

Frequently Asked Questions Per Diem Only Transition In Place

October 2022

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Overview

1. What funding opportunities are available?

VA Homeless Providers Grant and Per Diem (GPD) program is offering Notices of Funding Opportunity (NOFOs) for applicants to grants for facilitating housing stabilization for Veterans who are experiencing homelessness or at risk of becoming homeless.

Per Diem Only (PDO) NOFO: This NOFO is for organizations that wish to provide transitional housing or service centers. Applicants may apply for any one or combination of five transitional supportive housing bed models (i.e., Bridge Housing, Clinical Treatment, Hospital to Housing, Low Demand and/or Service Intensive Transitional Housing) and/or for a service center. NOTE: If applying for both transitional housing beds and a service center, a separate application is required for each. Requests for both transitional housing beds and a service center *must not* be combined into a single application.

Transition In Place (TIP) NOFO: This NOFO is for organizations that wish to provide the TIP transitional supportive housing bed model in which Veterans remain in the unit instead of needing to find other housing while stabilizing.

2. Can my agency apply for more than one grant?

Yes, but only in limited circumstances when the following conditions are met.

Applicants are limited to up to one application per VA medical facility catchment area per applicant's Employer Identification Number (EIN) for each of the following:

- PDO transitional housing
- PDO service center
- TIP

3. Does my agency have to apply for each housing model in a separate application?

No, not necessarily.

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PDO NOFO: Any bed model(s) that an applicant wishes to apply for must be combined into one application per VA medical facility catchment area per EIN. If you are applying for a service center, then the service center must be in a separate application, not combined with any transitional housing beds.

TIP NOFO: All TIP beds per VA medical facility catchment area per EIN must be requested in one application.

4. How many beds are expected to be awarded?

PDO NOFO: VA anticipates awarding approximately 350 PDO grants for a total of approximately 10,500 transitional supportive housing beds and 15 service centers nationwide.

TIP NOFO: VA anticipates awarding approximately 40 TIP grants for a total of approximately 600 TIP beds nationwide.

5. Where is the VA medical facility near me?

See the VA website for a list of VA medical facilities by state:

<https://www.va.gov/directory/guide/allstate.asp>.

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Eligibility

6. Who can apply?

- 501(c)3 or 501(c)19 nonprofit organization
- State or local Government
- Federally recognized Indian Tribal Government

7. Can I apply if I am an individual or a for-profit organization?

No. Only non-profit organizations who have an IRS tax letter that shows their tax-exempt status along with their EIN, as well as State, Local or Indian Tribal governments, can apply.

8. Can I use another non-profit organization's 501(c)3 or 501(c)19 non-profit tax-exempt status letter to apply?

No. The non-profit status must belong to the applicant.

9. Does my organization have to be a current GPD provider to be eligible to apply?

No. Eligible entities are listed above.

10. If my organization is a current GPD provider, are we guaranteed funding?

No. This is a competitive process. The highest scoring applications will be awarded based on a variety of factors including funding availability. Applications must score at least 750 out of 1000 to be eligible to be considered for funding.

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Dates

11. What is the due date for the NOFO?

Applications are due no later than by 4:00 p.m. Eastern Time on the date stated in the NOFO.

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12. Will late applications be accepted?

No. The deadline is firm as to date and hour. Late applications are ineligible for consideration. Applicants are strongly encouraged to submit early to avoid unexpected delays or problems.

13. How soon will grantees hear back from the VA on the status of their awards?

GPD expects to announce awards in the fourth quarter of fiscal year 2023 (i.e., July-September 2023). The announcement will be made via news release and will be posted on the GPD website at www.va.gov/homeless/gpd.asp. GPD will notify successful applicants and unsuccessful applicants.

14. What is the award period?

VA anticipates that the grants will be for a period of three years starting in fiscal year (FY) 2024 on October 1, 2023, and ending September 30, 2026.

VA reserves the right to award an initial period of one year with options for VA to offer up to two additional years, or to award all three years at once.

15. If funding is for one year, how can my organization support a Veteran for two or three years?

There is no requirement for Veterans to remain in GPD transitional housing for two or three years. In fact, the average length of stay in GPD is about six months. GPD providers are expected to transition Veterans into permanent housing as quickly as possible and appropriate.

