

## Grantee Companion Guide for Program Change Requests (Using GIFTS)

### Introduction

All requests for program changes must be submitted to the SSVF Program Office by the grantee via the GIFTS grants management system. Grantees complete a standardized form for the request and provide supportive documentation. This companion guide provides an overview of the submission process and key dates, defines the various types of program changes, and provides instructions for completing the online form. 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
- Addition/Removal of Supportive Services
- Budget Modifications

For time sensitive requests, grantees must reach out to their Regional Coordinator to discuss any program change approvals needed outside of the quarterly timeline. Your Regional Coordinator will provide further instruction. NOTE: Grantees are still required to submit a formal program change requirement in the GIFTS system, even when a Regional Coordinator provides pre-approval.

Additionally, HHS subaccount transfers will only be processed on a quarterly basis. The subaccount transfer is incorporated into the budget modification process in GIFTS and changes to your HHS accounts will be made based upon the values entered while completing the program change requirement form.

### Definition of Program Change Types

Grantees may submit requests for changes to their existing grant agreement. 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:

- Change in geographic area served;
- Addition of a supportive service not included in the original grant;
- Removal of a supportive service included in the original grant;
- Addition or termination of a subcontractor; and/or
- A budget modification greater than 10 percent of the total award amount.

#### Non-Significant Program Changes:

- A budget modification that affects the distribution of funds between HHS PMS subaccounts (e.g. changes funds between Admin and Services – note that Services and Temporary Financial Assistance subaccounts are combined);
- Adding new budgeted line items.
- Adding new personnel positions, which do NOT have a budget line.

The key difference between each type of change request is the type of supportive documentation needed for proper review of the request. The SSVF Change Request Form provides a simplified way to submit a change request and streamlines the entire process into a single online form.

**CHANGE REQUEST PROCESS**

Grantees may submit requests for program changes through the GIFTS grants management system on a quarterly basis. Grantees can submit the associated requirement form 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). **Please note: the Program Change requirement form will not be available past the submission deadlines.**

The Grantee begins the request process by opening the “SSVF Program Change” requirement form within the grantee portal of their program’s GIFTS account located at [http://www.grantrequest.com/SID\\_2115](http://www.grantrequest.com/SID_2115). *Submissions sent directly to the SSVF Inbox will not be processed.* Based on the change type selected within the online form, certain supportive materials will be needed for the Program Office to process the request (described below). The Grantee then attaches the required documents and submits the completed Program Change requirement form to the SSVF Program Office through the grants management system.

**REQUIRED SUPPORTIVE MATERIALS FOR SUBMISSIONS**

All Program Change requests submitted to the SSVF Program Office must contain the following supportive forms/documents:

- Completed Program Change requirement form within the grants management system.
- Supportive documents to justify the change request such as a new MOU with an added subcontractor or Letter of Termination with a removed subcontractor.

**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.

Quarter	Submission Deadline for Grantees	Response Deadline for Program Office
2	March 1, 2018	April 2, 2018
3	June 1, 2018	July 2, 2018
4	August 15, 2018	August 31, 2018
	<u>OR</u>	
4	August 31, 2018	September 28, 2018



## INSTRUCTIONS FOR COMPLETING THE ONLINE FORM

The following pages include detailed instructions for completing the online requirement form provided by the SSVF Program Office: FY 2018 SSVF Program Change.

### SSVF Program Change Form

*Background:* This form was designed to assist Grantees with their Change Request submissions. The SSVF Program Office will use the functionality of this form to track all received change requests. The Program Office can track and prioritize approvals/denials based on the information provided on this form.

The screenshot shows a web browser window with a dark blue header. On the right side of the header, there are links for "Contact Us", "SSVF NOFA and Forms", and "Exit". Below the header is a yellow navigation bar with two steps: "1 SSVF Program Change" and "2 Review My Requirement". The main content area has a white background with a title "SSVF Program Change" and links for "Printer Friendly Version" and "E-mail Draft". A red asterisk indicates a required field: "\* Required before final submission". The form is titled "FY 2018 SSVF Program Change Request" and contains the following fields: "Organization Name" (text input), "Reference Number" (text input), and "Current Quarter" (dropdown menu with "Q2" selected). A "New Applicant?" link is located below the "Organization Name" field.

