transitioning to selecting those claimants most likely to exhaust and UCX claimants.</p>	