

# 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](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 click the Log In button:

VHA GRANTS

Login

Email  
Snow.White@gmail.com

Password  
.....

Log In

Forgot Password?

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](mailto:SSVF@va.gov), [GPDgrants@va.gov](mailto:GPDgrants@va.gov) or [VASSGFoxGrants@va.gov](mailto:VASSGFoxGrants@va.gov) for further assistance.

## Step 2: From Main, select the appropriate grant award under My Grants

From the VHA Main page look under **My GPD and SSVF Grants** for the Case Management FAIN/Grant ID for which you would like to submit a quarterly report.

You must open your grant record to submit a Case Management quarterly activity/task

Organization Profile | User Profile | Change Password

GRANT ROUNDS

These are the current opportunities that are available for applicants to apply. 0 of 0

Opportunity Details | Description

No Results Found

MY OMHSP GRANTS

DRAFT (0) | SUBMITTED (0) 0 of 0

Application Name ID | FAIN/Grant ID | Organization Legal Name | Type | Status | Primary Contact | Created Date

No Results Found

MY GPD AND SSVF APPLICATIONS

DRAFT (1) | SUBMITTED (0) 1 of 1

#	Program	Type	FAIN/Grant ID	Organization Name	Status	Grant Fiscal Year
1	Grant and Per Diem	Case Management	TEST234-2077-539-CA-22	GPD TESTING, INC	Draft	

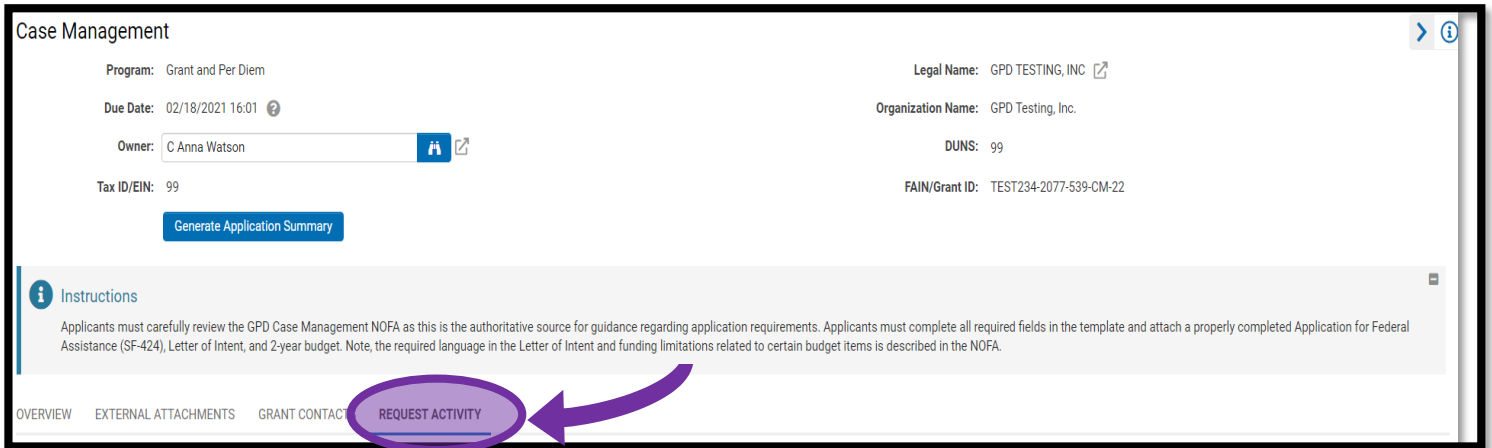
MY GPD AND SSVF GRANTS

ALL GRANTS (3) 1-3 of 3

#	Program	Type	FAIN/Grant ID	Organization Name	Status	Grant Fiscal Year
1	Grant and Per Diem	Special Need	TEST234-2822-402-DA-22	GPD TESTING, INC	Approved	
2	Grant and Per Diem	Per Diem Only	TEST234-2494-402-PD-22	GPD TESTING, INC	Approved	
3	Grant and Per Diem	Special Need	TEST234-2370-673-DA-22	GPD TESTING, INC	Approved	

