



# Department of Veterans Affairs

## Supportive Services for Veteran Families (SSVF) Program COMPANION GUIDE: Quarterly Grantee Performance Report

The information requested in the Quarterly Grantee Performance Report should be typed into the boxes following each question in the form. Limit your responses to the space provided. Begin by inserting grantee name, SSVF grant amount, and date of report at the top of the form. Insert SSVF Program Number (provided by VA in grant agreement) in the bottom right of the form.

Quarterly Report Question	Guidance
1. Describe any significant events (positive and negative) that occurred within your program during this quarter. Explain how these events will impact your performance.	<ul style="list-style-type: none"><li>Alert the SSVF Program Office to any problems that have arisen during the quarter</li><li>Share any positive/noteworthy events for which your program should be recognized</li></ul>
2. Do you require additional assistance from the SSVF Program Office? If so, please specify the nature of the assistance required.	<ul style="list-style-type: none"><li>Describe any issues/topics for which you would benefit from assistance from the SSVF Program Office</li></ul>
3. Please list the types of locations / events (e.g., shelters, street, stand downs, housing courts, welfare offices, etc.) where your program has conducted outreach during this quarter.	<ul style="list-style-type: none"><li>Identify the types of places where your program is conducting outreach</li><li>Specific shelter names, addresses, etc. are not necessary – the SSVF Program Office is seeking high level category names only</li></ul>
4. Attach a copy of the participant screening form used this quarter if it has changed since the previous quarter.	<ul style="list-style-type: none"><li>Grantees are encouraged to develop a participant screening form – see Program Guide for additional information</li><li>Please attach a copy of your most recent screening form version to the quarterly report or confirm that the participant screening form has not changed since you previously submitted it to the SSVF Program Office</li></ul>
5. Please list any types of organizations / entities from which you have received more than an estimated 5% of your referrals during this quarter.	<ul style="list-style-type: none"><li>Identify those organizations from whom you are receiving a substantial number (&gt; 5%) of referrals</li><li>Specific shelter/organization names, addresses, etc. are not necessary – the SSVF Program Office is seeking high level category names only</li></ul>
6. How many ineligible individuals were screened this quarter? Describe generally how these situations were handled and the program(s) to which individuals were	<ul style="list-style-type: none"><li>Identify the number of ineligible individual households screened this quarter</li><li>Describe generally where you referred these individual households and/or how you</li></ul>

Quarterly Report Question	Guidance
referred.	<p>handled the situations</p> <ul style="list-style-type: none"> <li>▪ Provide examples of the reasons why households were deemed ineligible and/or referred elsewhere</li> </ul>
7. During this quarter, which of the following supportive services were provided by your program (either directly or by referral)?	<ul style="list-style-type: none"> <li>▪ Select yes/no from drop down boxes to specify which supportive services your program provided directly using SSVF grant funds vs. via referral               <ul style="list-style-type: none"> <li>○ The “yes” box should be checked for <u>providing directly</u> (second column) any time SSVF grant funds are used to provide services to a participant (Note: If you referred a participant to a subcontractor who is providing the service using SSVF grant funds, this is considered providing directly)</li> <li>○ The “yes” box should be checked for <u>providing via referral</u> (third column) anytime you refer participants to receive services from an organization that <u>is not</u> using SSVF grant funds to serve that participant</li> </ul> </li> <li>▪ List any additional supportive services provided either directly or via referral using SSVF grant funds</li> </ul>
8. List the three supportive services most requested by participants and describe how your program delivered those supportive services.	<ul style="list-style-type: none"> <li>▪ Cite the three supportive services offerings (please be as specific as possible – e.g., temporary financial assistance for rental arrears, referrals for legal services, etc.) that are most popular among your participants</li> <li>▪ Briefly explain how those services are provided</li> </ul>
9. During this quarter, which of the following other supportive services were provided by your program? (see 38 CFR 62.33 and 38 CFR 62.34 for descriptions of these supportive services)	<ul style="list-style-type: none"> <li>▪ Check the boxes of those other supportive services that your program provided</li> <li>▪ List any other supportive services not specifically mentioned in table (Note: All “other supportive services” not listed in table must have been pre-approved by VA)</li> </ul>
10. Describe any issues that arose this quarter with respect to participant safety (e.g., domestic violence, suicide risk, etc.) and indicate how those issues were handled.	<ul style="list-style-type: none"> <li>▪ Describe any instances in which participant safety was a concern</li> <li>▪ <b><u>DO NOT</u></b> include any identifiable participant information in the report. If a critical incident occurred during the quarter, describe the incident in the quarterly report without including any identifiable</li> </ul>