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Forms and requirements

16. How do I obtain a copy of the SF-424 Family of forms?

The SF-424 forms relevant to your application(s) are available on the GPD website www.va.gov/homeless/gpd.asp and on the Grants.gov website <https://www.grants.gov/web/grants/forms/sf-424-family.html>.

DO NOT open the forms from the websites. You MUST save locally to your computer before opening. SF-424 forms require Adobe Reader 8. For further assistance, please visit <https://helpx.adobe.com/ca/acrobat/kb/cant-open-pdf.html>.

17. How do I complete the Application for Federal Assistance (SF-424)?

General instructions are available at: <https://www.grants.gov/web/grants/forms/sf-424-family.html>.

Specific instructions related to the FY 2024 NOFOs are provided here. As needed, select the appropriate response based on the NOFO to which you are applying.

- Question 1, Type of Submission:
 - Select “Application”
- Question 2, Type of Application:
 - Select “New” (even if you have a GPD award currently or have had one in the past)
- Question 11, Catalog of Federal Domestic Assistance Number:
 - Enter “64.024”

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- Question 11, CFDA Title:
 - Enter “VA Homeless Providers Grant and Per Diem Program”
- Question 12, Funding Opportunity Number:
 - Enter one:
 - “Per Diem Only NOFO: VA-GPD-PDO-FY2024” or
 - “Transition In Place NOFO: VA-GPD-TIP-FY2024”
- Question 12, Funding Opportunity Title:
 - Enter one:
 - “Per Diem Only NOFO: GPD Per Diem Only Grant” or
 - “Transition In Place NOFO: GPD Transition In Place Grant”
- Question 13, Competition Identification Number/Title:
 - Enter “N/A”
- Question 17a, Proposed Start Date:
 - Enter “10/01/2023”
- Question 17b, Proposed End Date:
 - Enter “09/30/2026”
- Question 18a, Estimated Funding:
 - Enter the estimated amount requested for the first year (see below for more guidance)
- Question 19, Executive Order 12372:
 - This E.O. only applies to governmental organizations. Most programs are not covered by this E.O.

18. What type of signature will be accepted on the SF-424?

The SF-424 must be signed by a person at the applicant organization who is authorized to make commitments on behalf of the organization (e.g., President, Executive Director, Chief Executive Officer). The signature on the SF-424 must be digital or hand-written. A blank signature field or a “signature” that is manually typed will not be accepted. VA reserves the right to reject at threshold any application received without a signature or without an acceptable signature. Rejected applications will not be reviewed or considered for funding. VA also reserves the right to communicate with an applicant about the signature field, as needed, prior to making threshold decisions.

19. What are the Applicant Identifier, Federal Entity Identifier and Federal Award Identifier (Questions 4, 5a, 5b)?

These questions on the SF-424 are not applicable, respond by placing N/A or leaving blank.

20. What is the estimated funding (Question 18a)?

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In the Estimated Funding field 18a on the SF-424, you would enter an amount based on the estimated cost of per diem for the number of beds and/or services being proposed in the application over one year. Per diem is calculated based on the estimated cost of care not to exceed the current maximum per diem rate. Current maximum per diem rates are available on the GPD provider website: https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp.

Be sure to include cost estimates for serving Veterans with minor dependents if applicable.

Field 18a is for the amount being requested from VA-GPD. Fields 18b through 18f would be for project costs being supported from other sources. Most applicants leave fields 18b through 18f blank.

NOTE that when the COVID-19 public health emergency ends or when the Secretary rescinds the per diem rate limit waiver, the maximum per diem rates will reduce to 115% (PDO) or 150% (TIP) of the State Home rate for domiciliary care. Applicants are advised to plan accordingly. The status of public health emergency declarations is available at: <https://aspr.hhs.gov/legal/PHE/Pages/default.aspx>.

21. Applicants must have an active registration with the System for Award Management (SAM). Where can I find information about how to register for SAM?

The process to register with SAM can take time. Plan your grant application timeline accordingly. Registration instructions are available on the SAM website: www.sam.gov.

