



Department of Veterans Affairs

**Supportive Services for Veteran Families (SSVF) Program
COMPANION GUIDE:
Requests for Program Changes – FY 2015**

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INTRODUCTION

Beginning fiscal year (FY) 2014, all requests for program changes are submitted directly to the SSVF Program Office by the Grantee. In previous years, Grantees submitted initial program change requests to their Regional Coordinator, and the Regional Coordinator compiled and submitted the Program Change Request Packet to the SSVF Program Office for review. These different procedures at times resulted in confusion among Grantees and delays in approval/denial notifications. In FY 2014, the SSVF Program Office implemented a new, more streamlined process for standardized review and communication between Grantees and SSVF Operations. For FY 2015, this process has been further revised and includes new forms/templates to standardize requests and provide supportive information. This companion guide: provides an overview of this new process and submission deadlines; defines the various types of program changes; provides instructions for completing the new forms/templates; and includes an Appendix with examples of supportive documents required for various change requests.

Changes for FY 2015:

- Removed from Program Change Submission Process:
 - Changes to Key Personnel (i.e. Primary/ Secondary Point of Contact or Executive Leadership)
 - Grantees should submit directly to their Regional Coordinator for update.
 - Threshold Score Changes
 - Grantees should discuss with Regional Coordinator.
 - Prevention Waiver Requests
 - This will be a separate submission process to be determined later in FY15.
 - “Other” Change Requests
 - Only program changes that fall under one of the checkbox options included on the “FY 2015 SSVF Change Request Form” should be submitted to the Program Office.
- Program Changes will be processed by the SSVF Program Office on a quarterly basis; however, Regional Coordinators can give expedited approval to prevent delays in implementation for the following types of changes:
 - Addition/Termination of Subcontractor
 - Service Area Expansion
 - Supportive Services Addition/Removal
 - Budget modifications that include the addition of a line item.
 - *NOTE:* Grantees are still required to submit program change packets to the Program Office for final approval.
 - Additionally, HHS subaccount transfers will only be processed on a quarterly basis.
- Changes to the Financial QPR workbook:
 - One budget modification template is available per quarter.
 - HHS Subaccount Transfer Forms are linked to the quarterly budget modification template.

- The Program Office will no longer modify Tab 1 when a new line item has been added. It is the responsibility of the Grantee to track approved changes to their budget.
 - Placeholder line items were added to the Personnel and OTNP sections of each budget.
- HHS Subaccount Transfer Forms:
 - HHS subaccount transfer forms are now incorporated into the budget modification process.

DEFINITIONS OF PROGRAM CHANGE TYPES

Grantees may submit requests for changes to their existing grant applications and grant agreements. Both significant and non-significant program changes require approval and must be submitted to the Program Office within the designated timelines as outlined in the next section.

- **Significant Program Changes:**
 1. Change in geographic area served;
 2. Addition of a supportive service not included in the original grant application;
 3. Removal of a supportive service included in the original grant application;
 4. Addition or termination of a subcontractor; and/or
 5. A budget modification greater than 10 percent of the total award amount.
- **Non-Significant Program Changes:**
 1. A budget modification that affects the distribution of funds between HHS PMS subaccounts (e.g. changes funds between Admin and Services);
 2. Adding a line item to the “Personnel/Labor” section of the budget; or
 3. Adding a line item to the “Other Non-Personnel Provision and Coordination of Supportive Services (OTNP)” section of the budget.

The main difference between each type of change request involves the kinds of supportive documents needed for proper review of the request. Fortunately, the “FY 2015 SSVF Change Request Form” provides a simplified way to determine the type of change(s) requested and details the type of supportive documents or templates needed for each request.

CHANGE REQUEST PROCESS

Grantees may submit requests for program changes to the SSVF Program Office on a quarterly basis. Grantees can submit request packets to the Program Office at any time up to 30 days prior to the end of each quarter (see the “Timelines” section for more information). The Grantee begins the request process by completing the “FY 2015 SSVF Change Request Form.” Based on the changes selected, the “Grantee Submission Checklist” (page 2 of the “FY 2015 SSVF Change Request Form”) indicates which supportive materials are needed in order for the Program Office to process the request. The Grantee compiles the required documents and submits the completed Program Change Request Packet to the SSVF Program Office via email.

New for FY 2015:

Grantees may seek expedited approval from their Regional Coordinator for the following types of changes:

- Addition/Termination of Subcontractor,
- Service Area Expansion,
- Supportive Services Addition/Removal, or
- Budget modifications that include the addition of a new line item (e.g. Personnel changes).

