

## Quarterly Certification Instructional Guide (Using GIFTS)

### Introduction

The quarterly certification is part of a series of items that give the SSVF Program Office insight into how a program is faring in a quarter. It provides a program the opportunity to give feedback and comments to the Program Office while also providing a reminder about necessary trainings and obligations that the program might have missed during the quarter.

### When to Submit a Quarterly Certification to the SSVF Program Office

The Quarterly Certifications are submitted on approximately the 20<sup>th</sup> day after the close of a quarter. This means that for the first quarter of FY2018, a quarterly certification requirement must be submitted through the grantee portal by 1/22/2017. A break-down of the timeline is included below:

Quarter	Requirement Active	Due Date
Q1	1/1/2018	1/22/2018
Q2	3/1/2018	3/20/2018
Q3	7/1/2018	7/20/2018
Q4	TBD	TBD

### Submitting the Quarterly Certification to the SSVF Program Office

- Quarterly Certifications are submitted to the SSVF Program Office using the SSVF online grants management system (GIFTS). Grantees will have an active Requirement form in their GIFTS account portal, titled SSVF Quarterly Certification on approximately the active date listed in the previous chart.



- The agency name and grant number will be pre-populated. The form also asks for a point of contact at the agency for further discussion if it's needed.

1 SSVF Quarterly Certification
2 Review My Requirement

### SSVF Quarterly Certification

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\* Required before final submission

**Grantee Information:**

**Organization Name**

**Reference Number**  
 TEST: 14-XX-XXX

**Certification Point of Contact**

\* Name (First & Last)

\* Title:

\* Email:

3. The following sections of the form should be completed by the grantee after reading and verifying that the program has completed the tasks outlined. They include the section regarding the Final Rule, Grant Performance, Participant Satisfaction Survey, Data Quality, and Screened but not enrolled, Trainings/Webinars, and Expenditures and HHS Drawdowns. The program should use HMIS data reports; M. Davis reports and Screened but not enrolled tracking to fill in the data requested. For other questions grantee should choose the appropriate Yes/No response for each question.
  - The Final Rule sections asks for the program to certify that they are following their grant agreement and the Final Rule (38 CFR part 62)

#### Final Rule:

\* I certify that this SSVF program is in compliance with the Final Rule (38 CFR part 62).

No

\* I certify that I am operating in compliance with my signed grant agreement.

No

- The Grant Performance section will prepopulate the targeted number of Households to be served from the Grant Resolution. Surge grants will have prorated annualized households numbers. Grantee will use HMIS uploaded data to indicate how many households are served since October 1, 2017. If Grant is not at target to achieve annual goal, please identify the reason why and remediation plan, as indicated.

#### Grant Performance:

Resolution Projected Households

\* Indicate how many households were served from October 1 to end of this quarter:

\* Is your program on target (Q1=25%, Q2=50%, Q3=75%) to meet annual goal of households served?

No

If no, please indicate your remediation plan.

- SSVF Participant Satisfaction Survey section covers the M. Davis Survey Data. Grantees receive a performance report for each award from M. Davis on a monthly basis. Grantee must certify that the reports are reviewed monthly and that all households are registered within 30 days of exit. The number of Exits should be generated from HMIS and match uploaded data to the VA repository by grantee.

#### SSVF Participant Satisfaction Survey

\* I certify that I reviewed the SSVF Satisfaction Survey report result each month.

No

\* Indicate how many Participant Household were registered since from October 1 to the end of this quarter.

\* Indicate how many Participant Household Exits from October 1 to the end of this quarter.

The percentage of Participant Household Exits who were registered for the survey. i  
0.00%

If this percentage is below 70%, please indicate reason:

(Note: Households referred using the HUD-VASH referral packet for for TFA-only assistance do not need to complete the survey)

- The Data Quality portion regards items such as completing data accurately, data quality plans and successful accurate HMIS uploads, etc.

### Data Quality:

- \* I certify that my program has successfully uploaded to the HMIS Repository every month during this quarter.

No

- \* I certify that data received by the VA via our monthly HMIS uploads accurately represents our program performance.

No

If your program did not complete a successful upload to the HMIS Repository for any month during this quarter please describe how your program corrected this or outline your remediation plan to improve upload data quality including timelines/dates.

- \* I certify that our program is actively working to improve data quality. Grantees are expected to review data routinely for data quality and consistency.

No

- \* Please indicate whether you are able to run aggregate data reports for your SSVF program. Per SSVF program policy, grantees are expected to routinely review data entered into their HMIS system.

No

- \* If you are unable to run aggregate data reports for your program, have you contacted your HMIS administrators to resolve this issue?

