

**UNEMPLOYMENT INSURANCE  
REEMPLOYMENT and ELIGIBILITY ASSESSMENTS (REA)  
COVER SHEET**

State Name:	
Name and Title of Grant Notification Contact ( <i>Usually the State Agency Administrator</i> ): Name: _____ Title: _____	
REA Program Lead/Contact <i>The person who can answer questions about the REA proposal.</i>	Name:
	Telephone:
	E-mail:
Total REA Funds Projected to Remain after March 31, 2011 <i>The total amount of funds projected to remain from FY 2010 (if applicable).</i>	\$ _____
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 Initial REA <i>The sum of service delivery staff costs and management costs divided by the number of planned initial REAs.</i>	\$ _____
Staff and Management Costs for a Single Subsequent REA <i>The sum of service delivery staff costs and management costs divided by the number of planned subsequent REAs, not to exceed 2 subsequent REAs per claimant.</i>	\$ _____
Staff Training Costs <i>The total amount of funds requested for staff training to conduct REAs.</i>	\$ _____

<p>Projected Time for a Single Initial REA, Including Paperwork</p> <p><i>The total time spent preparing for and conducting a single initial REA, recording results and other documentation.</i></p>	
<p>Projected Time for a Single Subsequent REA, Including Paperwork</p> <p><i>The total time spent preparing for and conducting a single subsequent REA, recording results and other documentation.</i></p>	
<p>Projected Costs for a Single REA for which the Claimant Fails to Report</p> <p><i>The total costs spent preparing for a single REA 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 REAs</p> <p><i>The total number of REAs the state will schedule.</i></p>	
<p>Total Number of REA Sites</p> <p><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></p>	
<p>Type of Staff Conducting REAs</p> <p><i>Description of the staff that will conduct the REAs (e.g., UI, One-Stop, Contract, or a combination).</i></p>	
<p>Memorandum of Understanding</p> <p><i>Is the document attached? (Yes or No)</i>  <i>If no, provide the estimated date of submittal.</i></p>	