Changes approved by the Regional Coordinator will be effective the day the Coordinator provides written approval.

However, grantees are still required to submit a change request packet to the Program Office for final approval. In addition, HHS subaccount transfers will only be processed by the Program Office on a quarterly basis and cannot be expedited.

REQUIREMENTS FOR SUBMISSIONS

1. All Program Change Request Packets submitted to the SSVF Program Office must contain the following forms/documents:
 - Completed “FY 2015 SSVF Change Request Form”
 - Signed Request for Changes on Grantee Agency Letterhead (if applicable)
 - Most recent Grantee Quarterly Financial Report (QPR) workbook with completed Quarterly Budget Modification Template (if applicable)
 - Position descriptions of any new positions added as indicated on the Budget Modification Template (if applicable)
 - Other supportive documents based on the “Grantee Submission Checklist”.
2. All change request submission materials should be saved in a folder titled:
“Grant Number_Quarter Number_Program Change Request Packet”
(e.g. 15-ZZ-999_Q1_Program Change Request Packet)
3. Program Change Request Packet folder should be saved in a compressed zip file.

HOW TO SUBMIT CHANGE REQUESTS

Grantees may submit their Program Change Request Packet as a zip file attachment to the SSVF Program Office via the “SSVF_ChangeRequests@va.gov” inbox. Do not submit program change requests to SSVF@va.gov. **Please copy your Regional Coordinator on all submissions.**

TIMELINES FOR SUBMISSION

Grantees may submit program change requests at any time up to 30 days prior to the end of each quarter. The SSVF Program Office will review and provide a response to the Grantee within 30 days prior to the start of the next quarter.

Deadlines for Submissions:

Quarter	Submission Deadline for Grantees	Response Deadline for Program Office
2	March 1, 2015	March 31, 2015
3	June 1, 2015	June 30, 2015
4	September 1, 2015	September 30, 2015

INSTRUCTIONS FOR NEW FORMS

The following pages include detailed instructions for completing the new forms/templates provided by the SSVF Program Office: FY 2015 SSVF Change Request Form and SSVF Budget Modification Template.

SSVF CHANGE REQUEST FORM

Background: This form was designed to assist Grantees with their Change Request Submissions. The form indicates the required supportive documents needed based on the program changes selected. In addition, the SSVF Program Office will use this form to develop a tracking system for all received change requests. The Program Office can track and prioritize approvals/denials based on the information provided in this form. The Grantee MUST include this form in the Program Change Request Packet.

FY 2015 SSVF Change Request Form

General Grantee Information:

Organization Name:	
Program Number:	

Request Point of Contact Information:

POC Name (First and Last):	
POC Email Address:	
POC Phone Number:	
Request Date:	

Instructions:

This form must be submitted with any program change request, budget modification request, or program notification.

1. Fill in the point of contact information section above.
2. Select the specific checkboxes that correspond with your request. The "*Type of Change Request Needed*" table will automatically populate, indicating what type of program change you are requesting.
3. Refer to the "Submission Checklist" below for further information on what additional documents to submit with this form.
Note: Submission Checklist will automatically indicate what documentation is needed.
4. Send final packet (Change Request Form and supportive documents) to SSVF_ChangeRequests@va.gov.

Specific change/update requested (select all that apply):

- Change in geographic area served.
- Add a supportive service not included in the original grant application.
- Remove a supportive service included in the original grant application.
- Add a subcontractor.
- Terminate a subcontractor.
- Budget modification greater than 10% of the total approved budget amount.
- Budget modification that changes the distribution of funds between HHS PMS subaccounts (i.e. HHS Subaccount Transfer Request)
- Add a line item under "Personnel/Labor" section of budget.
- Add a line item under "Other Non-Personnel Provision and Coordination of Supportive Services" section of budget.