No

- \* I certify that full SSN information is entered for all Veterans served in our SSVF program.

No

- \* I certify that accurate CoC codes are entered for all clients served in our SSVF Program.

Note: CoC codes should be linked to the client/head of household

No

- \* I certify that accurate 3 or 5-digit VA Medical Center (VAMC) codes are entered for all clients served in our SSVF Program.

Please refer to station codes provided by the SSVF Program Office.

No

- \* I certify that Residential Move-In Dates are entered as soon as Rapid Re-Housing clients move in to a permanent residence.

No

- \* I certify that Homeless Prevention Screening Form data and Threshold Scores are entered for all prevention clients served in our SSVF Program.

No

- \* I certify that accurate living situation/destination information is entered at program entry and exit for all clients served in our SSVF Program. The use of "Other" as a destination option is used sparingly and only in instances where no other destination code is a viable option.

No

- Screened but not enrolled is new section for FY18. Grantee must track households who are screened but not enrolled during each quarter. Grantees will indicate total households screened but not enrolled and then break it down by Rapid Rehousing and Homelessness Prevention.

**Screened but not enrolled:**

During this reporting period, how many households did your program screen but not enroll into SSVF?

\* Total # of Screened but not enrolled:

\* HP Total #:

\* RRH Total #:

To the best of your ability, please provide a percentage breakdown regarding the reasons for non-enrollment into SSVF.

\* Eligible (Self-resolved prior to enrollment)

\* Eligible (No show for enrollment)

\* Eligible (Waived SDHI services for HP)

\* Ineligible (Veteran status)

\* Ineligible (Exceeds income)

\* Ineligible (No Imminent Risk for HP)

- SSVF grantees must certify that all newly hired SSVF employees review the required material in the Grantee Orientation Guide located on the SSVF Website. Grantees must also ensure that all SSVF staff, including fiscal staff, review the “Audit Guidelines, Fraud Prevention, Reporting, and Compliance” webinar on an annual basis. In the Trainings/Webinars Section, SSVF grantees will certify that their program is in compliance with these requirements.

**Trainings/Webinars:**

I certify that all new employees have completed the webinars listed in the Grantee Orientation Guide available here:

\* [https://www.va.gov/homeless/SSVF/?page=/ssvf\\_university/new\\_staff\\_development](https://www.va.gov/homeless/SSVF/?page=/ssvf_university/new_staff_development)

No

\* I certify that SSVF staff (new and existing) review all trainings/webinars provided by the SSVF Program Office.

No

Please certify that your SSVF program staff, including those responsible for fiscal procedures, have completed the SSVF webinar training, Audit Guidelines, Fraud Prevention, Reporting, and Compliance, within the last 365 days. This webinar covers SSVF program reporting, compliance, and fraud and abuse deference. All SSVF staff must review this training annually. The link to the training can be found in the Grantee Orientation guide and can be found here :

\* [https://www.va.gov/HOMELESS/ssvf/docs/SSVF\\_National\\_Webinar\\_February092017\\_FINAL\\_Audio\\_FraudPrevention.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SSVF_National_Webinar_February092017_FINAL_Audio_FraudPrevention.pdf)

No

- The Expenditures & HHS Drawdowns sections asks the program if they are making appropriate draws from the payment management system, and other questions about their spending such as whether all spending is in compliance with program regulations and if the program is meeting the spending threshold for each quarter

**Expenditure & HHS Subaccount Drawdowns:**

\* I certify that payment requests from HHS Payment Management System reflect actual spending.

No

If HHS subaccounts drawdowns do not reflect actual spending please explain the variance in the below section.

\* I certify that all expenditures are for costs approved on the SSVF Budget.

No

\* I certify that I have received approval from the SSVF Program Office for any modifications made to my approved SSVF budget.

No

\* I certify that all spending is in compliance with all OMB regulations.

No

\* I certify that actual expenditures as of the end of the quarter are within spending limitations. Projected spending rates per quarter: Q1=15-35%, Q2=40-60%, Q3=65-80%.

No

**VA regularly reviews grantee expenditures to ensure that funds are being used in a manner consistent with program goals and regulations and may elect to recoup projected unused funds and reprogram such funds to provide supportive services in areas with higher need.**

- Before certifying , Grantee are have an opportunity to provide any additional information to the SSVF Program Office

**Additional feedback for SSVF Compliance Office:**

**I certify that I am authorized to submit this response on behalf of this SSVF program.**

\* Please note: Documentation supporting all certifications must be maintained by the grantee and made available for monitoring visits and audits.

4. Grantee should follow instructions to review and submit the completed form. The SSVF Program Office will conduct a review of the submitted form and provide follow up if deemed appropriate.