

Grant & Per Diem: Case Management – Quarterly Report

How-To: **Submit a quarterly report for Case Management**

[GPD Provider Webpage](#)

Step 1: Log into eGMS

Access eGMS: https://hmlsgrants-va.mod.udpaas.com/s_Login.jsp

- Your agency's eGMS point of contact logs into the system
- Enter your email address and password and select the Log In button:

VHA GRANTS

Login

Email

Password

Log In

Forgot Password?

Learn more about our [Privacy & Security policies](#)

New to the System? [Register](#)

Welcome to VHA Grant Programs Portal

Welcome to the Department of Veterans Affairs grants management portal for VHA's Homeless and Office of Mental Health and Suicide Prevention Grant Programs. This portal supports a variety of grant functions associated with the Supportive Services for Veteran Families (SSVF), Grant and Per Diem (GPD), and SSG Fox Suicide Prevention Grant Programs (SSG Fox SPGP) Programs.

Note: After 5 unsuccessful log-in attempts you will be locked out of the system.

For technical questions or issues, please contact SSVF@va.gov, GPDgrants@va.gov or VASSGFoxGrants@va.gov or LSVGGrants@va.gov for further assistance.

Step 2: From GPD Grants page, select the appropriate grant award

From the eGMS GPD Grants page look under **My GPD Applications & Grants** for the Case Management **FAIN/Grant ID** for which you would like to submit a quarterly report.

My GPD Applications & Grants

DRAFT (11) SUBMITTED (1) **APPROVED (1)** CLOSED (0)

case management 1-1 of 1

#	Program	Type	FAIN/Grant ID	Organization Name	Status	Created Date
1	Grant and Per Diem	Case Management	TEST234-3271-501-CM-24	GPD TESTING, INC	Approved	07/13/2022 10:53

Step 3: Navigate to Request Activity tab

When the grant record opens it defaults to the Overview tab. Navigate to the **Request Activity** tab on the far right and select this tab.

From the **Request Activity** tab select the **Create Quarterly Report** (blue button)

The screenshot displays a grant record for 'TEST234-3271-501-CM-24'. The page is divided into several sections. At the top, there are fields for 'Program: Grant and Per Diem', 'Legal Name: GPD TESTING, INC', 'Due Date: 05/04/2023 16:01', 'Organization Name: GPD Testing, Inc.', 'Owner: Test Grantee', 'DUNS: 99', '* Organization UEI: Test12152022', 'Tax ID/EIN: 99', 'FAIN/Grant ID: TEST234-3271-501-CM-24', and 'Grant ID:'. Below these fields is an 'Application Summary' section with a 'View PDF' button. A horizontal bar with an information icon and the text 'Instructions' is present. Below this bar is a navigation menu with tabs: 'OVERVIEW', 'APPLICATION', 'EXTERNAL ATTACHMENTS', 'GRANT CONTACTS', 'CERTIFICATIONS', and 'REQUEST ACTIVITY'. The 'REQUEST ACTIVITY' tab is highlighted with a purple oval. Below the navigation menu is a blue button labeled 'Create Quarterly Report'. At the bottom left is a '< BACK' button, and at the bottom center is a 'Save Draft' button. Two purple arrows point from the 'REQUEST ACTIVITY' tab to the 'Create Quarterly Report' button.

TEST234-3271-501-CM-24

Program: Grant and Per Diem Legal Name: GPD TESTING, INC

Due Date: 05/04/2023 16:01 Organization Name: GPD Testing, Inc.

Owner: Test Grantee DUNS: 99

* Organization UEI: Test12152022 Tax ID/EIN: 99

FAIN/Grant ID: TEST234-3271-501-CM-24 Grant ID:

Application Summary: [View PDF](#)

Instructions

OVERVIEW APPLICATION EXTERNAL ATTACHMENTS GRANT CONTACTS CERTIFICATIONS **REQUEST ACTIVITY**

[Create Quarterly Report](#)

< BACK

[Save Draft](#)

Step 4: Open Quarterly Report template; complete form

Step 1: Complete the form; instructions for each field must be followed exactly or the activity will be returned for corrections

Step 2: Submit

← Actions

TEST234-3271-501-CM-24-Quarterly Reporting-2034

Type: GPO Quarterly Reporting Organization Name: GPO TESTING, INC

Quarter: First Quarter, Year 1

QUARTERLY REPORT

1 Instructions

GPO grantees with Case Management grants are required to report quarterly on the actual costs incurred for the FAIN identified. Via audit staff will use this information as they conduct periodic fiscal review of your project. During these reviews they will request supporting documentation to substantiate the funds drawn under this award. Grantees may only draw funds for costs incurred (no advances). This task should be submitted within 30 days after the end of each quarter. The quarter period ends December 31, March 31, June 30, and September 30; therefore, this requirement must be submitted no later than January 30, April 30, July 30, and October 30. Failure to report may result in payments being withheld or suspended.

