

**UNEMPLOYMENT INSURANCE  
REEMPLOYMENT and ELIGIBILITY ASSESSMENTS  
COVER SHEET**

State Name:	
Name and Title of Grant Notification Contact ( <i>Usually the State Agency Administrator</i> ): Name: Title:	
REA Project Contact.  <i>The person who can answer questions about the REA proposal.</i>	Name:
	Telephone:
	E-mail:
Total REA Project Cost. <i>The total amount of funds requested for the REA initiative.</i>	\$
Total Service Delivery Staff Cost. <i>The total amount of funds requested for staff that will conduct the REAs and excludes other management costs.</i>	\$
Total Management Costs. <i>The total amount of funds requested for administrative/management costs excluding cost of staff who will conduct the REAs.</i>	\$
Staff and Management Costs per REA. <i>The sum of service delivery staff costs and management costs divided by the number of planned REAs.</i>	\$
Staff Training Costs <i>The total amount of funds requested for staff training to conduct REAs.</i>	\$
Projected Time for REA, Including Paperwork. <i>The total amount of time spent preparing for the REA, conducting the REA, recording results and other documentation.</i>	
Total Number of REA Sites. <i>The total number of sites where REAs will be conducted; for levels in excess of 10,000 provide the number of sites at each level.</i>	
Type of Staff Conducting REAs. <i>Describe the staff that will conduct the REAs (e.g., UI, One-Stop, Contract, or a combination of staff)</i>	