22. What if my agency's SAM registration will expire before award decisions are made?

SAM registrations must be updated annually. Do not apply if your registration has expired or will expire soon after applying. Update your registration promptly when needed.

23. What is a Unique Entity Identifier (UEI) in SAM?

The SAM-generated UEI is a new data element. It is the official entity identifier used for Federal grants. It replaces the Data Universal Numbering System (DUNS) numbers as of April 2022.

All applicants must have a UEI prior to applying. More information is available at: www.SAM.gov and www.FSD.gov.

24. What if I left out information from the submitted application? Can we submit it separately?

No. An application must be submitted through the electronic grants portal as a complete package. If documentation is submitted separately from the original package, it cannot be added to the application package. Refer to the GPD website for additional resources: www.va.gov/homeless/gpd.asp.

25. Can I mail, email or fax my application?

No. The application must be submitted through the electronic grants portal. Refer to the GPD website for the link and for additional resources: www.va.gov/homeless/gpd.asp.

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Application content

26. How strict are the word counts for each section?

The word counts are suggested maximum limits. Most applicants will use less than the suggested limit. Applicants are strongly encouraged to provide complete responses while also being as clear and concise as possible.

27. Is there a minimum or maximum service area expected to be covered?

Applications do not have to include coverage for the entire VA medical facility catchment area in the application. The coverage area, however, must not exceed the VA medical facility catchment area identified in the application. Applicants are encouraged to tailor their proposed coverage area to factors such as their own ability and the particular needs of the community.

Applicants are required to demonstrate the need for this resource in their community and to indicate the counties they plan to serve in the application. The scoring of the application will include an evaluation of the scope of services proposed. If the grant is awarded, the areas noted in the application would be the required service areas.

28. What if my agency's transitional housing is located in two different catchment areas?

Applicants must submit a separate application for sites that fall under a different VA medical facility's catchment area.

29. How do I find out the VA medical facility catchment area?

If you do not know your VA medical facility catchment area, you can contact the local medical facility: <https://www.va.gov/directory/guide/allstate.asp> and ask to speak with the Homeless Program.

30. How many beds can I apply for?

Applications must include a minimum of five transitional housing beds per application and a minimum of five beds per housing model.

PDO NOFO: There is not a maximum number of beds that may be requested. Applicants may propose five or more beds. See the next question for service intensive transitional housing bed limitations.

TIP NOFO: Applicants may request up to 20 beds.

Applicants should tailor their requests to their abilities and to the needs of the community.

Applicants also may request beds for minor dependents. See other questions about minor dependents below.

31. Under the PDO NOFO, how many transitional housing bed models can I request?

Each PDO transitional housing application must request at least five beds in at least one housing model (i.e., Bridge Housing, Clinical Treatment, Hospital to Housing, Low Demand or Service Intensive Transitional Housing).

PDO transitional housing applications may include any combination of one, some or all transitional housing models.

Applicants for transitional supportive housing beds are encouraged to consider the need in their community for bed models that are more focused (i.e., Bridge, Low Demand, Hospital to Housing and/or Clinical Treatment) over the transitional housing model that is more general (i.e., Service Intensive). To that end, applicants may only request up to 15 Service Intensive beds per application. If more than 15 Service Intensive beds are needed within the same application, then at least 60% of the additional beds beyond 15 must be for a bed model(s) other than Service Intensive. Refer to the GPD website for the service intensive transitional housing bed calculator at www.va.gov/homeless/gpd.asp.

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- For example, an applicant applying for 50 total beds must allocate at least 21 of those beds to a housing model(s) that is not Service Intensive.
- In this example, 50 total beds requested minus 15 Service Intensive beds equals 35 beds. 60% of 35 beds equals 21 non-Service Intensive beds, leaving no more than 14 beds out of 35 beds for additional Service Intensive beds.
- In this example, out of 50 total beds, no more than up to 29 Service Intensive beds are allowed.

32. What happens if a Veteran needs a Bridge bed and my Bridge beds are full, but my Low Demand beds are available? Can I put the Veteran in a Low Demand bed?