Instructions for Completion:

1. To begin, select your Organization Name and Program Number from the drop-down list provided:

FY 2015 SSVF Change Request Form	
General Grantee Information:	
Organization Name:	
Program Number:	
Request Point of Contact Inform	12-AK-001 12-AL-002 12-AZ-003 12-AZ-004 12-CA-005 12-CA-006 12-CA-007 12-CA-008
POC Name (First and Last):	
POC Email Address:	
POC Phone Number:	
Request Date:	

2. Enter the Name, Email, and Phone for the primary point of contact for this request along with the date of the request:

Request Point of Contact Information:	
POC Name (First and Last):	
POC Email Address:	
POC Phone Number:	
Request Date:	

3. Select the checkbox(es) corresponding to the specific program change(s) requested:

Specific change/update requested (select all that apply):	
<input type="checkbox"/>	Change in geographic area served.
<input type="checkbox"/>	Add a supportive service not included in the original grant application.
<input type="checkbox"/>	Remove a supportive service included in the original grant application.
<input type="checkbox"/>	Add a subcontractor.
<input type="checkbox"/>	Terminate a subcontractor.
<input checked="" type="checkbox"/>	Budget modification greater than 10% of the total approved budget amount.
<input type="checkbox"/>	Budget modification that changes the distribution of funds between HHS PMS subaccounts (i.e. HHS Subaccount Transfer Request)
<input type="checkbox"/>	Add a line item under "Personnel/Labor" section of budget.
<input type="checkbox"/>	Add a line item under "Other Non-Personnel Provision and Coordination of Supportive Services" section of budget.

4. Page 2 of the form contains the “Grantee Submission Checklist”. This checklist will automatically indicate what supportive materials are required in order for the SSVF Program Office to review the request. All materials indicated on the “Grantee Submission Checklist” must be included in the Grantee’s Program Change Request Submission Packet.

Grantee Submission Checklist	
<u>Documents Required with Submission:</u>	
SSVF Change Request Form:	Yes
Submit request for program changes on Grantee agency letterhead signed by the Grantee's authorized official:	Yes
For changes to geographic area, submit justification using current statistics, demand for serving new area, and a description of outreach attempts:	No
To add a new service not previously included on your final FY15 resolution, submit a description of the new service/activity:	No
Submit a justification for removing a supportive service:	No
To add a subcontractor, submit a signed Memorandum of Understanding (MOU) with the new subcontractor:	No
To remove a subcontractor, submit a termination letter:	No
Submit most recent Quarterly Financial Reporting workbook with a completed SSVF Budget Modification template:	Yes
Submit position description(s) for new line items:	No

In the example above, the Grantee has selected to make a significant program change to their budget (greater than 10%). The Grantee submission checklist indicates that the Grantee must submit a) a signed request for changes on Grantee agency letterhead and b) their most recent QPR workbook with a completed budget modification template in addition to their SSVF Change Request Form.

5. Page 3 of the form is for **VA internal use only**. The Program Office will use this section to track the review process for change requests.
6. Grantees will include this completed form along with the necessary documents in their Program Change Request Packet sent to SSVF_ChangeRequests@va.gov.

SSVF BUDGET MODIFICATION TEMPLATE

Background: FY 2015 Quarterly Financial Report (QPR) workbook includes 3 quarterly worksheets or tabs for budget modification requests. Tabs 5, 7, and 9 in the QPR are the SSVF Budget Modification Templates. Tabs 6, 8, and 10 are HHS Subaccount Transfer Forms that are linked to the corresponding Budget Modification Template. Grantees must complete one template per program change request that requires a budget modification. **Grantees may only submit one budget modification per quarter.** SSVF Budget Modification Templates are linked to Tab 2 of the QPR; allowing Grantees to make modifications by line item and provide a detailed explanation of changes to each line item. Grantees must provide an explanation for any requested changes to line items. The Program Office cannot approve budget modification templates that do not include explanations of changes.

Changes to the FY15 Budget Modification Template:

SSVF Budget Modification Template: Q2

Name of Grantee:	SSVF Grantee
SSVF Program Number:	15-ZZ-999
SSVF Grant Amount:	\$1,000,000.00
Grant Fiscal Year:	FY 2015

Date of Budget Modification Request:	
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SSVF Program Office Response:	PENDING REVIEW
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Requested Budget Modifications by Line Item:

