

**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.</i>	\$ _____
Total Service Delivery Staff Cost <i>The total amount of funds requested for staff to conduct the REAs excluding 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 for a Single 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 a Single REA, Including Paperwork <i>The total time spent preparing for and conducting a single REA, recording results and other documentation</i>	
Total Number of REAs <i>The total number of REAs the state will schedule</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>Description of the staff that will conduct the REAs (e.g., UI, One-Stop, Contract, or a combination.)</i>	