ELEMENTS of an UNEMPLOYMENT INSURANCE (UI)
REEMPLOYMENT and ELIGIBILITY ASSESSMENT (REA) GRANT PROPOSAL
ABSTRACT

State Name:	

Name and Title of the State Agency Administrator:
        Name:
        Title:
        Address:	

UI REA Program Lead/Contact *The person who can answer questions about the* *UI REA proposal.*	Name:
	Telephone:
	E-mail:
Total UI REA Funds Projected to Remain after March 31, 2011 *The total amount of funds projected to remain* *from FY 2011 (if applicable).*	$
Total UI REA Project Cost *The total amount of funds requested.*	$
Total Service Delivery Staff Cost *The total amount of funds requested for staff to* *conduct the UI REAs excluding management costs.*	$
Total Management Costs *The total amount of funds requested for* *administrative/management costs excluding cost of* *staff who will conduct the UI REAs.*	$
Staff and Management Costs for a Single Initial UI REA *The sum of service delivery staff costs and* *management costs divided by the number of* *planned initial UI REAs.*	$
Staff and Management Costs for a Single Subsequent UI REA *The sum of service delivery staff costs and* *management costs divided by the number of planned* *subsequent UI REAs, not to exceed 2 subsequent UI* *REAs per claimant.*	$

Staff Training Costs *The total amount of funds requested for staff training to conduct UI REAs.*	$
Projected Time for a Single Initial UI REA, Including Paperwork *The total time spent preparing for and conducting a single initial UI REA, recording results and other documentation. The funded time cannot exceed 2 hours.*	
Projected Time for a Single Subsequent UI REA, Including Paperwork *The total time spent preparing for and conducting a single subsequent UI REA, recording results and other documentation.*	
Projected Costs for a Single UI REA for which the Claimant Fails to Report *The total costs spent preparing for a single UI REA for which the claimant subsequently fails to report. This estimate should not include the costs of adjudication which are separately funded.*	
Total Number of UI REAs *The total number of UI REAs the state will schedule during the grant period.*	
Total Number of UI REA Sites *The total number of sites where UI REAs will be conducted. States requesting funds to expand the numbers of UI REAs should provide the number of sites at both the current and the expanded levels.*	
Type of Staff Conducting UI REAs *Description of the staff that will conduct the UI REAs (e.g., UI, One-Stop, Contract, or a combination).*	
Memorandum of Understanding *Is the document attached? (Yes or No)* *If no, provide the estimated date of submittal.*	
UI REA Required Reports *If a state does not include a narrative regarding how it will address any data problems, the SBR will not be funded. Please confirm that this was done by indicating "yes."*	