	Actual Funds Spent to Date	Current Budget Amount	Funds Available for Modification	Budget Increase Amount	Budget Decrease Amount	New Percent of Award Amount
I. Provision and Coordination of Supportive Services (Minimum of 90% of Total SSVF Grant Amount)						
1. Personnel/Labor:						
Title/Organization						
Program Manager	\$ -	\$ 50,000.00	\$ 50,000.00	\$ -	\$ -	5.00%
Housing Specialist	\$ -	\$ 38,500.00	\$ 38,500.00	\$ -	\$ -	3.85%
HMS Clerk	\$ -	\$ 32,000.00	\$ 32,000.00	\$ -	\$ -	3.20%
Case Managers	\$ -	\$ 140,000.00	\$ 140,000.00	\$ -	\$ -	14.00%
Income Stabilization Specialist	\$ -	\$ 37,500.00	\$ 37,500.00	\$ -	\$ -	3.75%
Outreach Specialist	\$ -	\$ 90,000.00	\$ 90,000.00	\$ -	\$ -	9.00%
Placeholder for Approved Personnel Budget Modification Line Items	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Subtotal Salaries/Wages	\$ -	\$ 388,000.00	\$ 388,000.00	\$ -	\$ -	38.80%
Fringe Benefits	\$ -	\$ 124,160.00	\$ 124,160.00	\$ -	\$ -	12.42%
Subtotal Personnel	\$ -	\$ 512,160.00	\$ 512,160.00	\$ -	\$ -	51.22%
Subtotal Temporary Financial Assistance (TFA):	\$ -	\$ 300,000.00	\$ 300,000.00	\$ -	\$ -	30.00%
3. Other Non-Personnel Provision and Coordination of Supportive Services:						
VA Training (Mandatory Line Item)	\$ -	\$ 7,000.00	\$ 7,000.00	\$ -	\$ -	0.70%
Facilities/Utilities	\$ -	\$ 24,000.00	\$ 24,000.00	\$ -	\$ -	2.40%
Insurance/Phones/Internet	\$ -	\$ 7,100.00	\$ 7,100.00	\$ -	\$ -	0.71%
HMS/VMC	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -	\$ -	1.00%
Program Supplies	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -	\$ -	1.00%
Transportation	\$ -	\$ 20,000.00	\$ 20,000.00	\$ -	\$ -	2.00%
Placeholder for Approved OTNP Budget Modification Line Items	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Subtotal Other Program Expenses:	\$ -	\$ 78,100.00	\$ 78,100.00	\$ -	\$ -	7.81%
4. Lease and Maintenance of Vehicle(s):	\$ -	\$ 10,700.00	\$ 10,700.00	\$ -	\$ -	1.07%
Subtotal Provision and Coordination of Supportive Services:	\$ -	\$ 900,960.00	\$ 900,960.00	\$ -	\$ -	90.10%

- The FY 2015 QPR template is set up to allow for one budget modification request per quarter. Therefore it is necessary that grantees plan ahead to ensure all requested changes are reflected in their initial submission to the Program Office. The Program Office cannot process multiple budget modifications per quarter.
- Additional columns have been added to the budget modification template to allow for easier tracking of available funds.
- Placeholder line items were added to the “Personnel/Labor” and “OTNP” sections of each budget and the totals for this section are linked to the additional lines provided at the bottom of the spreadsheet. Grantees are expected to reconcile any additional line items to the corresponding placeholder.
 - This eliminates the need for the Program Office to update Tab 1 of the QPR for any approved budgets with added line items.
 - In order to add line items grantees must complete the bottom section of the template.
- The Program Office will change the “SSVF Program Office Response” section to “Approved” and send to the grantee along with their approval documentation.

Instructions for Completion:

NOTE: Yellow cells are unlocked for Grantees to enter changes. All other cells are locked for editing.

1. Begin by entering the date of the change request at the top of the template:

SSVF Budget Modification Template: Q3

Name of Grantee:	SSVF Grantee
SSVF Program Number:	15-ZZ-999
SSVF Grant Amount:	\$1,000,000.00
Grant Fiscal Year:	FY 2015
Date of Budget Modification Request:	

2. The Budget Modification Template includes all line items included on Tab 2 of the QPR workbook. Each line item includes 7 columns:

- 1) The Actual SSVF Funds Spent to Date (from Tab of the QPR),
- 2) The Current Amount Budgeted (from Tab 1 of the QPR),
- 3) The Funds Currently Available for Modification (this is the budgeted amount minus the actual amount spent),
- 4) The amount (if any) the Grantee plans to increase the budget line item,
- 5) The amount (if any) the Grantee plans to decrease the budget line item,
- 6) The new percentage of award amount the change (if any) would be. This is particularly helpful when making changes to TFA or admin due to the percent limitations stated in the NOFA, and
- 7) A section for explanations for any increases/decreases to the line item.