## Step 3: Navigate to Request Activity tab

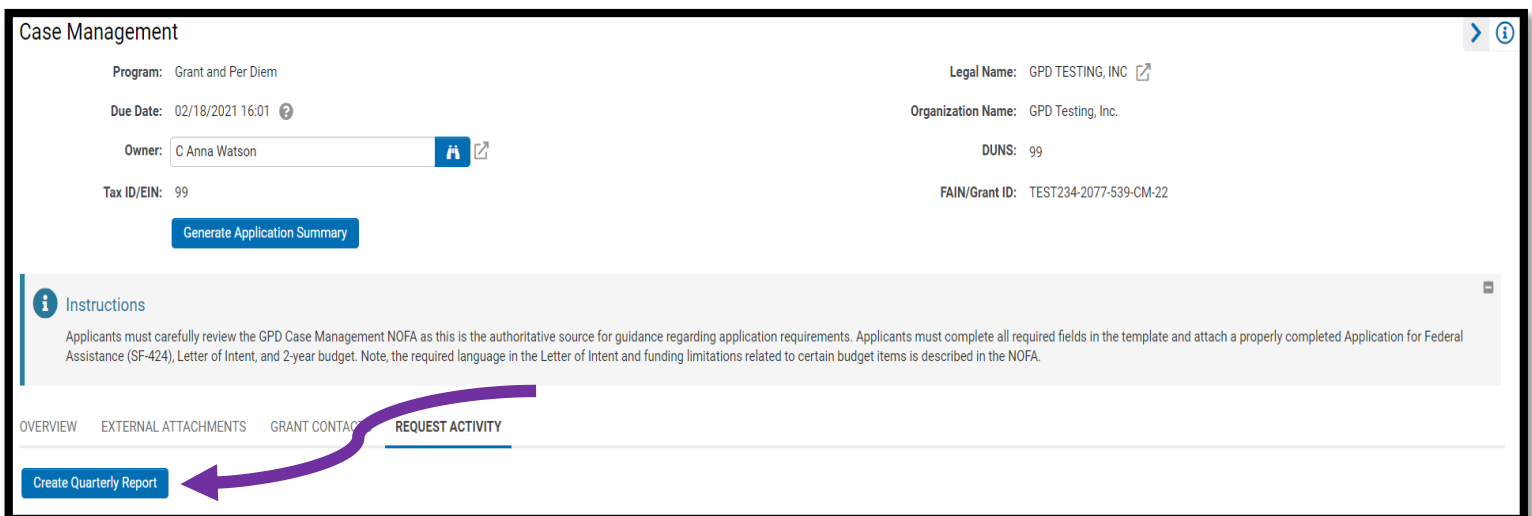
When the grant record opens it defaults to the Overview tab. Navigate to the **Request Activity** tab on the far right and select this tab.



The screenshot shows the 'Case Management' interface. At the top, there are fields for Program (Grant and Per Diem), Due Date (02/18/2021 16:01), Owner (C Anna Watson), Tax ID/EIN (99), Legal Name (GPD TESTING, INC), Organization Name (GPD Testing, Inc.), DUNS (99), and FAIN/Grant ID (TEST234-2077-539-CM-22). A blue button labeled 'Generate Application Summary' is visible. Below this is an 'Instructions' section with a blue information icon and text: 'Applicants must carefully review the GPD Case Management NOFA as this is the authoritative source for guidance regarding application requirements. Applicants must complete all required fields in the template and attach a properly completed Application for Federal Assistance (SF-424), Letter of Intent, and 2-year budget. Note, the required language in the Letter of Intent and funding limitations related to certain budget items is described in the NOFA.' At the bottom, there is a navigation bar with tabs: OVERVIEW, EXTERNAL ATTACHMENTS, GRANT CONTACT, and REQUEST ACTIVITY. The 'REQUEST ACTIVITY' tab is highlighted with a purple oval and a purple arrow pointing to it from the right.

