

## Disabled Veterans Affirmative Action Program (DVAAP) Plan and Certification

<b>1. Agency</b>		<b>2. FY</b>	
<b>3. POC Name</b>		<b>4. Phone</b>	
<b>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)</b>			
<b>6. OPM DVAAP Manager Official Use Only: Did agency provide a policy outline in regards to the employment and advancement of disabled veterans, especially those that are 30 percent or more disabled?</b>			
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)**

<b>8. Total # Employees</b>		<b>9. # Of Veterans</b>		<b>10. # Of Disabled Veterans</b>		<b>11. # Of 30% Or More Disabled Veterans</b>	
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**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	
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**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)**

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**14. OPM DVAAP Manager Official Use Only: Did agency provide a description of recruiting methods that they will use to seek out disabled veterans?**

Yes	Somewhat	No	
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**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	
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**16. A description of how the agency will provide or improve internal advancement opportunities for disabled veterans (Attach supporting addendums if needed)**

Empty response area for item 16.

**17. OPM DVAAP Manager Official Use Only: Did agency provide a description of how they will provide internal advancement opportunities for disabled veterans?**

Yes	Somewhat	No	
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**18. OPM DVAAP Manager Official Use Only: If needed, is there a plan of how the agency will improve internal advancement opportunities for disabled veterans?**

Yes	Somewhat	No	Not Needed	
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**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 (Attach supporting addendums if needed)**

**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 disabled veterans? (Not Applicable for agencies that do not have operating components or field installations)**

Yes	Somewhat	No	Not Applicable	
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**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)**

**22. OPM DVAAP Manager Official Use Only: Did agency provide a description on how they will monitor, review and evaluate 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.

<b>24. Dates of the Period of Time the Plan is Covered</b>	<b>From</b>		<b>To</b>		
<b>25. Agency Name</b>					
<b>26. DVAAP POC's Name</b>					
<b>27. Title</b>					
<b>28. Telephone Number</b>		<b>29. Email</b>			
<b>30. Date Plan Last Amended</b>		<b>31. Date Effective</b>			
<b>32. DVAAP Certifying Official's Name</b>					
<b>33. Title</b>					
<b>34. Telephone Number</b>		<b>35. Email</b>			
<b>36. DVAAP Certifying Official Signature</b>				<b>37. Date</b>	

## Agency Disabled Veterans Affirmative Action Program Plan and Certification Electronic Reporting Instructions

### General Instructions:

1. Complete all items and questions in the forms field.
2. Electronic Requirements – Agency should only submit data for what they are planning to do for the next Fiscal Year in accordance with 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 agency may attach addendums when needed, if the form does not allow you to capture the data completely.

### DVAAP Plan and 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 regards 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. **Did agency provide a policy outline in regards to the employment and advancement of disabled veterans, especially those that are 30 percent or more disabled?** – OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency provided a policy in regards to the employment and advancement of disabled veterans, especially those that are 30 percent or more disabled.
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 -** 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 the information provided pertains to the requirement.
8. **# of Employees** – Provide the total number of employees within the agency.
9. **# of Veterans** – Provide the total number of veterans within the agency.
10. **# of Disabled Veterans** - Provide the total number of disabled veterans within the agency.

11. **# of 30% or More Disabled Veterans** – Provide the total number of 30% or more disabled veterans within the agency.
12. **Did agency provide an assessment of the current status of disabled veterans, especially those that are 30 percent or more disabled?** – OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency provided 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 provided pertains to the requirement.
14. **Did your agency provide a description of recruiting methods that they will use to seek out disabled veterans?** - OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency provided a description of recruiting methods that they will use to seek out disabled veterans.
15. **Did your agency provide special steps that would be taken to recruit 30 percent or more disabled veterans?** - OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency provided 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 provided pertains to the requirement.
17. **Did your agency provide a description of how they will provide internal advancement opportunities for disabled veterans?** - OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency provided a description of how they will provide internal advancement opportunities for disabled veterans.
18. **If needed, is there a plan of how your agency will improve internal advancement opportunities for disabled veterans?** - OPM DVAAP Manager should click on “Yes”, “Somewhat”, “No”, or “Not Needed” to indicate if agency provided 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 provided pertains to the requirement. For agencies that do not have operating components or field installations, state in the form field N/A.

- 20. Did your agency provide a description on how they will inform their operating components and field installations, on responsibilities such as the employment and advancement of disabled veterans?** - OPM DVAAP Manager should click on “Yes”, “Somewhat”, “No”, or “Not Applicable” to indicate if agency provided 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 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 provided pertains to the requirement.
- 22. Did your agency provide a description on how they will monitor, review and evaluate its planned efforts?** OPM DVAAP Manager should click on “Yes”, “Somewhat” or “No” to indicate if the agency provides a description on how they will monitor, review and evaluate its planned efforts.
- 23. 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.
- 24. Dates of the Period of Time the Plan is Covered** – Provide the start date of the plan and the end date of the plan.
- 25. Agency Name** – Provide the name of the agency.
- 26. DVAAP POC’s Name** – Provide the DVAAP point of contact’s name.
- 27. Title** – Provide the title of the point of contact.
- 28. Telephone Number** – Provide the phone number of the point of contact.
- 29. Email** – Provide the email of the point of contact.
- 30. Date Plan Last Amended** – Provide the date of when the plan was last amended.
- 31. Date Effective** – Provide the date when the plan is effective.
- 32. DVAAP Certifying Official’s Name** – Provide the DVAAP Certifying Official’s name.
- 33. Title** – Provide the title of the DVAAP Certifying Official.
- 34. Telephone Number** – Provide the phone number of the DVAAP Certifying Official.
- 35. Email** – Provide the email of the DVAAP Certifying Official.
- 36. DVAAP Certifying Official Signature** – DVAAP Certifying Official must provide an electronic signature or print out the page and hand sign the plan certification.
- 37. Date** – Provide the date that plan was signed.