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# 30 / 60 / 90 Staffing Update

**Due Dates**

30 Day Update – August 1, 2018

60 Day Update – September 1, 2018

90 Day Update – October 2, 2018

*\*\* Each period report is due within 5 business days (before or after) of the due date\*\**

## Agency Information

| Agency Name | Agency Name | | | |
| --- | --- | --- | --- | --- |
| Program Name | Program Name | | | |
|  | |  | | |
| Is the program is 100% operational? (i.e. has no vacant positions to fill.) *If* ***no,*** *you must fill in the 30 day program update below.* | | | Yes  as of: Date | No |

## 30 day program performance update

|  |  |  |
| --- | --- | --- |
| 1. List all vacant positions. | | |
| Comment | Type here | |
| 1. If applicable, describe steps taken to fill vacant positions. Include programmatic change form and resume if hiring has occurred | | |
| Comments | Type here | |
| 1. Have there been any unexpected barriers to providing services? If so, how is this being addressed? | | |
| Comments | Type here | |
| 1. Are there any topics you would like covered at the Policies & Procedures training? | | |
| Comments | Type here | |
|  |  | |
| *MOVA USE ONLY:*  30 Day Action Plan (if applicable) | |  |

| Is the program is 100% operational? (i.e. has no vacant positions to fill.) *If* ***no,*** *you must fill in the 60 day program update below.* | Yes  as of: Date | No |
| --- | --- | --- |

## 60 day program performance update

|  |  |  |
| --- | --- | --- |
| 1. List all vacant positions. | | |
| *Comment* | Type here | |
| 1. If applicable, describe steps taken to fill vacant positions. Include programmatic change form and resume if hiring has occurred | | |
| Comments | Type here | |
| 1. Have there been any unexpected barriers to providing services? If so, how is this being addressed? | | |
| Comments | Type here | |
| 1. Any additional comments you would like to make regarding your program? | | |
| Comments | Type here | |
|  |  | |
| *MOVA USE ONLY:*  60 Day Action Plan | |  |

| Is the program is 100% operational? (i.e. has no vacant positions to fill.) *If* ***no,*** *you must fill in the 90 day program update below.* | Yes  as of: Date | No |
| --- | --- | --- |

## 90 day program performance update

|  |  |  |
| --- | --- | --- |
| 1. List all vacant positions. | | |
| *Comment* | Type here | |
| 1. If applicable, describe steps taken to fill vacant positions. Include programmatic change form and resume if hiring has occurred | | |
| Comments | Type here | |
| 1. Have there been any unexpected barriers to providing services? If so, how is this being addressed? | | |
| Comments | Type here | |
| 1. Provide one example of the impact of services provided under the VOCA program. | | |
| Comments | Type here | |
| 1. If vacant positions have not been hired for, is a budget amendment required to re-allocate funds? MOVA reserves the right to adjust your approved FY19 budget. | | |
| Comments | Type here | |
|  |
| *MOVA USE ONLY:*  90 Day Action Plan | |  |