

Page 1 to be completed by GPD National Office

**GPD Grantee Name:** Click or tap here to enter text.

**Capital FAIN:** Click or tap here to enter text.

**Associated PDO FAIN:** Click or tap here to enter text.

**Capital Project Details:**

1. Number of beds improved: Click or tap here to enter text.
2. Site address(es) involved (including bed numbers and models per address):
  - Click or tap here to enter text.
  - Click or tap here to enter text.
  - Click or tap here to enter text.

**Inspection Type:**

3.  A full "initial" inspection is required for this FAIN.
  - A full inspection is required for GPD capital grants when a capital grantee added a new facility as a result of the capital grant or when the scope of the capital project at an existing facility is significant enough to require it.
  - A full inspection may be required if the timing of the capital grant inspection coincides with the timing of the normal annual re-inspection (e.g., October-December). In this case, the inspection for the capital project and the transitional housing project may be done at the same time.
4.  A partial "re-inspection" is allowed for this FAIN.
  - A partial inspection is allowed for GPD capital grants when a capital grantee renovated an existing space that previously passed a GPD inspection within the past 12 months.
  - See below for instructions about which sections of the Inspection Packet (Form 10-10158) are required or not required.
  - If a partial inspection is conducted, then a full re-inspection must be completed during the next annual inspection cycle (e.g., October- December).

**Inspection Packet (Form 10-10158) – Required Sections:** *(to be completed by the GPD National Office)*

All Sections that are required for this FAIN are marked with an "X."

Any Sections that are not marked, are not required (but may be inspected at the VAMC's discretion).

5.  Page 1 Cover Page
  - Must be signed by the Medical Center Director who will be approving the placement of Veterans
6.  Pages 2-3 VA Liaison – Overview & Recommendation
7.  Pages 4-5 Facilities Management Checklist:
  - Item #16 applies to all capital grant inspections
  - Item #17 applies to all capital grant inspections
  - Item #18 the Life Safety Code attachment MUST be attached
8.  Pages 6-7 Nutrition and Food Services Checklist
9.  Pages 8-9 Clinical Review Checklist
10.  Pages 10-11 Law Enforcement and Physical Security Checklist
11.  Pages 12-13 Medication Checklist

**To Submit:**

- VAMCs send to the NHC as per the medical facility's normal process for inspections, the following:
  - This capital checklist
  - The completed inspection packet (Form 10-10158)
  - The Life Safety Code attachment (required under item #18)
- NHCs forward the inspection cover page and this capital checklist to [GPDGrants@va.gov](mailto:GPDGrants@va.gov).
- GPD sends a notice of activation, including the activation date and the minimum period of operation end date (per [38 CFR 61.67](#)). The notice will go directly to the grantee with a copy to the GPD Liaison.

## GPD Capital Checklist

[Capital FAIN]

Page 2 to be completed by the VAMC then follow instructions **To Submit** on page 1.

### VA Medical Center Certifications:

The GPD Liaison or other authorized representative of the VA medical facility must certify that the requirements under the NOFO are met for this FAIN. The [CARES Act NOFO](#) and [ARP Act NOFO](#) are available on the [GPD provider website](#) and on [www.grants.gov](http://www.grants.gov). To resolve any questions, contact the grantee or the GPD National Office prior to completing these items.

**Name of person completing this page:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Date completed:** Click or tap here to enter text.

12. The number of GPD beds converted to individual bedrooms with individual bathrooms matches item #1 on page 1.  
 Yes  No
13. The site address(es) shown on page one item #2 is correct.  
 Yes  No
14. The required elements of the inspection packet are completed as indicated on page 1, items #3-11.  
 Yes  No
15. I read the capital grant application (and subsequently approved changes of scope). I concur that the site(s) have undergone the capital improvement activities as described. The changes are a direct result of the capital grant activities and result in increased safety and reduced risk for Veterans experiencing homelessness. Private bedrooms with private bathrooms for GPD Veterans have been created.  
 Yes  No
16. The grantee complied with minimum requirements stated in the NOFO under "Housing Specifications" (e.g., 120 sq. ft., shower and/or tub, sink, toilet, no partial walls, no unauthorized passage).  
 Yes  No
17. After the capital project is complete, if congregate spaces remain, GPD Veterans will be prioritized for placement in the individual spaces created by the grant.  
 Yes  No  N/A
18. The liaison reminded the grantee that there is a minimum period of operation required by the VA recovery provisions. The grantee understands that they must maintain an active GPD PDO grant at the capially improved facility(s) during that period to avoid repaying a prorated portion of the capital grant ([38 CFR 61.67](#)).  
 Yes  No
19. Comments (if needed): Click or tap here to enter text.
20. All appropriate checklist items have been addressed and this checklist is provided to the Medical Center Director with the Inspection Packet (Form 10-10158) and the LSC attachment for signature.

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Signature of person named at the top of page