**Form RSA‑2 OMB Number: 1820-0017**

#### Expires: xx/xx/xxx

**U.S. Department of Education**

**Office of Special Education and Rehabilitative Services**

**Rehabilitation Services Administration**

**ANNUAL VOCATIONAL REHABILITATION PROGRAM/COST REPORT** **(RSA-2)**

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Blind [ ] Combined [ ] General

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCHEDULE I: Agency Expenditures** | | | | | |
| **Line Items** | | | | **Amount** | |
| **1. Administration Expenditures** | | | | | |
| 1. Administration Personnel Costs | | | | $ | |
| 1. Direct Administration Costs | | | | $ | |
| C. Indirect Costs | | | | $ | |
| D.Administration Expenditures for the SE Program Included in 1.A, 1.B and 1.C | | | | **$** | |
| **2. Service Expenditures** | | | | | |
| **A. Services Provided by Agency** | | | | | |
| 1. **Services Provided by Agency Field Office Staff** | | | | | |
| a. Assessment, Counseling, Guidance, and Placement Costs | | | | $ | |
| b. All other services, including Orientation, Mobility and Rehab Teaching/Training Services Costs | | | | $ | |
| 1. **Services Provided by Agency-Operated Community Rehabilitation Program (CRP) Staff** | | | | | |
| a. Assessment, Counseling, Guidance, and Placement Costs | | | | $ | |
| b. All other services, including Orientation, Mobility and Rehab Teaching/Training Services Costs | | | | $ | |
| **B. Services Purchased by Agency From:** | | | | | |
| 1. Public Community Rehabilitation Programs | | | | $ | |
| 2. Private Community Rehabilitation Programs | | | | $ | |
| 3. Other Public Vendors | | | | $ | |
| 4. Other Private Vendors | | | | $ | |
| **3. Services to Groups Expenditures** | | | | | |
| A. Establishment, Development or Improvement of CRPs | | | $ | | |
| B. Construction of Facilities for CRPs | | | $ | | |
| C. Business Enterprise Program | | | $ | | |
| D. Transition Consultation and Technical Assistance | | | $ | | |
| E. All other services to groups | | | $ | | |
| **4. Total Agency Expenditures** | | | | | |
| 1. Total SE Program Expenditures included in Sections 1, 2 and 3 above | | | $ | | |
| 1. Total Innovation and Expansion Activity Costs included in 1, 2 and 3 above | | | $ | | |
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| **SCHEDULE II: Labor Hours** | | | | | |
| **Staff Function Category** | | | **Labor Hours** | | |
| 1. Administrative Staff | | |  | | |
| 2. Counselor Staff | | |  | | |
| 3. Staff Supporting Counselor Activities | | |  | | |
| 4. Other Staff | | |  | | |
| 5. Number of hours per week considered full time in state. | | |  | | |
| **SCHEDULE III: Number of Individuals Served and Purchased Service Expenditures by Service Category** | | | | | |
| **Service Category** | | **Number of Individuals** | **Amount** | | |
| 1. Assessment | |  | $ | | |
| 1. Diagnosis and Treatment of Impairments | |  | $ | | |
| 3. Vocational Rehabilitation Counseling and Guidance | |  | $ | | |
| 1. Graduate College or University Training | |  | $ | | |
| 5. Four-Year College or University Training | |  | $ | | |
| 6. Junior or Community College Training | |  | $ | | |
| 7. Occupational or Vocational Training | |  | $ | | |
| 8. On-the-job Training | |  | $ | | |
| 9. Apprenticeship Training | |  | $ | | |
| 10. Basic Academic Remedial or Literacy Training | |  | $ | | |
| 11. Job Readiness Training | |  | $ | | |
| 12. Disability Related Skills Training | |  | $ | | |
| 13. Miscellaneous Training | |  | $ | | |
| 14. Job Search Assistance | |  | $ | | |
| 15. Job Placement Assistance | |  | $ | | |
| 16. On-the-job Supports – Time-limited | |  | $ | | |
| 17. On-the-job Supports – Supported Employment | |  | $ | | |
| 18. Transportation | |  | $ | | |
| 19. Maintenance | |  | $ | | |
| 20. Rehabilitation Technology | |  | $ | | |
| 21. Reader | |  | $ | | |
| 22. Interpreter | |  | $ | | |
| 23. Personal Attendant | |  | $ | | |
| 24. Technical Assistance | |  | $ | | |
| 25. Information and Referral | |  | $ | | |
| 26. Benefits Counseling | |  | $ | | |
| 27. Customized Employment | |  | $ | | |
| 28. Other | |  | $ | | |
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| **SCHEDULE III: Number of Individuals Served and Purchased Service Expenditures by Service Category - Continued** | | | | | | |
| **29. Total Purchased Services Expenditures** | | | | | | |
| 1. Total SE Program Service Expenditures included in Schedule III above | | | | | | $ |
| **30. Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) | | | | | | |
| A. Typed or Printed Name and Title of Authorized Certifying Official | | B. Telephone (Area code, number and extension): | | | | |
| C. Email Address: | | | | |
| D. Signature of Authorized Certifying Official | | E. Date Report Submitted (Month, Day, Year): | | | | |
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