Requested Budget Modifications by Line Item:	1	2	3	4	5	6	7
	Actual Funds Spent to Date	Current Budget Amount	Funds Available for Modification	Budget Increase Amount	Budget Decrease Amount	New Percent of Award Amount	Detailed Explanation For Increase/Decrease
I. Provision and Coordination of Supportive Services (Minimum of 90% of Total SSVF Grant Amount)							
1. Personnel/Labor:							
Title/Organization							
Program Manager	\$ 12,500.00	\$ 50,000.00	\$ 37,500.00	\$ -	\$ -	5.00%	
Housing Specialist	\$ 9,625.00	\$ 38,500.00	\$ 28,875.00	\$ -	\$ -	3.85%	
HMIS Clerk	\$ 8,000.00	\$ 32,000.00	\$ 24,000.00	\$ -	\$ -	3.20%	

3. Enter any increases or decreases to each line item along with explanations:

	Actual Funds Spent to Date	Current Budget Amount	Funds Available for Modification	Budget Increase Amount	Budget Decrease Amount	New Percent of Award	Detailed Explanation For Increase/Decrease
I. Provision and Coordination of Supportive Services (Minimum of 90% of Total SSVF Grant Amount)							
1. Personnel/Labor:							
Title/Organization							
Program Manager	\$ 12,500.00	\$ 50,000.00	\$ 37,500.00	\$ -	\$ -	5.00%	
Housing Specialist	\$ 9,625.00	\$ 38,500.00	\$ 28,875.00	\$ -	\$ -	3.85%	
HMIS Clerk	\$ 8,000.00	\$ 32,000.00	\$ 24,000.00	\$ -	\$ -	3.20%	
Case Managers	\$ 35,000.00	\$ 140,000.00	\$ 105,000.00	\$ -	\$ -	14.00%	
Income Stabilization Specialist	\$ 9,375.00	\$ 37,500.00	\$ 28,125.00	\$ -	\$ -	3.75%	
Outreach Specialist	\$ 22,500.00	\$ 90,000.00	\$ 67,500.00	\$ -	\$ -	9.00%	
Placeholder for Approved Personnel Budget Modification Line Items	\$ -	\$ -	\$ -	\$ 15,000.00	\$ -	1.50%	Adding an Employment Specialist (position description included with this submission.
Subtotal Salaries /Wages	\$ 97,000.00	\$ 388,000.00	\$ 291,000.00	\$ 15,000.00	\$ -	40.30%	
Fringe Benefits	\$ 25,000.00	\$ 124,160.00	\$ 93,160.00	\$ -	\$ -	12.42%	
Subtotal Personnel	\$ 122,000.00	\$ 512,160.00	\$ 390,160.00	\$ 15,000.00	\$ -	52.72%	
Subtotal Temporary Financial Assistance (TFA):	\$ 77,000.00	\$ 300,000.00	\$ 223,000.00	\$ -	\$ -	30.00%	
3. Other Non-Personnel Provision and Coordination of Supportive Services:							
VA Training (Mandatory Line Item)	\$ 1,750.00	\$ 7,000.00	\$ 5,250.00	\$ -	\$ -	0.70%	
Facilities/Utilities	\$ -	\$ 24,000.00	\$ 24,000.00	\$ -	\$ 5,000.00	1.90%	Over budgeted; did not incur costs in Q1
Insurance/Phones/Internet	\$ 1,775.00	\$ 7,100.00	\$ 5,325.00	\$ -	\$ -	0.71%	
HMIS	\$ 2,500.00	\$ 10,000.00	\$ 7,500.00	\$ -	\$ -	1.00%	
Program Supplies	\$ 2,500.00	\$ 10,000.00	\$ 7,500.00	\$ -	\$ 5,000.00	0.50%	Over budgeted.
Transportation	\$ 5,000.00	\$ 20,000.00	\$ 15,000.00	\$ -	\$ 10,000.00	1.00%	Over budgeted.
Placeholder for Approved OTNP Budget Modification Line Items	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	0.50%	Adding a line item for Non-VA Conference attendance.
Subtotal Other Program Expenses:	\$ 13,525.00	\$ 78,100.00	\$ 64,575.00	\$ 5,000.00	\$ 20,000.00	6.31%	

4. When adding a new line item, enter the information into the boxes provided just below the budget modification totals. There are separate boxes for "Personnel" additions and "OTNP" additions. The total of the positions added in the "NEW Personnel Line Items" section will populate in the above "Placeholder for Approved Personnel" line item. Similarly, the total of the line items entered in the "NEW OTNP Line Items" section will populate in the "Placeholder for Approved OTNP" line item.

