



**Supportive Services for Veteran Families (SSVF) Program  
COMPANION GUIDE:  
Quarterly Grantee Performance Report**

The information requested in the Quarterly Grantee Performance Report should be typed into the boxes following each question in the form. Limit responses to the space provided and ensure narrative is visible in all boxes. Begin by selecting your Grantee Name and Program Number from the drop-down menu and inserting the date of report at the top of the form. Note: Reports should be sent to your Regional Coordinator, not as indicated on form to [ssvf@va.gov](mailto:ssvf@va.gov).

Quarterly Report Question	Guidance
1. Describe any significant events (positive and negative) that occurred within your program during this quarter. Explain how these events will impact your performance.	<ul style="list-style-type: none"> <li>▪ Alert the SSVF Program Office to any problems that have arisen during the quarter</li> <li>▪ Share any positive/noteworthy events for which your program should be recognized</li> </ul>
2. Do you require additional assistance from the SSVF Program Office? If so, please specify the nature of the assistance required.	<ul style="list-style-type: none"> <li>▪ Describe any issues/topics for which you would benefit from assistance from the SSVF Program Office (please be as specific as possible when describing your technical assistance, reporting, and/or training needs)</li> </ul>
3. Please list the types of locations / events (e.g., shelters, street, stand downs, housing courts, welfare offices, etc.) where your program has conducted outreach during this quarter.	<ul style="list-style-type: none"> <li>▪ Identify the types of places where your program is conducting outreach</li> <li>▪ Specific shelter names, addresses, etc. are not necessary – the SSVF Program Office is seeking high level category names only</li> </ul>
4. Attach a copy of the participant screening form used this quarter if it has changed since the previous quarter.	<ul style="list-style-type: none"> <li>▪ Grantees are encouraged to develop a participant screening form – see Program Guide Section IV, page 35 for additional information</li> <li>▪ Please attach a copy of your most recent screening form version to the quarterly report or confirm that the participant screening form has not changed since you previously submitted it to the SSVF</li> </ul>
5. Please list any types of organizations / entities from which you have received more than an estimated 5% of your referrals during this quarter.	<ul style="list-style-type: none"> <li>▪ Identify those organizations from whom you are receiving a substantial number (&gt; 5%) of referrals</li> <li>▪ Specific shelter/organization names, addresses, etc are not necessary – the SSVF Program Office is seeking high level category names only</li> </ul>

Companion Guide to Quarterly Grantee Performance Report

Quarterly Report Question	Guidance
<p>6. How many ineligible individuals were screened this quarter? Describe generally how these situations were handled and the program(s) to which individuals were referred.</p>	<ul style="list-style-type: none"> <li>▪ Identify the number of ineligible individual households screened this quarter</li> <li>▪ Describe generally where you referred these individual households and/or how you handled the situations. Provide examples of the reasons why households were deemed ineligible and/or referred elsewhere.</li> </ul>
<p>7. During this quarter, which of the following supportive services were provided by your program (either directly, by referral [indirectly], or both directly and by referral [indirectly])?</p>	<ul style="list-style-type: none"> <li>▪ Select directly/indirectly/both from drop down boxes to specify which supportive services your program provided directly, indirectly (by referral only), or both directly and indirectly using SSVF grant funds vs. via referral</li> <li>▪ List any additional <b>approved</b> supportive services provided either directly or via referral using SSVF grant funds. Approved services are listed on your Resolution Form or authorized Program Change throughout the year</li> <li>▪ Note: Services like rent or utilities should not be included on this chart. This chart is only for non-financial supportive services, not temporary financial assistance (TFA).</li> </ul>
<p>8. List the three supportive services most requested by participants and describe how your program delivered those supportive services.</p>	<ul style="list-style-type: none"> <li>▪ Cite the three supportive services offerings (please be as specific as possible – e.g., Housing Counseling, TFA for rental arrears, referrals for legal services, etc.) that are most popular among your participants</li> <li>▪ Note: Temporary Financial Assistance is considered one type of service. Please do not answer with three types of TFA.</li> <li>▪ Briefly explain how those services are provided</li> </ul>
<p>9. During this quarter, which of the following other supportive services were provided by your program? (see 38 CFR 62.33 and 38 CFR 62.34 for descriptions of these supportive services)</p>	<ul style="list-style-type: none"> <li>▪ Check the boxes of those financial supportive services that your program provided</li> <li>▪ List any approved financial supportive services not specifically mentioned in table and select “Yes”. Approved services are listed on your Resolution Form or authorized Program Change throughout the year</li> </ul>