1 Cash Receipts:

1 Cash Receipts: This is the amount of Federal funds drawn through the HHS Division of Payment Management System for the FAIN identified. Information reported is cumulative from Oct 1 through the end of the quarter referenced above.

- Verify HHS transaction dates so that you are only including draws through the current reporting period.
- For example, if you are reporting on Quarter 1, information is based on draws for costs incurred Oct 1 thru March 31.
- Do not include draws if they do not fall within the reporting period. Example: A draw made on April 10th for costs incurred in April should not be included in your Quarter 2 submission.

1 Cash Disbursements:

1 Cash Disbursements: This amount is total amount of Federal funds disbursed/expended against the grant award as of the reporting period end date (Dec 31, Mar 31, Jun 30, Sept 30). This amount is cumulative throughout the entire grant award period, beginning October 1, 2020, and should be appropriately documented in your general ledger.

- Cash Disbursements can be greater than Cash Receipts if you had incurred costs during the reporting period prior to drawing funds in HHS.

1 Cash On Hand:

1 Cash On Hand: (Cash Receipts minus Cash Disbursements) Note: this amount should be zero or negative. Negative numbers should be written as -1234, not (1234). A positive number would indicate that funds were drawn under the grant award and not expended. Advances are not authorized.

Authorized Submitting Official

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the costs reported are allowable and allocable for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3733 and 3801-3812). I declare to the best of my knowledge the foregoing to be true and correct.

1 Authorized submitting official's name:

1 Authorized submitting official's title:

1 Authorized submitting official's email:

Save Draft Submit Request Update

Step 4 cont: When and how to complete form

When: Grantees will be required to submit quarterly reports, 30 days from the end of each quarter.

IMPORTANT DATES: Reports will need to be completed for costs based on the following dates -

- By January 30, 2024 for *year 1, quarter 1 (Oct 2023 - Dec 2023)*
- By April 30, 2024 for *year 1, quarter 2 (Oct 2023 - Mar 2024)*
- By July 30, 2024 for *year 1, quarter 3 (Oct 2023 - Jun 2024)*
- By October 30, 2024 for *year 1, quarter 4 (Oct 2023 - Sep 2024)*
- By January 30, 2025 for *year 2, quarter 1 (Oct 2023 - Dec 2024)*
- By April 30, 2025 for *year 2, quarter 2 (Oct 2023 - Mar 2025)*
- By July 30, 2025 for *year 2, quarter 3 (Oct 2023 - Jun 2025)*
- By October 30, 2025 for *year 2, quarter 4 (Oct 2023 - Sep 2025)*

What: Grantees will report actual costs incurred (advances are not allowable). **Reports will be cumulative throughout the entire grant award; each report will begin Oct 2023.**

Sample: You are completing the report in **April 2024**, for Year 1, Quarter 2. This report will cover costs **from Oct 2023 - March 2024**.

Cash Receipts: You will include HHS draws from the start of the award in October through March 31. **Do not include draws in April.**

* Cash Receipts:

i **Cash Receipts:** This is the amount of Federal funds drawn through the HHS Division of Payment Management System for the FAIN identified. Information reported is cumulative from Oct 1 through the end of the quarter referenced above.

- Verify HHS transaction dates so that you are only including draws through the current reporting period
- For example, if you are reporting on Quarter 2, information is based on draws for costs incurred Oct 1 thru March 31
- Do not include draws if they do not fall within the reporting period. Example: A draw made on April 20th for costs incurred in April, should not be included in your Quarter 2 submission

Cash Disbursements: You will include the total amount of Federal funds disbursed against the grant from the start of the award in October through March 31. Can be greater than Cash Receipts.