Placeholder for Approved Personnel Budget Modification Line Items	\$ -	\$ -	\$ -	\$ 15,000.00	\$ -	1.50%
Subtotal Salaries /Wages	\$ 97,000.00	\$ 388,000.00	\$ 291,000.00	\$ 15,000.00	\$ -	40.30%
Fringe Benefits	\$ 25,000.00	\$ 124,160.00	\$ 93,160.00	\$ -	\$ -	12.42%
Subtotal Personnel	\$ 122,000.00	\$ 512,160.00	\$ 390,160.00	\$ 15,000.00	\$ -	52.72%
Subtotal Temporary Financial Assistance (TFA):	\$ 77,000.00	\$ 300,000.00	\$ 223,000.00	\$ -	\$ -	30.00%
3. Other Non-Personnel Provision and Coordination of Supportive Services:						
VA Training (Mandatory Line Item)	\$ 1,750.00	\$ 7,000.00	\$ 5,250.00	\$ -	\$ -	0.70%
Facilities/Utilities	\$ -	\$ 24,000.00	\$ 24,000.00	\$ -	\$ 5,000.00	1.90%
Insurance/Phones/Internet	\$ 1,775.00	\$ 7,100.00	\$ 5,325.00	\$ -	\$ -	0.71%
HMIS	\$ 2,500.00	\$ 10,000.00	\$ 7,500.00	\$ -	\$ -	1.00%
Program Supplies	\$ 2,500.00	\$ 10,000.00	\$ 7,500.00	\$ -	\$ 5,000.00	0.50%
Transportation	\$ 5,000.00	\$ 20,000.00	\$ 15,000.00	\$ -	\$ 10,000.00	1.00%
Placeholder for Approved OTNP Budget Modification Line Items	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	0.50%
Subtotal Other Program Expenses:	\$ 13,525.00	\$ 78,100.00	\$ 64,575.00	\$ 5,000.00	\$ 20,000.00	6.31%
4. Lease and Maintenance of Vehicle(s):	\$ 2,675.00	\$ 10,700.00	\$ 8,025.00	\$ -	\$ -	1.07%
Subtotal Provision and Coordination of Supportive Services:	\$ 215,200.00	\$ 900,960.00	\$ 685,760.00	\$ 20,000.00	\$ 20,000.00	90.10%
II. Administrative Expenses (Maximum of 10% of Total SSVF Grant Amount)						
Subtotal of Administrative Expenses:	\$ 31,000.00	\$ 99,040.00	\$ 68,040.00	\$ -	\$ -	9.90%
Grand Total - Budget Modifications Requested:	\$ 246,200.00	\$1,000,000.00	\$ 753,800.00	\$ 20,000.00	\$ 20,000.00	100.00%

NEW Personnel Line Items:

Position Title	# FTE	% FTE	Increase Amount	Decrease Amount
Employment Specialist	1	50.00%	\$ 15,000.00	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -

NEW OTNP Line Items:

Line Item Name	Increase Amount	Decrease Amount
Non-VA Conference Travel	\$ 5,000.00	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -

In the example above the grantee is decreasing Facilities, Program Supplies, and Transportation line items, adding a new position (a part-time “Employment Specialist”), and adding “Non-VA Conference Travel” under OTNP. Explanations for each increase/decrease are provided for each modified line item.

- The bottom section shows the total amounts for each column in the template. The total amounts increased must equal the total amount decreased. The Program Office cannot approve any budget modification templates where the total increases and decreases are not equivalent.

	Actual Funds Spent to Date	Current Budget Amount	Funds Available for Modification	Budget Increase Amount	Budget Decrease Amount
Grand Total - Budget Modifications Requested:	\$ 246,200.00	\$1,000,000.00	\$ 753,800.00	\$20,000.00	\$ 20,000.00

- If there are any errors in the budget submission (e.g. the TFA line item as been increase above the 50% limit) the template will show a “Denied” message in the SSVF Program Office Response box (otherwise it will say “Pending Review”).

SSVF Program Office Response:	DENIED
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Do not submit any budget modification requests that are showing a “DENIED” message.