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<b>Quarterly Report Question</b>	<b>Guidance</b>
<p>10. Describe any issues that arose this quarter with respect to participant safety (e.g., domestic violence, suicide risk, etc.) and indicate how those issues were handled.</p>	<ul style="list-style-type: none"> <li>▪ Describe any instances in which participant safety was a concern</li> <li>▪ Indicate if a Critical Incident Report has been submitted to Program Office</li> <li>▪ <b>DO NOT</b> include any identifiable participant information in the report. If a critical incident occurred during the quarter, describe the incident in the quarterly report without including any identifiable participant information</li> </ul>
<p>12. Confirm that your program’s data for 100% of participants has been exported from HMIS and uploaded to the SSVF Data Repository not less than on a monthly basis. If not, please explain why.</p>	<ul style="list-style-type: none"> <li>▪ Grantees must confirm that all participant data has been exported and uploaded to the SSVF Data Repository on a monthly basis by Homeless Management Information System (HMIS) System Administrators</li> <li>▪ If your program has not uploaded to the SSVF Data Repository at least monthly, please provide a specific explanation of situation, including any relevant documentation from your</li> </ul>
<p>13. Have you complied with all the terms of your supportive services grant agreement this quarter? If no, please explain.</p>	<ul style="list-style-type: none"> <li>▪ Confirm you have complied with all terms of your supportive services grant agreement</li> <li>▪ If there are any terms with which you have not complied, please identify those terms and provide a specific explanation of the situation</li> <li>▪ Insert electronic signature of authorized representative of the grantee at the bottom of the page confirming validity of information contained in this report (either insert scanned signature image or type in name and title)</li> <li>▪ Note: Form must be returned in fillable Excel format</li> </ul>

**SUBMIT COMPLETED GRANTEE PERFORMANCE REPORT FORM (EXCEL) AND QUARTERLY FINANCIAL REPORT (EXCEL) TO YOUR REGIONAL COORDINATOR WITHIN 20 CALENDAR DAYS OF END OF QUARTER**

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## **Attachment 1: Grantee Quarterly Financial Report (Microsoft Excel File)**

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Grantees are required to complete quarterly financial reports in the Microsoft Excel template provided. Instructions on the use of this template are provided below. Should you experience any problems with the Microsoft Excel template, please e-mail a copy of your form and a specific explanation of the problem you are experiencing to your regional coordinator. Grantees must submit using the templates provided by the SSVF Program Office (non-VA approved versions will be returned to the Grantee for revision).

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### **Overview**

The Microsoft Excel Grantee Quarterly Financial Report contains seven separate “worksheets” or “tabs:”

- Tab 1 (Application Exhibit IX) – Quarterly SSVF Grant Funds Budget
- Tab 2 – Quarterly Variance Report
- Tab 3 – Quarterly Spending by Subcontractor
- Tab 4 – Quarterly Draw Downs

**PLEASE NOTE: Only purple Tabs 1 thru 4 are required for quarterly reporting.** The additional Tabs are NOT part of the mandatory, quarterly reporting process. These tabs are for budget modification/HHS requests submitted using the new FY 2015 SSVF Program Change Request process.

Tab 1 was already completed as part of the application process and does not need to be completed again (Note: VA will import each grantee’s approved budget into the workbook and provide a customized template for each grantee at the beginning of the grant award period). Tabs 2 through 4 will need to be completed on a quarterly basis. Tab 2 consists of a quarterly breakdown of actual spending versus budgeted spending and calculates the associated variance. Tab 3 consists of total quarterly spending by the grantee and each subcontractor. Tab 4 compares quarterly spending to draw downs.

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### **Tab 2: Quarterly Variance Report**

#### General

- a. Grantee is responsible for filling in yellow cells only.
  - b. All non-yellow cells are locked and populate automatically.
  - c. Insert actual SSVF grant funds spent on a line item basis each quarter.
  - d. Explain all positive and negative variances of 10% or more on any line item in the “Explanation of Any Variance” column.
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### **Tab 3: Quarterly Spending by Subcontractor (if applicable)**

#### General

- a. Grantee is responsible for filling in yellow cells only.
- b. All non-yellow cells are locked and populate automatically.
- c. Input names and mailing addresses for each subcontractor in the designated yellow cells.
- d. Input description of services provided by each subcontractor in the designated yellow cells.
- e. Per 38 CFR 62.2, a “subcontractor” means any third party contractor, of any tier, working directly for an eligible entity. Note: Landlords, utility companies and other entities receiving temporary financial assistance payments from a grantee on behalf of a participant are *not* considered subcontractors.

- f. Indicate total cumulative funds spent to date by subcontractor and grantee for each line item for the current grant fiscal year.
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**Tab 4: Quarterly Draw Downs**

General

- a. Grantee is responsible for filling in yellow cells only.
  - b. All non-yellow cells are locked and populate automatically.
  - c. Input the amount of SSVF grant funding the grantee has drawn down by quarter using the HHS Payment Management System. All other cells in Tab 4 will populate automatically.
  - d. Explain any variances between the amount of funds drawn down and the amount of funds spent at the bottom of the worksheet.
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