

Introduction

When to Submit a Quarterly Certification to the SSVF Program Office

Quarter	UDPAAS Online Requirement Active	UDPAAS Submission Due Date
Q1	1/23/2023	1/31/2023
Q2	4/1/2023	4/22/2023
Q3	7/1/2023	7/22/2023
Q4 (End of Year Certification)	10/15/2023	11/14/2023

1. Quarterly Certifications are submitted to the SSVF Program Office using the SSVF online grants management system (UDPAAS). Grantees will view the Quarterly Certification requirement in the My SSVF Tasks form in their UDPAAS account portal, titled SSVF Quarterly Certification on, approximately, the active date listed in the previous chart.

My SSVF Tasks						
NON APPROVED TASKS (7) APPROVED TASKS (3)						
<div> <input type="text"/> x 🔍 1-7 of 7 < > </div>						
#	Organization Name	Grant ID	Due Date	Activity Type	Status	
<input type="checkbox"/>	Test VA Organization	23-VA-1643-SSVF		SSVF Fiscal Year Budget Submission	Sent to Grantee	
<input type="checkbox"/>	Test VA Organization	23-VA-1643-SSVF		SSVF Fiscal Year Budget Submission	Sent to Grantee	
<input type="checkbox"/>	Test VA Organization	1643	10/11/2022	SSVF Demographic Resolution	Submitted	
<input type="checkbox"/>	Test VA Organization	1643		SSVF Fiscal Year Budget Submission	Sent to Grantee	
<input type="checkbox"/>	Test VA Organization	1643		SSVF Demographic Resolution	Submitted	
<input type="checkbox"/>	Test VA Organization	1643		SSVF Quarterly Certification	Sent to Grantee	
<input type="checkbox"/>	Test VA Organization	1643	09/02/2022	SSVF Supplemental NOFA Budoet	Sent to Grantee	

- 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 needed.

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23-VA-1643-SSVF-SSVF Quarterly Certification-1741

Type: SSVF Quarterly Certification Organization Name: Test VA Organization

Status: Sent to Grantee * Fiscal Year: Please Select

SSVF TASK DETAIL SSVF PROGRAM OFFICE QUARTERLY CERTIFICATION REVIEW

Program Office Quarterly Certification Review

* Name of Individual Submitting on Behalf of Grantee

Final Rule

JUMP TO

- Final Rule
- Satisfaction Survey
- Data Quality
- Grant Performance

- 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, and Grant Performance, Participant Satisfaction Survey, Data Quality, Trainings/Webinars, Expenditures and HHS Drawdowns. The program should use HMIS data reports and Participant Satisfaction Survey report. For other questions, Grantee should choose the appropriate Yes/No response for each question.

- The Final Rule section 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 I am operating in compliance with my signed grant agreement.

Please Select

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

Satisfaction Survey

I certify that our program is participating in the SSVF Participant Satisfaction survey to maintain compliance with our grant agreement.

Yes

I certify that our program reviews the quarterly SSVF Participant summary reports.

Yes

Data Quality

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

Data Quality

I certify that our program has successfully uploaded HMIS data into the VA repository every month this quarter and this data accurately represents our program performance.

No

If the answer to the previous question was no, please outline your plan to improve upload quality including timelines/dates.

test

I certify that our program has a data quality policy and procedures in place to ensure accurate and complete data entries which includes review of the monthly quality reports provided by the VA repository.

No

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

Yes

- The Grant Performance section will prepopulate the targeted number of Households to be served from the Grant Resolution submitted at the beginning of the grant year. Grantee will use HMIS

uploaded data to indicate how many households are served since October 1, 2022. If Grant is not at target to achieve annual goal, please identify the reason why and remediation plan, as indicated.

▼ Households Served

Grantee will use HMIS uploaded data to indicate how many households are served since October 1, 2022. If Grant is not at target to achieve annual goal, please identify the reason why and remediation plan, as indicated.

Please provide total number of households served in FY23 (Fiscal year to date since 10/01/22) as recorded in HMIS. *Note: The fiscal year is not aligned with the current budget cycle.

I certify that our program is on target to meet annual goal of household served as stated in our grant agreement finalized by resolution.

Please Select

- The Supportive Services section provides information on all required services. Grantees will report on the number of Veterans that received Shallow Subsidy services for the entire quarter. This number should match HMIS. Grantees will also report on the number of Veterans placed in hotels/motels using Emergency Housing Assistance, as well as, the number of Veterans who moved into Permanent Housing from hotel/motels this quarter. SSVF Program will cross reference all data to HMIS uploads.

▼ Supportive Services

I certify the supportive services as listed in my grant agreement are being provided, as indicated, per SSVF Regulation 38 CFR 62.33

Yes

I certify our program is providing Health Care Navigation services.

Yes

I certify that our program is offering Rapid Resolution services

Yes

I certify that our program is offering Shallow Subsidy services

Yes

How many Veterans are receiving or received Shallow Subsidy services this quarter?

12

I certify that our program is providing Emergency Housing assistance.

Yes

How many Veterans were provided Emergency Housing Assistance this quarter?

12

How many Veterans were placed in permanent housing from EHA (hotel/motel) this quarter?

12

- The Training/Webinars section covers all mandatory trainings. 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 https://youtu.be/kOb1cXbzT_0.

In the Trainings/Webinars Section, SSVF grantees will certify that their program is in compliance with these requirements. Grantees must certify that the SSVF Program Staff have completed the VA Suicide Prevention Training (SAVE) on an annual basis. Grantees may request in-person training by

contacting the local VA Medical Center's Suicide Prevention Coordinator (SPC). Grantees may also complete the following online [SSVF S.A.V.E Training Webinar](#).

▼ Trainings and Webinars

I certify that my 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 36 days. This webinar covers SSVF program reporting, compliance, and fraud and abuse deference. All SSVF staff must review this training annually.
Please Select
I certify SSVF Program staff have completed the annual VA Suicide Prevention Training (S.A.V.E. Training); either in person or via webinar training in the last 365 days.
Yes
I certify that SSVF Program staff (new and existing) review all trainings/webinars/office hours provided by the SSVF Program Office.
Yes

- The Expenditures & HHS Drawdowns section asks the program if they are making appropriate draws from the HHS 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. Despite condensed budget cycles, at the end of Q1, Grantees should be on track to have spent between 15-35%, Q2= 40-60%, and Q3= 65-80%.

I certify that payment requests from HHS Payment Management System reflect actual spending of designated SSVF funding
Yes
I certify that all expenditures are for line item costs approved on the last approved SSVF Budget.
Yes
I certify that I have received approval from the SSVF Program Office for any modifications made to my approved SSVF budget, including but not limited to adding new positions, adding or removing subcontractors, and cost allocations over 10% of the overall approved budget.
Yes
I certify that all spending is in compliance with all OMB regulations.
Yes
I certify understanding, grant expenditures that are not used in a manner consistent with SSVF Program goals and regulations may be recouped by the SSVF Program Office to be repurposed to provide supportive services in areas with higher needs.
Yes
I certify that actual expenditures, as of the end of this quarter, are within spending limitations. Projected spending rates per quarter: Q1 = 15 to 35%, Q2 = 40 to 60%, Q3 = 65 to 80%.
Yes

- Grantees have an opportunity to provide any additional information to the SSVF Program Office.

▼ Additional Feedback

Quarterly Report Additional Feedback

TEST

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 necessary.