### Instructions for Completion:

To begin, the authorized GIFTS Account Holder for your agency should login to the grantee portal at: [https://www.grantrequest.com/SID\\_2115/](https://www.grantrequest.com/SID_2115/)

The screenshot shows a login page with a dark blue background. The title is "Please Sign In". Below the title are three bullet points: "• If you have an existing SSVF account, please log in using your E-mail Address and Password.", "• To create an SSVF account, please use the 'New Applicant' link found below.", and "• This grant application system uses the following email domain: ssvf@va.gov. Please add it to your safe-senders list to be sure you receive all communications." Below the text are two input fields: "E-mail" and "Password". Under the "E-mail" field is a link "New Applicant?". Under the "Password" field is a link "Forgot Password?". At the bottom center is a "Login" button.

If this is the first time you are opening the Program Change form it should appear directly under the Requirements tab that can be selected from the top left-hand portion of the page. Note: If you have previously opened the form before, you may need to change the "Show" setting to view in-progress requirements.

Contact Us | SSVF NOFA and Forms | Exit

1 SSVF Program Change 2 Review My Requirement

SSVF Program Change Printer Friendly Version | E-mail Draft

\* Required before final submission

**FY 2017 SSVF Program Change Request**

Organization Name  
Department of Veterans Affairs

Reference Number  
TEST: 14-XX-XXX

\* Current Quarter  
Q1

**Service Area:**

Current CoCs Served: (AK-500) Anchorage CoC (PA-500) Philadelphia CoC

Current Counties Served: Philadelphia, Bucks, Chester, Montgomery

Once you have opened the form, the Organization's name and Grant Number should be prepopulated along with other information that the SSVF Program Office has on file:

The quarter that the Program Change is being requested for should be selected from the drop-down menu. This should be the current quarter (e.g. if you are submitted a request for the 6/1/2018 deadline you should select "Q3").

**Service Area Changes:**

If you wish to change the service area of your program, the appropriate response should be selected from the drop-down menu asking if there is a change. The CoC, County, State, and Justification fields below must also be completed thoroughly while providing all new CoCs/Counties, and justification for the change using current statistics, demand for the new serving area, and a description of outreach attempts in the area.

**Change to Services Provided:**

If you wish to change the services your program provides either by adding or removing a service, the

**Add/Remove Supportive Service:**

\* Are you requesting to add a supportive service not previously included in your FY17 resolution?  
Please select the supportive service from the list below and provide an explanation of the new service:

No

Benefit Type: Other

Providing Service Directly using SSVF Funds, indirectly via referral, or both directly and indirectly?  
Directly

Description of New Service:

\* Are you requesting to remove a supportive service?  
Please select the supportive service from the list below and provide a justification for removing service. Answer should describe how services for Veterans will not be negatively impacted by this program change.

No

Benefit Type: Other

Justification:

modifications.

Select "yes" if adding a supportive service.

Select "yes" if changing your service.

Select "yes" if removing a supportive service.

Select "no" if the program office

Required information for new services.

Required information for removing services.

The addition of a service will require the identification of the type of service to be added, how that service will be provided, and a description of the service. Note: the “Benefit Type” uses the same categories as the Resolution template completed at the beginning of each new grant year (e.g. Income Support Services, Legal Services, etc.).

Removing a current service will require the identification of the type of service to be removed, a justification for removing the services, and an explanation for how this change is not going to negatively affect the services for Veterans that the program is currently providing. Note: the “Benefit Type” uses the same categories as the Resolution template completed at the beginning of each new grant year (e.g. Income Support Services, Legal Services, etc.).

### Changes to Agency Subcontractor:

The next section of the program change form will ask you to verify your current subcontractors. The form is populated with the values that were entered during the Resolution process. If the program is currently using the subcontractor(s) listed, the status box next to their agency name should be marked as “Active”. **If you mark a current subcontractor as “Inactive”, a corresponding subcontractor removal must be done.**

Must complete the subcontractor termination section if “Inactive” is selected.

**Add/Remove Subcontractor:**

Any subcontractor status that you set to inactive below must be accompanied by a corresponding Subcontractor Removal Request.