PDO transitional housing grants that are approved for multiple bed models may flex between approved bed models. Adding a bed model that was not approved is not allowed.

Flex must be accomplished within the total approved number of GPD beds. Exceeding the total approved number of GPD beds is not allowed.

Flex is allowed only within a single grant. By definition, this also means that the flex must be within the same VA medical facility catchment area.

Flex is allowed for up to 15 beds per grant (not to exceed the total approved number of GPD beds) provided that at least up to 10 beds are flexed into any housing model *except* Service Intensive (i.e., Bridge, Hospital to Housing, Low Demand, Clinical Treatment). Consistent with the NOFO's emphasis away from large amounts of service intensive transitional housing, less flex is allowed into service intensive models than into other housing models.

Grantees who seek a greater amount of flex must receive written prior approval from GPD through the change of scope process.

33. If I propose to serve Veterans with minor dependents, do I have to discuss it in the application?

Yes. Applicants must provide details about plans to serve Veterans who have care of minor dependents.

At minimum applicants must provide the required details stated in the application (e.g., number of beds for minor dependents, project plans related to minor dependents).

Also, applicants are strongly encouraged to consider how serving minor dependents of Veterans impacts other aspects of the program (e.g., facility specifications). Applicants are expected to discuss details about minor dependents in any relevant areas of the application (e.g., abstract, need, outreach, ability, coordination, budget).

34. How many beds for minor dependents of Veterans may I request?

Applicants may request up to 20 beds for minor dependents per application.

The Veteran must be enrolled and receiving services from the grant in order for services to their minor dependent(s) to be reimbursable from grant funds.

Successful applicants who do not request to serve minor dependents, or who wish to change the number of minor dependents, may request written prior approval from GPD through the change of scope process after award.

For grantees operating at less than full capacity, any available Veteran beds may be occupied by the minor dependents under the care of a Veteran receiving services. For grantees operating at full

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capacity, the approved number of beds for minor dependents may be in addition to the approved number of beds for Veterans.

35. Should I answer all of the questions regarding all of the models?

Not necessarily. Answer the model-specific questions in the PDO NOFO that pertain to the specific model(s) for which you are applying. Do not answer model-specific questions that pertain to models for which you are not applying.

36. The NOFO talks about demonstrating low barriers to access. What is a low barrier approach?

Refer to the Definitions section of the NOFOs for the definition of low barrier. Typically, this refers to same day access to services from the point of identification or referral to the GPD project, or within no more than 72 hours. In a low barrier approach, a Veteran would be able to enter GPD expediently and without a long assessment process or period of sobriety. Providers are expected to help Veterans access services quickly and in a manner that is flexible and understanding of their needs. Low barrier means that providers are willing to work with Veterans who relapse, without immediately discharging them from the program. A low barrier approach to housing is expected for all applicants.

37. Does low barrier mean that I cannot discharge someone for drinking or using street drugs?

It means that providers should be able to provide safe spaces for Veterans who are vulnerable. It means working on relapse issues with Veterans in a manner that preserves the safety of others in the program. It means having policies and procedures that support continued engagement of Veterans who drink or use while in services. When discharge is necessary, appropriate arrangements should be made to minimize the chance of recreating homelessness for that individual.

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Budget

38. How much funding can I request?

Applicants may request up to an amount that equals 100% of the daily cost of care minus other sources of funding and not to exceed the maximum per diem rate. For information about maximum per diem rates, refer to the question above in the [Forms and requirements](#) section: “*What is the estimated funding (Question 18)?*”

The estimated amount should be calculated using the number of beds proposed for Veterans and, if applicable, the number of beds proposed for the minor dependents of Veterans. Consider your expected occupancy rates and other factors such as indirect costs.

For service center applications, the estimated amount should be calculated using the estimated number of hourly visits. Service centers must provide services for a minimum of 40 hours per week over a minimum of five days per week. See [38 C.F.R. § 61.80\(k\)](#) for more details.

39. What is the per diem rate?

The current maximum per diem rates are available on the GPD provider website: https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp.

