



Department of Veterans Affairs

Supportive Services for Veteran Families (SSVF) Program

COMPANION GUIDE: Requests for Program Changes

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INTRODUCTION

Beginning fiscal year (FY) 2014, all requests for program changes will be 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. In addition, the approval process varied depending on the type of program change requested (e.g. Significant Changes required SSVF Program Office review and approval, while non-significant budget modifications could be reviewed and approved by the Regional Coordinator). These different procedures at times resulted in confusion among Grantees and delays in approval/denial notifications. For FY 2014, the SSVF Program Office has implemented a new, more streamlined process for standardized review and communication between Grantees and SSVF Operations. This process 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.

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 Program Office approval, while other types of program changes require only a notification to the Program Office and Regional Coordinator. Regardless of the type of program change, all requests 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;
 5. Changes in key personnel; or
 6. A budget modification greater than 10 percent of the total budget.

- **Non-Significant Program Changes:**
 1. A budget modification that involve the addition or removal of budget line items;
 2. A budget modification that affects the distribution of funds between HHS PMS subaccounts (e.g. changes funds between Admin and Services); or
 3. A modification to the grantee's Prevention Threshold Score.

- **Other Program Changes or Notifications:**
 - All program change requests or notifications to the Program Office that do not fall under the above categories.

The main difference between each type of change request involves the kinds of supportive documents needed for proper review of the request. Fortunately, the "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 “SSVF Change Request Form.” Based on the changes selected, the “Grantee Submission Checklist” (page 2 of the “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.

REQUIRMENTS FOR SUBMISSIONS

1. All Program Change Request Packets submitted to the SSVF Program Office must contain the following forms/documents:
 - Completed “SSVF Change Request Form”
 - Signed Request for Changes on Grantee Agency Letterhead (if applicable)
 - Most recent Grantee Quarterly Financial Report (QPR) workbook with completed “SSVF Budget Modification Template” (if applicable)
 - Position descriptions of any new positions added as indicated on the Budget Modification Template (if applicable)
 - Completed “HHS PMS Subaccount Request of Funds Transfer” form (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. 14-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. Please note the new email address for program change requests. Do not submit program change requests to SSVF@va.gov.

TIMELINES FOR SUBMISSIONS

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
1	December 1, 2013	December 31, 2013
2	March 1, 2014	March 31, 2013
3	June 1, 2014	June 30, 2013
4	September 1, 2014	September 30, 2013

INSTRUCTIONS FOR NEW FORMS

The following pages include detailed instructions for completing the new forms/templates provided by the SSVF Program Office: SSVF Change Request Form, SSVF Budget Modification Template, and HHS PMS Subaccount Request for Funds Transfer.

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 change requests submitted by Grantees. The Program Office can track and prioritize approvals/denials/notifications based on the information provided in this form. The Grantee **MUST** include this form in the Program Change Request Packet.

Instructions for Completion:

NOTE: Instructions for completing this form are also included with the “SSVF Change Request Form”

1. To begin complete the Point of Contact section at the top of the form:

SSVF Change Request Form**General Grantee Information:**

Name of Grantee:	
SSVF Program Number:	
SSVF Grant Amount:	
Grant Fiscal Year/Quarter:	FY 2014 Q1

Request Point of Contact Information:

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

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

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.
- Change in key personnel.
- Budget modification greater than 10% of the total approved budget amount.
- Add or remove a line item on the budget.
- Budget modification that changes the distribution of funds between HHS PMS subaccounts.
- HHS subaccount transfer.
- Change in Prevention Threshold Score.
- Other (not listed above): _____

3. The “Type of Change Request Needed” table automatically indicates what type of program change is being requested based on the checkboxes selected:

Type of change request needed:

Significant Program Change:	Yes
Budget Modification:	No
Non-Significant Program Change:	No
Other:	No

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 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 in the original grant application, 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
For change to key personnel (e.g. Primary/Secondary contact, Executive Director), submit new contact information for agency staff:	No
Submit most recent Quarterly Financial Reporting workbook with a completed SSVF Budget Modification template (Tabs 5 thru 7):	Yes

In the example above, the Grantee has selected to make a significant program change to their budget. 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** (NOTE: new email address).

