☐ Activation

☐ Increase

☐ Decrease

Department of Veterans Affairs
Grant and Per Diem Program
Per Diem Rate Request Form

Print Form

1. Employer Identification Number:

2. Recipient's Account Number:

3. VA GPD Project Number:

4. Recipient Organization:

Name:

Address:

City: State: 1 Zip:

5. Financial Reporting Fiscal Year From: To:

6. Calculation of Estimated Per Diem Rate

a. Total Estimated Cost of Veteran Care	
b. Other Sources of Income	
c. Estimated VA GPD Project Costs	
d. VA GPD Project Beds Awarded	
e. Maximum Annual Bed Days	
f. Estimated Annual Bed Days	
g. Total Estimated Per Diem Rate	
h. Requested VA GPD Project Per Diem Rate	

7. Certification of Requested VA GPD Project Per Diem Rate

The Requested VA GPD Project Per Diem Rate is based on the recipients most current, accurate, and complete estimate for the twelve month period beginning the Requested Effective Date specified below. In addition, it has been determined in accordance with 38 CFR Part 61, and excludes unallowable costs in accordance with the following OMB Circular:

(Check One)

☐ OMB A-122 - Non-profit organizations

☐ OMB A- 87 - State, Local, and Indian Tribal governments

Subject to the provisions of the Program Fraud Civil Remedies Act of 1986, (31 USC 3801 et seq.), and the Department of Veterans Affair's implementing regulations, (38 CFR Part 61), the False Claims Act (18 USC 287 and 31 USC 3729); and the False Statements Act (18 USC 1001), I declare to the best of my knowledge the foregoing is true and correct.

a. Recipient Authorized Certifying Official		b. Date Request Submitted:
Name:	Phone Number:	
Title:	Fax Number:	c. Requested Effective Date:
Signature:	Email:	