Disabled	Veterans Affir	mative Ac	tion Prog	ram (DVAAI	P) Plan and Plan	Certificat	tion
1. Agency						2. FY	
3. POC Nar	ne				4. Phone Number		
	nt of the agency's pre 30 percent or m				dvancement of disable dums if needed)	ed veterans,	especially
					y in regard to the emp t or more disabled?	oloyment an	d
Yes	Somewhat	No					

7. Total number of Employees		8. Number of Veterans		9. Number of Disabled Veterans		10. Number of 30% or More Disabled Veterans				
11. An assessment of disabled veteran employment within the agency, with emphasis on those veterans who are 30 percent or more disabled.										

Yes Somewhat No	
10 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. A description of recruiting methods which will be used to seek out disabled veteran applicants, inclu special steps to be taken to recruit veterans who are 30 percent or more disabled (Attach supporting add needed)	
14. OPM DVAAP Manager Official use Only: Does agency provide a description of recruiting methods that use to seek out disabled veterans?	at they will
Yes Somewhat No	

	AAP Manager Offication		: Does agency provide special steps that would be taken to recruit 30
Yes	Somewhat	No	
	otion of how the ag tach supporting ac		ovide or improve internal advancement opportunities for disabled needed)
	AAP Manager Offic nt opportunities fo		: Does agency provide a description of how they will provide internal terans?
Yes	Somewhat	No	

18. OPM DVAAP Manager Official use Only: If needed, does agency provide a description of how they will improve internal advancement opportunities for disabled veterans?									
Yes	Somewhat	No	Not Needed						
					eld installations, on a ttach supporting add				

20. OPM DVAAP Manager Official use Only: Did agency provide a description on how they will inform their operating components and field installations, on responsibilities such as the employment and advancement of									
				operating components or field installations)					
Yes	Somewhat	No	Not Applicable						
-	-	•	The state of the s	luate its planned efforts, including					
implementation at operating component and field installation levels during the period covered by the plan (Attach									
supporting a	iddendums if need	lea)							
22. OPM DV	AAP Manager Offi	cial use Only	: Did agency provide a	description on how they will monitor its planned					
	0		~ · · · ·						
	pplicable as well a	s for major o	perating components	and field installations)					
Yes	pplicable as well a Somewhat	s for major o No	perating components	* * * * * * * * * * * * * * * * * * *					
23. OPM DV.	Somewhat AAP Manager Offi	No cial use Only	: Did agency provide a	* * * * * * * * * * * * * * * * * * *					
23. OPM DV.	Somewhat AAP Manager Offi	No cial use Only	: Did agency provide a	and field installations)  description on how they will review its planned					
23. OPM DV. efforts? (If a Yes	Somewhat  AAP Manager Office pplicable as well a  Somewhat  AAP Manager Office	No cial use Only s for major o No cial use Only	: Did agency provide a perating components : Did agency provide a	and field installations)  description on how they will review its planned					

25. POC's Name, Email, and Phone Number of Operating Components and Field In	nstallations (If Applicable)

## **Plan Certification**

Plans shall cover a time period of not less than one year and may cover a longer period if concurrent with the agency's Section 501(b) Plan. Each plan must specify the period of time it covers.

Each agency must have an agency wide plan covering all of its operating components and field installations. Agency wide plans shall include instructions assigning specific responsibilities on affirmative actions to be taken by the agency's various operating components and field installations to promote the employment and advancement of disabled veterans. OPM must be informed when headquarters offices require plans at the field or installation level.

Agency operating components and field installations must have a copy of the plan covering them, and must implement their responsibilities under it. OPM may require operating components and field installations to develop separate plans in accordance with program guidance and/or instructions.

The below certification indicates that the program is being implemented as required by 5 CFR Part 720, Subpart C and appropriate guidance issued by the U.S. Office of Personnel Management. Additionally, this agency has a current plan as required by the regulation.

Please type or print clearly. After an original signature is obtained, scan and return this sheet.

26. Dates of the Period of Ti	is Cov	ered		Fron	n			Т	O				
27. Agency Name													
28. DVAAP Certifying Offici	al's Name												
29. Title													
30. Telephone Number					. Email								
32. DVAAP POC's Name													
33. Title													
34. Telephone Number			35. 1	Email									
36. Date Plan Last Amended	l				37.	. Date	e Effecti	ve					
38. DVAAP Certifying Offici	al							39. Da	ate		_		

## Agency Disabled Veterans Affirmative Action Program Electronic Reporting Instructions General Instructions:

- 1. You must complete all questions in the forms field.
- 2. Electronic Requirements An agency should only submit data for what they are planning to do for the next Fiscal Year in accordance to the minimal requirements of the plan content from Title 5 CFR Part 720 Subpart C, which is provided on this form.
- 3. Collection of plan data requires a completed plan data element that has been recorded to be used throughout the Fiscal Year. Plans may vary from agency to agency. This form provides conformity and standardization for the minimal required core data. The forms have limited characters so you may attach addendums when needed if the forms do not allow you to capture the data completely.