* Cash Disbursements:

i **Cash Disbursements:** This amount is total amount of Federal funds disbursed/expended against the grant award as of the reporting period end date (Dec 31, Mar 31, Jun 30, Sept 30). This amount is cumulative throughout the entire grant award period, beginning October 1, 2021, and should be appropriately documented in your general ledger.

- Cash Disbursements can be greater than Cash Receipts if you had incurred costs during the reporting period prior to drawing funds in HHS

Cash on Hand: Cash Receipts minus Cash Disbursements. This amount should be zero or negative, a positive number would indicate funds were drawn and not expended. Advances are not allowed.

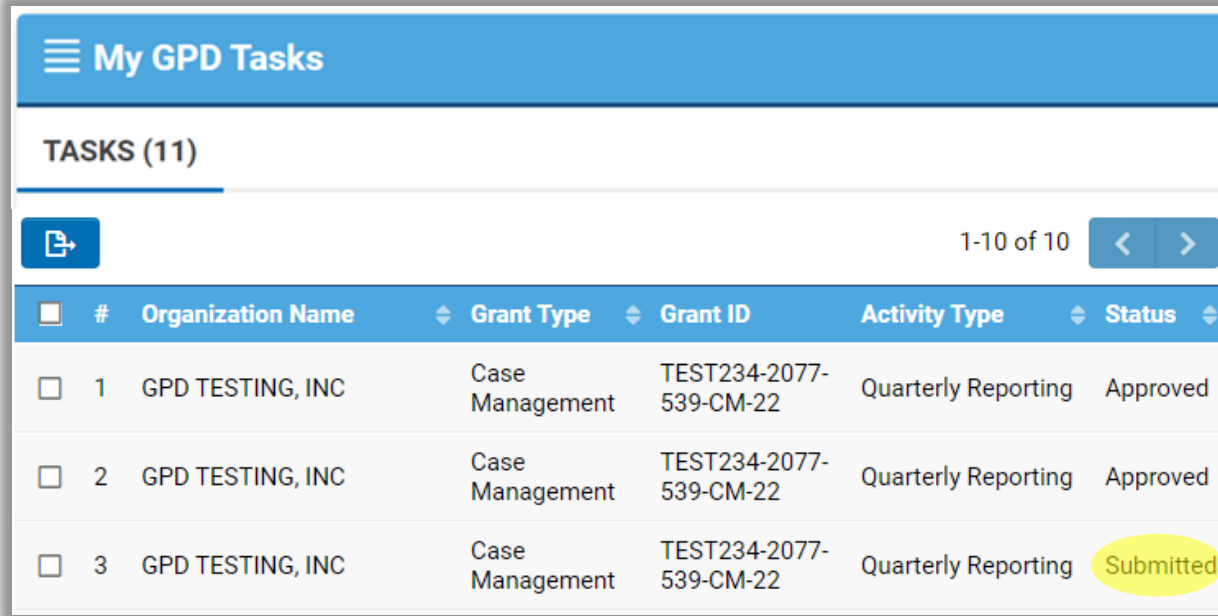
* Cash On Hand:

i **Cash On Hand:** (Cash Receipts minus Cash Disbursements) Note: this amount should be zero or negative. **Negative numbers should be written as -1234, not (1234).** A positive number would indicate that funds were drawn under the grant award and not expended. Advances are not authorized.

Step 5: Navigate to main page; activity should be in pending status

After submitting the Quarterly report, navigate to the eGMS GPD Grants page (shown in step 2) and your activity/task will indicate **Submitted** status.

GPD program staff will review your report and reach out to the identified point of contact, if there are questions/issues.



#	Organization Name	Grant Type	Grant ID	Activity Type	Status
1	GPD TESTING, INC	Case Management	TEST234-2077-539-CM-22	Quarterly Reporting	Approved
2	GPD TESTING, INC	Case Management	TEST234-2077-539-CM-22	Quarterly Reporting	Approved
3	GPD TESTING, INC	Case Management	TEST234-2077-539-CM-22	Quarterly Reporting	Submitted

Step 6: Approval; activity complete

Grantee will only be notified if corrections are needed, otherwise the activity will be changed to *approved* status once it has been reviewed and accepted.

For future quarterly requirements, complete another *Create Quarterly Requirement* activity/task.