NOTE that when the COVID-19 public health emergency ends or when the Secretary rescinds the per diem rate limit waiver, the maximum per diem rates will reduce to 115% (PDO) or 150% (TIP) of the

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State Home rate for domiciliary care. Applicants are advised to plan accordingly. The status of public health emergency declarations is available at: <https://aspr.hhs.gov/legal/PHE/Pages/default.aspx>.

40. How can the grant funding be used?

The funding can be used to offset the operational costs of providing care to Veterans experiencing homelessness. Refer to the NOFO for more details.

41. Can grant funds be used to pay for staff professional development?

Applicants and grantees are responsible for documenting their operating costs. Any costs, such as staff professional development, should be treated consistently regardless of whether the costs are being supported from the grant or from other sources. If professional development is not a normal operating cost or if cost calculations exceed the maximum per diem rate, grantees should adjust accordingly.

42. Can we pay for Homeless Management Information System (HMIS) licenses? Is HMIS required?

Any normal, allowable operating costs, including the cost of HMIS licenses, could be included in your operating cost calculations. Be sure your calculations are documented in a consistent and transparent manner. Successful applicants will be required to submit a per diem calculation. At that time, if HMIS costs result in a rate that exceeds the normal maximum rate, limited flexibilities will be provided.

For PDO and TIP grantees, using HMIS is not required; it is optional.

HMIS is a locally-administered web-based data system used to record and analyze both program and client information at the local CoC level. It is used by Federal partners, including VA, to measure project performance and participate in benchmarking of the national effort to end homelessness. Additional information about HMIS is available here: <https://www.hudexchange.info/programs/hmis/>.

43. Can we use the per diem funds to purchase a vehicle?

No. Per diem grant funds provided under these NOFOs may not be used to facilitate capital improvements or to purchase vans or real property.

The cost of leasing a vehicle to transport program participants or to conduct outreach for the program could be an allowable cost. Similarly, an appropriate portion of associated costs such as gas, mileage or maintenance also could be allowable. Costs should be well-documented and treated consistently regardless of whether the costs are being supported from the grant and/or from other sources.

44. Can grant funds be used to support indirect costs?

Yes. Applicants who have a current negotiated indirect cost rate agreement with a cognizant Federal agency must provide a copy of the agreement with their application if they wish to support indirect costs from the grant. Applicants without a negotiated indirect cost rate agreement may request the de minimis rate (i.e., 10 percent of modified total direct costs) for indirect costs if they meet the definitions and requirements of 2 CFR part 200 and if they provide a [Certificate of De Minimis Indirect Cost Rate \(va.gov\)](#). All other allowable costs will only be considered only if they are direct costs.

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Letters of coordination

45. What is a letter of coordination?

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A letter of coordination is a written means by which an applicant can demonstrate ongoing coordination with community partners including the local VA medical facility regarding the proposed grant project.

Medical facilities include information such as the proposed number of beds and/or services and the medical facility's past experience with the applicant organization regarding planning or operating a related project or regarding participation in community-wide planning.

It is important that if you plan to seek letters of coordination, do not wait until the last minute. Medical facilities, Continuum of Care (CoC) and other partners have limited resources and may be responding to multiple requests. We recommend proving at least 30 days or more, if possible.

Remember your applications must be submitted as a complete package. If you include a letter(s) of coordination, upload it as part of the application through the online portal. Do not send letters to the GPD office as they will not be added to your application package.

46. Can you describe the coordination that is expected?

Applicants should proactively engage in strategic planning dialogues with the VA medical facility, CoC, Veteran Working Groups or other community partners including existing GPD grantees, Supportive Services for Veteran Families (SSVF) grantees and Healthcare for Homeless Veterans (HCHV) Contracted Residential Services (CRS) grantees to fully understand needs. This dialogue can help applicants identify what housing needs, services and configurations would best support the community's efforts to end Veteran homelessness.

Applicants should be responsive to the needs articulated by the VA medical facility, CoC and other community groups. Applicants are encouraged to apply for the housing models, configurations and/or services that align with the needs of the community.

47. What tools are available to better understand the community's need?

Applicants are encouraged to use a combination of tools to understand need. Applicants who are involved with local Coordinated Entry Systems (CES) will have the best understanding of community needs and planning efforts.