## **DVAAP Plan & Plan Certification Information**

- 1. Agency Provide the name of the agency.
- 2. FY Provide the Fiscal Year of which the plan will be covered under. If the plan is covering more than one year capture it in the form field, as seen on the following example: 2016-2018.
- 3. POC Name Provide the name of the point of contact.
- 4. Phone Provide the phone number of point of contact.
- 5. A statement of the agency's policy with regard to the employment and advancement of disabled veterans, especially those who are 30 percent or more disabled– Provide a statement of the agency's policy in regard to the employment and advancement of disabled veterans, especially those who are 30 percent or more disabled. You may attach supporting addendums if the information provided pertains to the requirement.
- 6. Does agency provide a policy in regard to the employment and advancement of disabled veterans, especially those that are 30 percent or more disabled? Certifying Official should click on "Yes", "Somewhat" or "No" if the agency provides a policy in regards to the employment and advancement of disabled veterans, especially those that are 30 percent or more disabled.
- 7. Number of Employees- Provide the total number of employees within the agency.
- 8. Number of Veterans- Provide the total number of veterans within the agency.
- 9. Number of Disabled Veterans Provide the total number of disabled veterans within the agency.
- 10. Number of 30% or More Disabled Veterans Provide the total number of 30% or more disabled veterans within the agency.
- 11. An assessment of the current status of disabled veteran employment within the agency, with emphasis on those veterans who are 30 percent or more disabled Provide an

- assessment of the current status within the agency of the total amount of employees, veterans, disabled veterans and emphasizing those veterans who are 30 percent or more disabled. You may attach supporting graphs, charts, and addendums if it pertains to the requirement.
- 12. Does agency provide an assessment of the current status of disabled veterans, especially those that are 30 percent or more? Certifying Official should click on "Yes", "Somewhat" or "No" if the agency provides an assessment of the current status of disabled veterans, especially those that are 30 percent or more disabled.
- 13. A description of recruiting methods which will be used to seek out disabled veteran applicants, including special steps to be taken to recruit veterans who are 30 percent or more disabled Provide a description of recruiting methods which will be used to seek out disabled veteran applicants, including special steps to be taken to recruit veterans who are 30 percent or more disabled. You may attach supporting addendums if the information that is being provided pertains to the requirement.
- 14. Does agency provide a description of recruiting methods that they will use to seek out disabled veterans? Certifying Official should click on "Yes", "Somewhat" or "No" if the agency provides a description of recruiting methods that they will use to seek out disabled veterans.
- 15. Does agency provide special steps that would be taken to recruit 30 percent or more disabled veterans? Certifying Official should click on "Yes", "Somewhat" or "No" if the agency provides special steps that would be taken to recruit 30 percent or more disabled veterans.
- 16. A description of how the agency will provide or improve internal advancement opportunities for disabled veterans Provide a description of how the agency will provide or improve internal advancement opportunities for disabled veterans. You may attach supporting addendums if the information that is being provided pertains to the requirement.
- 17. Does agency provide a description of how they will provide internal advancement opportunities for disabled veterans? Certifying Official should click on "Yes", "Somewhat" or "No" if the agency provides a description of how they will provide internal advancement opportunities for disabled veterans.
- 18. If needed, does agency provide a description of how they will improve internal advancement opportunities for disabled veterans? Certifying Official should click on "Yes", "Somewhat", "No", or "Not Needed" if agency provides a description of how they will improve internal advancement opportunities for disabled veterans.
- 19. A description of how the agency will inform its operating components and field installations, on a regular basis, of their responsibilities for employing and advancing disabled veterans Provide a description of how the agency will inform its operating components and field installations, on a regular basis, of their responsibilities for

- employing and advancing disabled veterans. You may attach supporting addendums if the information that is being provided pertains to the requirement. For smaller agencies that do not have operating components or field installations it may not be applicable, state in the form field N/A.
- 20. Does agency provide a description on how they will inform their operating components and field installations on a regular basis, on responsibilities such as the employment and advancement of disabled veterans? Certifying Official should click on "Yes", "Somewhat", "No", or "Not Applicable" if agency provides a description on how they will inform their operating components and field installations on a regular basis, on responsibilities such as the employment and advancement of disabled veterans. Not Applicable for smaller agencies that do not have operating components or field installations.
- 21. A description of how the agency will monitor, review, and evaluate its planned efforts, including implementation at operating component and field installation levels during the period covered by the plan Provide a description of how the agency will monitor, review, and evaluate its planned efforts, if applicable, including implementation at operating component and field installation levels during the period covered by the plan. You may attach supporting addendums if the information that is being provided pertains to the requirement.
- 22. Does agency provide a description on how they will monitor its planned efforts? Certifying Official should click on "Yes", "Somewhat" or "No" if the agency provides a description on how they will monitor its planned efforts.
- 23. Does agency provide a description on how they will review its planned efforts? Certifying Official should click on "Yes", "Somewhat" or "No" if the agency provides a description on how they will review its planned efforts.
- 24. Does agency provide a description on how they will evaluate its planned efforts? Certifying Official should click on "Yes", "Somewhat" or "No" if the agency provides a description on how they will evaluate its planned efforts.
- 25. POC's Name, Email, and Phone Number of Operating Components and Field Installations If applicable provide point of contact's name, email, and phone number of operating components and field installations.
- 26. Date(s) of the Period of Time the Plan is Covered 26a provide the start date of the plan. 26b provide the end date of the plan.
- 27. Agency Name Provide the name of the agency.
- 28. DVAAP Certifying Official's Name Provide the DVAAP certifying official's name.
- 29. Title Provide the title of the certifying official.
- 30. Telephone Number Provide the phone number of the certifying official.
- 31. Email Provide the email of the certifying official.

- 32. DVAAP POC's Name Provide the DVAAP point of contact's name.
- 33. Title Provide the title of the point of contact.
- 34. Telephone Number Provide the phone number of the point of contact.
- 35. Email Provide the email of the point of contact.
- 36. Date Plan Last Amended Provide the date of when the plan was last amended.
- 37. Date Effective Provide the date when the plan is effective.
- 38. Certifying Official's Signature Certifying official must provide an electronic signature or print out the page and hand sign the plan certification.
- 39. Date Provide the date that plan was signed.