Di	sabled Veter	ans Affir		ction Progra ication	nm (DVAA	AP) I	Plan a	nd	
1. Agency							2. FY		
3. POC Na	me				4. Phone				
	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 (Attach supporting addendums if needed)								
6 ODM DV	A A D Manager Of	ficial Use O	nly Did occur	ov provida a ral	iov outling in	ro gori	la to the		
	AAP Manager Of and advancemen							ıbled?	
Yes	Somewhat	No							

7. 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 (Attach supporting graphs/charts if needed)								
8. Total # Employees		t Of erans	10. # Of Disabled Veterans		11. # Of 30% Or More Disabled Veterans			
12. OPM DVAAP Manager Official Use Only: Did agency provide an assessment of the current status of disabled veterans, especially those that are 30 percent or more disabled?								
Yes	Somewhat	No	-					

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 (Attach supporting addendums if needed)							
	VAAP Manager (e to seek out disal		Only: Did agency provide a description of recruiting methods that s?				
Yes	Somewhat	No					
15. OPM DVAAP Manager Official Use Only: Did agency provide special steps that would be taken to recruit 30 percent or more disabled veterans?							
Yes	Somewhat	No					

16. A description of how the agency will provide or improve internal advancement opportunities for disabled veterans (Attach supporting addendums if needed)							
	VAAP Manager (ancement opportu			provide a description of how they will provide			
Yes	Somewhat	No					
	VAAP Manager (ancement opportu			there a plan of how the agency will improve			
Yes	Somewhat	No	Not Needed				

		their respo		erating components and field installations, oying and advancing disabled veterans ums if needed)
			• • • • • •	vide a description on how they will inform their
				s such as the employment and advancement of e operating components or field installations)
Yes	Somewhat	No	Not Applicable	

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 (Attach supporting addendums if needed)								
review and	22. OPM DVAAP Manager Official Use Only: Did agency provide a description on how they will <u>monitor</u> , <u>review</u> and <u>evaluate</u> its planned efforts? (If applicable as well as for major operating components and field installations)							
Yes	Somewhat	No						

23. POC's Name, Email, and Phone Number of Operating Components and Field Installations (If Applicable)

Plan Certification

The 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.

Agency must have a plan covering all of its operating components and field installations. The plan shall include instructions assigning specific responsibilities on affirmative actions to be taken by the agency's 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 the plan. OPM may require operating components and field installations to develop separate plans in accordance with program guidance and/or instructions.

Certification

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.

24. Dates of the Period of Tin	ne the Plan is C	Covered	From		То				
25. Agency Name									
26. DVAAP POC's Name									
27. Title									
28. Telephone Number	28. Telephone Number 29. Email								
30. Date Plan Last Amended	30. Date Plan Last Amended 31. Date Effective								
32. DVAAP Certifying Offici	32. DVAAP Certifying Official's Name								
33. Title									
34. Telephone Number 35. Email									
36. DVAAP Certifying Official Signature 37. Date									