- Submit the most recent QPR workbook with the completed SSVF Budget Modification Template along with all other required Program Change Request Packet documents to SSVF_ChangeRequests@va.gov.
- Once the Program Office has approved your request, you will receive an updated QPR template with the “SSVF Program Office Response” section of the budget modification changes to “APPROVED”. These changes will then be reflected in the following quarter’s budget modification template. **For example:**

Q3 Approved Budget Modification:

SSVF Program Office Response:	APPROVED
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Requested Budget Modifications by Line Item:

	Actual Funds Spent to Date	Current Budget Amount	Funds Available for Modification	Budget Increase Amount	Budget Decrease Amount
I. Provision and Coordination of Supportive Services (Minimum of 90% of Total SSVF Grant Amount)					
1. Personnel Labor:					
Title/Organization					
Program Manager/VMC	\$ -	\$ 50,000.00	\$ 50,000.00	\$ -	\$ -
Housing Coordinator/VMC	\$ -	\$ 38,500.00	\$ 38,500.00	\$ -	\$ -
HMS Clerk/VMC	\$ -	\$ 32,000.00	\$ 32,000.00	\$ -	\$ -
Case Manager/VMC	\$ -	\$ 140,000.00	\$ 140,000.00	\$ -	\$ -
Income Stabilization Specialist/VMC	\$ -	\$ 37,500.00	\$ 37,500.00	\$ -	\$ -
Outreach Spec/Van Driver VMC	\$ -	\$ 90,000.00	\$ 90,000.00	\$ -	\$ -
Placeholder for Approved Personnel Budget Modification Line Items	\$ -	\$ -	\$ -	\$ 15,000.00	\$ -
Subtotal Salaries /Wages	\$ -	\$ 388,000.00	\$ 388,000.00	\$ 15,000.00	\$ -
Fringe Benefits	\$ -	\$ 124,160.00	\$ 124,160.00	\$ -	\$ -
Subtotal Personnel	\$ -	\$ 512,160.00	\$ 512,160.00	\$ 15,000.00	\$ -
Subtotal Temporary Financial Assistance (TFA):	\$ -	\$ 300,000.00	\$ 300,000.00	\$ -	\$ -
3. Other Non-Personnel Provision and Coordination of Supportive Services					
VA Training (Mandatory Line Item)	\$ -	\$ 7,000.00	\$ 7,000.00	\$ -	\$ -
Facilities/Utilities/VMC	\$ -	\$ 24,000.00	\$ 24,000.00	\$ -	\$ 5,000.00
Insurance/Phones/Internet/VMC	\$ -	\$ 7,100.00	\$ 7,100.00	\$ -	\$ -
HMS/VMC	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -	\$ -
Program Supplies / VMC	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -	\$ 5,000.00
Transportation / VMC	\$ -	\$ 20,000.00	\$ 20,000.00	\$ -	\$ 10,000.00
Placeholder for Approved OTNP Budget Modification Line Items	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -
Subtotal Other Program Expenses:	\$ -	\$ 78,100.00	\$ 78,100.00	\$ 5,000.00	\$ 20,000.00

Resulting Q4 Budget Modification Template:

SSVF Program Office Response:	PENDING REVIEW
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Requested Budget Modifications by Line Item:

	Actual Funds Spent to Date	Current Budget Amount	Funds Available for Modification	Budget Increase Amount	Budget Decrease Amount
I. Provision and Coordination of Supportive Services (Minimum of 90% of Total SSVF Grant Amount)					
1. Personnel Labor:					
Title/Organization					
Program Manager/VMC	\$ -	\$ 50,000.00	\$ 50,000.00	\$ -	\$ -
Housing Coordinator/VMC	\$ -	\$ 38,500.00	\$ 38,500.00	\$ -	\$ -
HMS Clerk/VMC	\$ -	\$ 32,000.00	\$ 32,000.00	\$ -	\$ -
Case Manager/VMC	\$ -	\$ 140,000.00	\$ 140,000.00	\$ -	\$ -
Income Stabilization Specialist/VMC	\$ -	\$ 37,500.00	\$ 37,500.00	\$ -	\$ -
Outreach Spec/Van Driver VMC	\$ -	\$ 90,000.00	\$ 90,000.00	\$ -	\$ -
Placeholder for Approved Personnel Budget Modification Line Items	\$ -	\$ 15,000.00	\$ 15,000.00	\$ -	\$ -
Subtotal Salaries /Wages	\$ -	\$ 403,000.00	\$ 403,000.00	\$ -	\$ -
Fringe Benefits	\$ -	\$ 124,160.00	\$ 124,160.00	\$ -	\$ -
Subtotal Personnel	\$ -	\$ 527,160.00	\$ 527,160.00	\$ -	\$ -
Subtotal Temporary Financial Assistance (TFA):	\$ -	\$ 300,000.00	\$ 300,000.00	\$ -	\$ -
3. Other Non-Personnel Provision and Coordination of Supportive Services					
VA Training (Mandatory Line Item)	\$ -	\$ 7,000.00	\$ 7,000.00	\$ -	\$ -
Facilities/Utilities/VMC	\$ -	\$ 19,000.00	\$ 19,000.00	\$ -	\$ -
Insurance/Phones/Internet/VMC	\$ -	\$ 7,100.00	\$ 7,100.00	\$ -	\$ -
HMS/VMC	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -	\$ -
Program Supplies / VMC	\$ -	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -
Transportation / VMC	\$ -	\$ 10,000.00	\$ 10,000.00	\$ -	\$ -
Placeholder for Approved OTNP Budget Modification Line Items	\$ -	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -
Subtotal Other Program Expenses:	\$ -	\$ 63,100.00	\$ 63,100.00	\$ -	\$ -