* Status:	Subcontractor 1 Agency Name	Contract Amount
Active	Legal Services of Greater Philadelphia	1000
Services Provided: Legal Aid, Referral		
* Status:	Subcontractor 2 Agency Name	Contract Amount
Active		0
Services Provided:		
* Status:	Subcontractor 3 Agency Name	Contract Amount
Inactive		0
Services Provided:		
* Status:	Subcontractor 4 Agency Name	Contract Amount:
Inactive		0
Services Provided:		

To remove a subcontractor, select “yes” from the corresponding drop-down menu. The information regarding the subcontractor’s agency name, a justification for removal of service and how you plan on continuing to provide that service, as well as the termination letter that was provided to the subcontractor must all be completed:

Select “yes” if terminating a subcontractor. If “yes” is not selected the program office cannot process this

\* Are you terminating a subcontractor?  
No

Removed Subcontractor Agency

Provide a justification for removing service. Grantee must justify how they will continue to provide the service.

Termination Letter Attachment  
Please attach the Termination Letter provided to the Subcontractor.

Upload Browse...

Required information for terminating a subcontractor. **A termination letter must be uploaded with your**

The addition of a subcontractor requires the marking of the correct value from the corresponding “adding a subcontractor” question. A contract amount, in-depth description of services, and a signed MOU must be provided in the fields located after the adding a subcontractor question.

Select “yes” if adding a subcontractor. If “yes” is not selected the program office cannot process this portion of your request.

**\* Are you requesting to add a subcontractor not previously included in your FY17 resolution?**  
No ▾

New Subcontractor Agency 1  Contract Amount:

List all services to be provided by this subcontractor

MOU Attachment  
Please attach the signed MOU for this agency.  
Browse... No file selected.  
Upload

**Required information for adding a subcontractor.**  
**A signed MOU must be uploaded with your request.**

### Budget Modifications:

*Background:* As of February 2, 2018 the Budget Modification portion of the program change form includes a section to change the values within the two HHS subaccounts that your program will now use. They are broken down into the categories of Administrative costs and the combined Services/TFA costs. If a program wishes to make a budget modification, they will enter a new value into the corresponding New Amount field. Please note that grantees must provide an explanation for any requested changes to line items. **The Program Office cannot approve budget modifications that do not include an explanation of changes.**

**Example Scenario:** A grantee is planning to make a budget modification which includes decreasing ADMIN from \$150,000 to \$125,000.

Which Admin explanation provides sufficient information for the program office staff reviewing this request? (Correct answer highlighted in yellow)

- “Moving funds from admin for other purposes.”
- **“Decreasing our bookkeeper line item by \$5,000 due to staff turnover; and decreasing IT resources by \$10,000. Actual expenses for IT have been lower than projected in our original budget.”**
- “General decrease to indirect costs.”

The correct response for the budget modification should be chosen based upon whether or not your program wishes to change their budget during the program change process. Note: if you are adding a new position (see below “Adding New Positions” section) a budget modification

must be completed as well. If budget changes are to occur, the new value should be entered into the correct field where the changes should be made. This may involve the increase of one value and the decrease of another. **Even if a change did not take place in a certain category, the previous value should be entered so that the correct total amount will calculate**

**Budget Modification:**

\* **Are you requesting to modify your budget?**  
 Please refer to your approved Budget.  
NOTE: Grantees who are seeking to voluntarily return SSVF grant funds to VA should contact the SSVF Regional Coordinator to discuss options. Do not submit requests to return grant funds via this Program Change Request process.

No

New Admin Amount  
Must not exceed 10% of Award Amount.

Admin Change Explanation

New TFA/Services Amount

TFA/Services Change Explanation

← Amount Required

← Explanation Required

← Amount Required

← Explanation Required

After entering the new values, verify that the new values will fall within certain percentages such as Admin not exceeding 10%. Then provide a detailed explanation of each change. Please note, the Program Office cannot approve requests that do not contain sufficient detail.

**Adding New Positions:**

New positions can be entered for approval in the second section of the budget modification portion of the form and will be flagged by selecting the appropriate response from the corresponding question. New positions are positions not previously included on your approved budget. Adding a new case manager when your program already has case manager positions list under the Personnel section of your budget is not a new position.

**NOTE: This section should be completed in conjunction with the above budget modification section. Do not select “no” for budget modification and “yes” for new positions – both sections must be completed.**

\* **Are you adding a new position?**  
 If yes, please complete the following fields below:

No

Position Title	FTE	FTE %	Amount
Position Duties			
Position Title	FTE	FTE %	Amount
Position Duties:			

Select “yes” if you are adding a new position.

Required information for all new positions.

If a new position is added, the following fields for title, FTE, FTE%, Amount/Salary, and a description of the duties/tasks associated with the position will be required. Once you have completed your program change requirement form and have uploaded all required documentation, please remember to checked the certification box and submit your form to the Program Office.