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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

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| --- |
| 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 |  |