Quarterly Report Question	Guidance
	<p>participant information. However, be sure to alert your Regional Coordinator immediately following any critical incidents.</p>
<p>11. As this is a new initiative, VA is interested in learning about best practices in the field. Please describe an interesting/notable participant case from this quarter (describe the household composition, their needs, the services provided, and the outcomes).</p>	<ul style="list-style-type: none"> <li>▪ Highlight notable participant cases from this quarter</li> <li>▪ DO NOT include any identifiable participant information in the report</li> </ul>
<p>12. Confirm that your program’s data for 100% of participants has been exported from HMIS and uploaded to the SSVF Data Repository not less than on a monthly basis. If not, please explain why.</p>	<ul style="list-style-type: none"> <li>▪ Grantees must confirm that all participant data has been exported and uploaded to the SSVF Data Repository on a monthly basis by HMIS System Administrators</li> <li>▪ If your program has not uploaded to the SSVF Data Repository at least monthly, please provide a specific explanation of situation, including any relevant documentation from your HMIS System Administrators</li> </ul>
<p>13. Have you complied with all the terms of your supportive services grant agreement this quarter? If no, please explain.</p>	<ul style="list-style-type: none"> <li>▪ Confirm you have complied with all terms of your supportive services grant agreement</li> <li>▪ If there are any terms with which you have not complied, please identify those terms and provide a specific explanation of the situation</li> <li>▪ Insert electronic signature of authorized representative of the grantee at the bottom of the page confirming validity of information contained in this report (either insert scanned signature image or type in name and title)</li> <li>▪ Note: Form must be returned in fillable PDF format</li> </ul>

**SUBMIT COMPLETED FILLABLE PDF FORM AND  
ATTACHMENT 1 (EXCEL WORKBOOK)  
TO [SSVF@VA.GOV](mailto:SSVF@VA.GOV) WITHIN 10 WORK DAYS OF END OF QUARTER**

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**Attachment 1: Grantee Quarterly Financial Report (Microsoft Excel File)**

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Grantees are required to complete quarterly financial reports in the Microsoft Excel template provided. Instructions on the use of this template are provided below. Should you experience any problems with the Microsoft Excel template, please e-mail a copy of your form and a specific explanation of the problem you are experiencing to [SSVF@va.gov](mailto:SSVF@va.gov).

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**Overview**

The Microsoft Excel Grantee Quarterly Financial Report contains seven separate “worksheets” or “tabs:”

- Tab 1 (Application Exhibit IX) – Monthly SSVF Grant Funds Budget
- Tab 2 – Quarterly Variance Report
- Tab 3 – Quarterly Spending by Subcontractor
- Tab 4 – Quarterly Draw Downs
- Tab 5 – Number of Participants Served by Quarter
- Tab 6 – Temporary Financial Assistance
- Tab 7 – Non-VA Funding Sources

Tab 1 was already completed as part of the application process and does not need to be completed again (Note: VA will import each grantee’s approved budget into the workbook and provide a customized template for each grantee at the beginning of the grant award period). Tabs 2 through 7 will need to be completed on a quarterly basis. Tab 2 consists of a quarterly breakdown of actual spending versus budgeted spending and calculates the associated variance. Tab 3 consists of total quarterly spending by the grantee and each subcontractor. Tab 4 compares quarterly spending to draw downs. Tab 5 tracks the number of participants served by the grantee each quarter. Tab 6 tracks the amount of temporary financial assistance spent by participants’ category of occupying permanent housing. Tab 7 identifies non-VA funding sources used to serve participants.

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**Tab 2: Quarterly Variance Report**

General

- a. Grantee is responsible for filling in yellow cells only.
  - b. All non-yellow cells are locked and populate automatically.
  - c. Insert SSVF Program Number (provided by VA in grant agreement).
  - d. Insert actual SSVF grant funds spent on a line item basis each quarter.
  - e. Explain all positive and negative variances in “Explanation of Any Variance” column. Note: an explanation is required for all variances, regardless of size.
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**Tab 3: Quarterly Spending by Subcontractor**

General

- a. Grantee is responsible for filling in yellow cells only.
  - b. All non-yellow cells are locked and populate automatically.
  - c. Input names and mailing addresses for each subcontractor in the designated yellow cells.
  - d. Per 38 CFR 62.2, a “subcontractor” means any third party contractor, of any tier, working directly for an eligible entity. Note: Landlords, utility companies and other entities receiving temporary financial assistance payments from a grantee on behalf of a participant are *not* considered subcontractors.
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- e. Indicate total cumulative funds spent to date by subcontractor for each line item for the current grant fiscal year.

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#### **Tab 4: Quarterly Draw Downs**

##### General

- a. Grantee is responsible for filling in yellow cells only.
- b. All non-yellow cells are locked and populate automatically.
- c. Input the amount of SSVF grant funding the grantee has drawn down by quarter using the HHS Payment Management System. All other cells in Tab 4 will populate automatically.
- d. Explain any variances between the amount of funds drawn down and the amount of funds spent at the bottom of the worksheet.

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#### **Tab 5: Number of Participants Served by Quarter**

##### General

- a. The SSVF Program Office recommends that as part of the intake process, grantees track the number of households deemed eligible by category of occupying permanent housing (see below for definitions), number of dependents (if any), and target population in order to assist with completion of this tab of the quarterly report.
- b. Grantee is responsible for filling in yellow cells only.
- c. All non-yellow cells are locked and populate automatically.
- d. By submitting this report, grantees are certifying that its program data for 100% of participants has been exported from HMIS and uploaded to the SSVF Data Repository not less than on a monthly basis. If this is not the case, grantees must attach an explanation to their quarterly report submission.