## Step 4: From the REQUEST ACTIVITY tab; select CREATE Quarterly Report

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



The screenshot shows the 'Case Management' interface, similar to the previous one, but with the 'REQUEST ACTIVITY' tab selected. A blue button labeled 'Create Quarterly Report' is visible in the bottom left corner. A purple arrow points from the 'REQUEST ACTIVITY' tab to this button.

# Step 5: 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 ▾

Grant Activity ⓘ

Assign Person: C Anna Watson

Type: Quarterly Reporting Organization Name: GPD TESTING, INC

Grant ID: Status:

**i** Instructions

GPD grantees with Case Management grants are required to report quarterly on the actual costs incurred for the FAIN identified. VA audit staff will use this information as they conduct periodic fiscal reviews 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.

\* Cash Receipts:

**i** This is the amount of Federal funds drawn through the HHS Division of Payment Management System for the FAIN identified. Information reported is only for the quarter period referenced above.

- Verify HHS transaction dates so that you are only including draws for the current reporting period.
- For example, if you are reporting for Quarter 1, information provided is based on Oct 1 thru December 31 and the requirement in January.
- DO NOT include draws that were done in January if you are reporting Quarter 1. This pattern would hold true for all subsequent quarters.

\* Cash Disbursements:

**i** 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:

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

Subject to the provisions of the Program Fraud Civil Remedies Act of 1986 (18 USC 287 and 31 USC 3729); and False Statements Act (18 USC 1001), I declare to the best of my knowledge the foregoing is true and correct.

\* Authorized submitting official's name

\* Authorized submitting official's title

\* Authorized submitting official's email

## Step 5 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, 2022 for *year 1, quarter 1 (Oct 2021 - Dec 2021)*
- By April 30, 2022 for *year 1, quarter 2 (Oct 2021 - Mar 2022)*
- By July 30, 2022 for *year 1, quarter 3 (Oct 2021 – Jun 2022)*
- By October 30, 2022 for *year 1, quarter 4 (Oct 2021 – Sep 2022)*
- By January 30, 2023 for *year 2, quarter 1 (Oct 2021 – Dec 2022)*
- By April 30, 2023 for *year 2, quarter 2 (Oct 2021 - Mar 2023)*
- By July 30, 2023 for *year 2, quarter 3 (Oct 2021 – Jun 2023)*
- By October 30, 2023 for *year 2, quarter 4 (Oct 2021 – Sep 2023)*

**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 2021.**

**Sample:** *You are completing the report in July 2022, for Quarter 3. This report will cover costs from Oct 2021 – Jun 2022).*

**Cash Receipts:** You will include HHS draws from the start of the award in October through June 30. **Do not include draws in July.**

\* 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 only for the quarter period referenced above.

- Verify HHS transaction dates so that you are only including draws for the current reporting period.
- For example, if you are reporting for Quarter 1, information provided is based on Oct 1 thru December 31 and the requirement in January.
- DO NOT include draws that were done in January if you are reporting Quarter 1. This pattern would hold true for all subsequent quarters.

**Cash Disbursements:** You will include the total amount of Federal funds disbursed against the grant from the start of the award in October through June 30. Can be greater than Cash Receipts.

\* Cash Disbursements:

i 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:

(Cash Receipts minus Cash Disbursements) Note: this amount should be zero or negative. A positive number would indicate that funds were drawn under the grant award and not expended. Advances are not authorized.

## Step 6: Navigate to main page; activity should be in pending status

After submitting the Quarterly report, navigate to the eGMS main 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.

### MY GPD AND SSVF TASKS

ALL TASKS (10)

PRELIMINARY DOCUMENT REQUEST (0)



1-10 of 10



<input type="checkbox"/>	#	Organization Name	Grant Type	Grant ID	Activity Type	Status
<input type="checkbox"/>	1	GPD TESTING, INC	Case Management	TEST234-2077-539-CM-22	Quarterly Reporting	Approved
<input type="checkbox"/>	2	GPD TESTING, INC	Case Management	TEST234-2077-539-CM-22	Quarterly Reporting	Approved
<input type="checkbox"/>	3	GPD TESTING, INC	Case Management	TEST234-2077-539-CM-22	Quarterly Reporting	Submitted

## Step 7: 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.