Applicants may review data from a variety of places including but not limited to:

- The community's master list, by name list, active list
- Data from the Homeless Information Management System (HMIS)
- Other CoC data
- The community's progress towards the Federal Criteria and Benchmarks (FCB)
- Community Solutions' Functional Zero
- The CoC Gaps Analysis Tool (which can be provided by the local VA medical facility)
- The VA, HUD and USICH Community Planning Survey submission
- The VA and USICH Transformation of GPD: Considerations for Communities

Additionally, applicants may use information from their past experience providing services within the community. For example, past performance, statistics, demographics, point-in-time reports, etc. can provide useful information about the community's need.

48. What if information in my application is different from the letter of coordination?

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Communication and transparency are critical. Inconsistent information between a letter and the rest of the application might impact the overall score.

Information contained in letters of coordination should not be a surprise to applicants because dialogue regarding strategy should occur prior to requesting letters of coordination. Be sure to provide detailed and accurate information to the VA medical facility, CoC or other partners about the plans you will propose in the application and how these plans align with needs identified by the community partners.

This is an opportunity for your organization and the VA medical facility, CoC or other partners to discuss plans that are tailored to your organization's abilities and to the needs of the community. The strongest letters usually are individualized and detailed.

49. How is coordination with the local VA facility and CoC taken into account in our application?

There is a regulatory requirement for the applicant to demonstrate coordination with the local VA medical facility. Applicants also should demonstrate coordination with local CoCs or other community entities who serve the homeless by responding to the required questions within the application.

50. Are letters of coordination required?

Letters of coordination with the VA medical facility and/or with the CoC(s) are not required. The inclusion of a letter(s) and/or the content of a letter(s) can impact the overall score of an application.

51. Can the GPD Liaison at the VA medical facility assist with the application?

No. This is not allowed. However, the liaison can provide performance data, information about current GPD and HCHV transitional housing and help obtain a letter of coordination from the local medical facility Director.

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Review and selection

52. If my application meets threshold, will it automatically be funded?

No. Threshold is the first step in the process after which the application would move to the next steps of review and consideration for funding.

53. How are grant applications rated?

To score grant applications, VA will use the rating criteria described in the NOFOs and in the GPD regulations (38 C.F.R. part 61) which can be found on the GPD website www.va.gov/homeless/gpd.asp.

54. What if I have been doing business with the GPD Office for several years. Won't they know how my program operates and have our outcome data on hand?

Grant applications are reviewed by subject matter experts who do not necessarily know anything about your specific program or agency. In this way, VA provides an unbiased review of applications. Please keep this in mind when writing your application. You should provide complete responses while also being as clear and concise as possible.

55. What if my agency leaves a section of the application blank?

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Incomplete applications may be rejected at threshold. Inadequate application content may lead to low scores which might result in the application not meeting the minimum score of 750 points required to be eligible for funding.

56. What happens to my FY 2022 GPD capital grant if my FY 2024 PDO application is not selected for funding?

Grantees who received a GPD capital grant starting in FY 2022, must maintain an active PDO transitional housing grant at least until the expiration of the minimum period during which VA could seek recovery (38 C.F.R. § 61.67). VA will seek recovery for awarded capital grant funds on a prorated basis if at any time during the minimum operational period a grantee no longer has an active GPD PDO transitional housing grant and/or if a grantee does not maintain bed numbers and occupancy levels.

GPD will terminate FY 2022 capital grants immediately and will initiate the process to indebted capital grantees if an FY 2024 PDO grant is not awarded. Lists of FY 2022 CARES Act and ARP Act capital grantees are available on the GPD website: www.va.gov/homeless/gpd.asp.

57. How will our work be evaluated?

The grantee is expected to provide the services as stated in the grant application and to conform to GPD regulations and to any performance targets and metrics.

58. What if I commit beds to a particular model but then I can't fill them?

For those applicants that are successfully funded for multiple models under the PDO NOFO, VA will allow, without a change of scope, a flex of beds between the approved models within the same award. For more information on flex, refer to the question above in the [Application content](#) section: "*What happens if a Veteran needs a Bridge bed and my Bridge beds are full...?*"

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