##### Current Caseload

- a. Insert the number (#) of Participant Households without Dependents Currently Receiving Assistance as of the close of the quarter. Participant Households without Dependents include households with one or more adults and no dependents (e.g., a Veteran living with a spouse or domestic partner without any children). Note: Include only those households who received case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and/or other services (see 38 CFR 62.31-62.34). Exclude those households receiving only outreach services.
- b. Insert the number (#) of Participant Households with Dependents Currently Receiving Assistance as of the close of the quarter. Participant Households with Dependents include households with one or more adults and dependents (e.g., a Veteran living with a spouse or domestic partner and two children). Note: Include only those households who received case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and/or other services (see 38 CFR 62.31-62.34). Exclude those households receiving only outreach services.
- c. These figures should represent your current case load at the close of the quarter.
- d. Based on these inputs, the spreadsheet will automatically calculate the Total Number of Participant Households Who Received Assistance as of the end of each quarter.

New Participants Served

- a. Insert the number (#) of New Unique Participant Households without Dependents Who Received Assistance from you for the first time this quarter (i.e. not previously an SSVF participant in any prior quarter). Participant Households without Dependents include households with one or more adults and no dependents (e.g., a Veteran living with a spouse or domestic partner without any children). Note: Include only those households who received case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and/or other services (see 38 CFR 62.31-62.34). Exclude those households receiving only outreach services.
- b. Insert the number (#) of New Unique Participant Households with Dependents Who Received Assistance from you for the first time this quarter (i.e. not previously an SSVF participant in any prior quarter). Participant Households with Dependents include households with one or more adults and dependents (e.g., a Veteran living with a spouse or domestic partner and two children). Note: Include only those households who received case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and/or other services (see 38 CFR 62.31-62.34). Exclude those households receiving only outreach services.
- c. Based on these inputs, the spreadsheet will automatically calculate the Total Number of Unique Participant Households Who Received Assistance for each quarter.

New Participants Served Category of Occupying Permanent Housing

- a. Insert the number (#) of New Unique Participant Households Who Received Assistance from you for the first time this quarter (i.e. not previously an SSVF participant in any prior quarter) who upon program entry, were classified in Occupying Permanent Housing Category 1 (residing in permanent housing). Note: Include only those households who received case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and/or other services (see 38 CFR 62.31-62.34). Exclude those households receiving only outreach services.
- b. Insert the number (#) of New Unique Participant Households Who Received Assistance from you for the first time this quarter (i.e. not previously an SSVF participant in any prior quarter) who upon program entry, were classified in Occupying Permanent Housing Category 2 (homeless and scheduled to become residents of permanent housing within 90 days). Note: Include only those households who received case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and/or other services (see 38 CFR 62.31-62.34). Exclude those households receiving only outreach services.
- c. Insert the number (#) of New Unique Participant Households Who Received Assistance from you for the first time this quarter (i.e. not previously an SSVF participant in any prior quarter) who upon program entry, were classified in Occupying Permanent Housing Category 3 (exited permanent housing within the previous 90 days to seek other housing that is responsive to their needs and preferences). Note: Include only those households who received case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and/or other services (see 38 CFR 62.31-62.34). Exclude those households receiving only outreach services.
- d. Based on these inputs, the spreadsheet will automatically calculate the Total Number of Unique Participant Households Who Received Assistance for each quarter. These totals should match the totals provided in the previous table on this tab.

New Participants Served Target Populations

- a. Insert the number (#) of New Unique Participant Households Who Received Assistance from you for the first time this quarter (i.e. not previously an SSVF participant in any prior quarter) who upon program entry, were classified as one of the target populations listed in the table. Please reference the December 2010 Notice of Fund Availability for definitions of “chronically homeless Veteran families” and “formerly chronically homeless Veteran families.” Note: Include only those households who received case management, assistance in obtaining VA benefits, assistance in obtaining and coordinating other public benefits, and/or other services (see 38 CFR 62.31-62.34). Exclude those households receiving only outreach services.
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**Tab 6: Temporary Financial Assistance**

General

- a. Grantee is responsible for filling in yellow cells only.
  - b. All non-yellow cells are locked and populate automatically.
  - c. In each quarter, list the amount of temporary financial assistance spent by participants’ Occupying Permanent Housing category classifications.
  - d. The totals shown in this worksheet should match the quarterly temporary financial assistance totals that appear in Tab 2.
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**Tab 7: Non-VA Funding Sources**

General

- a. Grantee is responsible for filling in yellow cells only.
  - b. All non-yellow cells are locked and populate automatically.
  - c. List the three largest non-VA funding sources in the columns provided.
  - d. Specify the total amount of funding spent on the grantee’s SSVF Program by the three largest non-VA funding sources.
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