SSVF BUDGET MODIFICATION TEMPLATE

Background: FY 2014 Quarterly Financial Report (QPR) workbooks provided to Grantees from the SSVF Program Office include 3 worksheets or tabs for budget modification requests. Tabs 5 through 7 in the QPR are the SSVF Budget Modification Templates. Grantees must complete **one template per program change request** that requires a budget modification. NOTE: Grantees are limited to 3 budget modification requests per fiscal year (requests not involving budget modifications are unlimited). 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. In addition, Yes/No questions are included in the template to determine if any additional information or Program Office follow-up will be required. NOTE: the SSVF Program Office will only provide updated QPR templates to Grantees when a new line item is added to the budget. Any other variances due to approved budget modifications can be explained by the Grantee on Tab 2 of their current QPR.

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	
Name of Grantee:	SSVF Grantee
SSVF Program Number:	14-ZZ-999
SSVF Grant Amount:	\$510,350.00
Grant Fiscal Year:	FY 2014
Date Modification Requested:	12/1/2013

2. The Budget Modification Template includes all line items included on Tab 2 of the QPR workbook. Each line item includes 4 columns: the Actual SSVF Funds Spend to Date (from Tab of the QPR), the amount (if any) the Grantee plans to increase the budget line item, the amount (if any) the Grantee plans to decrease the budget line item, and a section for a detailed explanation for any increases/decreases to the line item.

Requested Budget Modifications by Line Item				
	Actual SSVF Funds Spent to Date	Budget Increase Amount	Budget Decrease 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				
Case Mangers	\$ 26,000.00	\$ -	\$ -	
Outreach Workers	\$ 30,000.00	\$ -	\$ -	

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

	Actual SSVF Funds Spent to Date	Budget Increase Amount	Budget Decrease Amount	Detailed Explanation For Increase/Decrease
Subtotal Temporary Financial Assistance (TFA):	\$ 10,000.00	\$ -	\$ -	
3. Other Non-Personnel Provision and Coordination of Supportive Services:				
Office Space	\$ 20,000.00	\$ -	\$ -	
Supplies/Outreach Materials	\$ 500.00	\$ -	\$ -	
VA Training	\$ 1,700.00	\$ -	\$ -	
Financial Materials	\$ 1,000.00	\$ -	\$ -	
Subtotal Other Program Expenses:	\$ 23,200.00	\$ -	\$ -	
4. Lease and Maintenance of Vehicle(s):	\$ -	\$ 500.00		Maintenance for vehicle used for outreach purposes; item was omitted from original budget
Subtotal Provision and Coordination of Supportive Services:	\$ 122,200.00	\$ 500.00	\$ -	
II. Administrative Expenses (Maximum of 10% of Total SSVF Grant Amount)				
Subtotal of Administrative Expenses:	\$ 3,000.00	\$ -	\$ 500.00	Reduce office supplies by \$500.00.

In the example above the grantee wants to add \$500.00 for Lease/Maintenance of Vehicles and decrease Admin Expenses by \$500.00. Explanations for each increase/decrease are provided for each modified line item.

4. Once all increases/decreases are entered, the bottom section shows the total amount spent to date (from Tab 2), and total requested increase amount, and total requested decrease amount.

NOTE: The total requested increases must equal the total requested decreases. The Program Office cannot approve any budget modification templates where the total increases and decreases are not equivalent.