HHS PMS Subaccount Transfer Form**New in FY15:**

- Grantees no longer need to complete a separate HHS Subaccount Transfer Form with their program change request.
 - The template is now included in the Financial QPR and linked to the respective quarterly budget modification template.
 - **Therefore grantees are limited to one HHS subaccount transfer per quarter.**
 - The template is locked and cannot be modified by the grantee. The only way to make a change to HHS subaccounts is to modify the corresponding quarterly budget modification form.
- The SSVF Program Office will process the HHS Forms along with the Budget Modifications.
 - Once an “APPROVED” budget modification is received the HHS subaccounts automatically update for the following quarter.

For example:

Q3 HHS Transfer (If \$500 was transferred from TFA to Admin in the approved budget modification):

HHS Payment Management System Subaccount Transfer Form: Q3

Name of Grantee:	SSVF Grantee
SSVF Program Number:	15-ZZ-999
SSVF Grant Amount:	\$1,000,000.00
Grant Fiscal Year:	FY 2015

Request Date:	5/1/2015
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Subaccount Name	Q3 Balance	Increased Amount	Decreased Amount	Q3 Adjusted Balance	Q3 Adjusted Percentages
15-ZZ-999-ADM14	\$99,040.00	\$500.00	\$0.00	\$99,540.00	9.95%
15-ZZ-999-SER14	\$600,960.00	\$20,000.00	\$20,000.00	\$600,960.00	60.10%
15-ZZ-999-TFA14	\$300,000.00	\$0.00	\$500.00	\$299,500.00	29.95%
Total:	\$1,000,000.00			\$1,000,000.00	

Resulting HHS balances for Q4:

HHS Payment Management System Subaccount Transfer Form: Q4

Name of Grantee:	SSVF Grantee
SSVF Program Number:	15-ZZ-999
SSVF Grant Amount:	\$1,000,000.00
Grant Fiscal Year:	FY 2015

Request Date:	1/0/1900
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Subaccount Name	Q4 Balance	Increased Amount	Decreased Amount	Q4 Adjusted Balance	Q4 Adjusted Percentages
15-ZZ-999-ADM14	\$99,540.00	\$0.00	\$0.00	\$99,540.00	9.95%
15-ZZ-999-SER14	\$600,960.00	\$0.00	\$0.00	\$600,960.00	60.10%
15-ZZ-999-TFA14	\$299,500.00	\$0.00	\$0.00	\$299,500.00	29.95%
Total:	\$1,000,000.00			\$1,000,000.00	

APPENDIX

A. Request for Changes on Agency Letterhead Template:

*Grantee Agency
Letterhead*

Date

Supportive Services for Veteran Families (SSVF) Program Office
4100 Chester Avenue, Suite 201
Philadelphia, PA 19104

To Whom It May Concern:

On behalf of **Grantee Agency Name** I am writing to request to following program changes to our SSVF Grant (**insert Grant ID Number**):

Insert detailed explanation of changes requested

Sincerely,

Grantee Authorized Official Signature and Title

B. Example Subcontractor Termination Letter:

*Grantee Agency
Letterhead*

Date

Subcontractor Address

Dear **Subcontractor**:

Grantee Name is terminating the outreach workers from the **Subcontractor Name**, for the Supportive Services for Veteran Families Memorandum of Understanding effective immediately. This is due to **Subcontractor Name** not being compliant with payroll taxes.

Respectfully,

Grantee Authorized Official Signature and Title