The SSVF Budget Modification Template provides an easy validation tool to ensure the increase/decreases meet the Program Office review requirements. If amounts increased and decreased are equivalent the Grand Total explanation section will show an “OK” message:

Grand Total - Budget Modifications Requested:	\$ 125,200.00	\$ 500.00	\$ 500.00	OK
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If the amounts increased and decreased are NOT equivalent the Grant Total explanation section will show an “ERROR” message. Increases/Decreases must be modified until an “OK” message is displayed, otherwise the Program Office will automatically deny the request:

Grand Total - Budget Modifications Requested:	\$ 125,200.00	\$ 500.00	\$ 600.00	ERROR
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5. Once the Grand Total displays an “OK” message, move on to the three Yes/No questions of the Budget Modification Template. Using the drop-down list, select Yes/No for each question.

Question 1: Answer “Yes” if a new position is being added that was not previously included in the budget. If the answer is “Yes”, the Grantee must also include a description of the new position with the Program Change Request Packet.

Question 2: Answer “Yes” if the increased/deceased amounts should be distributed equally across the remaining quarters. If the Grantee answers “No” to this questions, an explanation must be provided in the section below.

Question 3: Answer “Yes” if the budget modification includes the addition of a new line item. If the Grantee selects “Yes”, a notification will appear indicating that a new QPR template will be sent to the Grantee if the change request is approved by the Program Office.

Additional Questions/Requirements for Budget Modification Request:	
1. Yes or No: Are you adding a new position not previously included in original application submission?	No
2. Yes or No: Should the requested budget increases/decreases be distributed evenly across Q2, Q3, and Q4? Type explanation in the space provided below (if required):	Yes
3. Yes or No: Are you adding a new line item to your budget?	No
You will not receive a new QPR Template from the SSVF Program Office; continuing using your current template.	

In the example above, the Grantee is not adding a new position; the Grantee will distribute the \$500 increases and decreases evenly across the remaining quarters, and the Grantee is not adding a new line item. Note the message provided for Question 3 – the Grantee will not receive an updated QPR template from the Program Office.

- 6. Finally, Question 4 will automatically respond with “Yes” or “No” based on the line items that have been increased and decreased above. If the increases/decreases change the distribution of funds in the Grantee’s HHS subaccounts, the question will show a “Yes” and remind the Grantee to also complete and include an “HHS PMS Subaccount Request of Funds Transfer” form with their Program Change Request Packet. If the questions displays a “No’, no HHS transfer form is needed with this request.

4. Do any increases/decreased requested modify the distribution of HHS subaccounts:	Yes	HHS PMS Subaccount Transfer of Funds Request form required with Program Changes packet
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In the example above, the Grantee must also submit an HHS PMS Subaccount Transfer form.

- 7. 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**.

HHS PMS SUBACCOUNT REQUEST FOR FUNDS TRANSFER FORM

Background: SSVF grantees may request a transfer of funds within HHS subaccounts. Grantees must submit this form for any subaccount modifications. Grantees may submit this form to the Program Office with the Program Change Requests Packet.

Instructions for completion are included in the HHS Subaccount Transfer Form.



Supportive Services for Veteran Families (SSVF)
HHS Payment Management System

HHS PMS Subaccount Transfer of Funds Request

Program Number:

Agency Name:

Request Date	Indicate Change (X)	Sub-account #	Subaccount Name	Original Balance	Adjustment: Amount to Increase	Adjustment: Amount to Decrease	Final Adjusted Authorization
		1	14-ZZ-999-ADM13	\$0.00	\$0.00	\$0.00	\$0.00
		2	14-ZZ-999-SERVICES13	\$0.00	\$0.00	\$0.00	\$0.00
		3	14-ZZ-999-TFA13	\$0.00	\$0.00	\$0.00	\$0.00
Total:				\$0.00			\$0.00

Validation: OK

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

C. Change to Key Personnel (Example Table):

This information is only needed if a change has occurred to **key** personnel (such as the Executive Director) or there has been a change in the primary or secondary point of contact (POC).

Previous Information			New Information					
First Name	Last Name	Position Title	First Name	Last Name	Position Title	New Employee Contact Information	Reason for Key Personnel Change	Should New Employee be a Primary or Secondary POC?