

- Select One -

- Select One -

- Select One -

*** VAMC**

Please select the VAMC(s) located within your program's service area. If there SSVF services are provided in multiple VAMC catchment areas, the first selection should be the primary VAMC catchment area served. The primary VAMC is designated as the closest facility to your service area, or the facility most frequently used by SSVF clients. If your nearest VA facility is a Community Based Outpatient Clinic (CBOC) or a Community Resource and Referral Center (CRRC), please select the main VAMC under which that clinic or center operates. A list of the VAMC codes is available in the GIFTS section of the SSVF website at: https://www.va.gov/homeless/ssvf/index.asp?page=/official_guide/reporting_and_monitoring_requirements.

- Select One -

- Select One -

- Select One -

- Select One -

- Select One -

Grant Term and Accreditation**Multi-year Award**

Indicate if this grant renewal award for FY2021 has a multi-year project period. The duration of the Project Period is noted on the signed SSVF grant agreement and approved by the accrediting agency. Note that the Budget Period for all SSVF renewal grants is for one year only (10/1/2020 to 09/30/2021). This also applies to grantees that submitted a Letter of Intent (LOI) to continue operating a multi-year award. Note: A marked checkbox is equivalent to "yes".

Accreditation

Based on the prior application submission, the SSVF Program Office has identified this grant program as accredited. Note: A marked checkbox is equivalent to "yes". Furthermore, your application identified the accrediting agency as one of the following: Commission on Accreditation of Rehabilitation Facilities (CARF) in Employment and Community Services; Rapid Rehousing and Homeless Prevention standards, Council on Accreditation (COA) Housing Stabilization and Community Living Services (HSCL); or the Joint Commission (TJC) Behavioral Health: Housing Support Services Standards. Grantees that received program accreditation after the application was submitted will have an opportunity to provide verification of accreditation in the upcoming NOFA. Please do not select an accrediting agency if accreditation was received AFTER the application submission in February 2020. Only grants with FY2021 grant agreements reflecting a multi-year project period will select an accrediting agency below. Please note that grantees who acquired accreditation and did not receive a multi-year award will NOT see an indication of accreditation at this time.

No

If this grant program is accredited, the accrediting body on record with the SSVF Program Office is listed below.

Please note that grantees did not receive a multi-year award will NOT see an indication of accreditation at this time.

Section II**Supportive Services**

Please review the key supportive service listed below. In this section, grantees will select either "Indirect, Direct, or Both" from the available options to clarify how services are provided under the SSVF grant program. Indirect indicates that the services will be provided by referrals or by another program that is not using SSVF funds to provide the service. Direct indicates that services will be provided using SSVF funds (either by the lead grantee or by an SSVF subcontractor agency). If the grant program has budgeted for the use of SSVF funds and also plans to refer out for the service, please indicate Both. Note: you will not be using SSVF grant funds to provide health care and daily living services directly and will only refer for these services (as direct provision is prohibited under 62.33 of the Final Rule). Note: Daily living services does not equate to life skills supportive services.

Please identify which of the following public benefits the SSVF grant will provide directly and/or assist participants in obtaining through referrals to other organizations (indirectly):

*** Healthcare Services**

Healthcare services are not eligible to be provided directly using SSVF funds.

Indirect

*** Daily Living Services**

Daily Living services are not eligible to be provided directly using SSVF funds.

Indirect

*** Income Support Services**

Indirect

*** Legal Services**

Indirect

* Fiduciary & Rep Payee Services

No

* Transportation

Indirect

* Child Care (Non-TFA)

Indirect

* Personal Finance Planning

Indirect

* Housing Location & Counseling

Indirect

* Employment Services

Indirect

Please identify Temporary Financial Assistance offered to participants.

These questions relate to the optional Temporary Financial Assistance (TFA) services. The services selected in this section would be provided directly by your organization with SSVF funds. It may be helpful to check all TFA categories to allow the ability to provide any of the services, should the need arise for a Veteran household, regardless of whether your program experiences a low need for a specific TFA category.

Rental Assistance

Yes

Security or Utility Deposit Assistance

Yes

Utility Payment Assistance

Yes

General Housing Stability Assistance

Yes

Moving Costs

Yes

Child Care

Yes

Transportation

Yes

Emergency Housing Assistance

Yes

Specialist Services

Please indicate if your grant program is budgeting for any of the following positions with SSVF funds. Staff may be either hired directly by the lead grantee or by the subcontractor to provide SSVF services. Please indicate: No, Direct Staff, Subcontractor or Both (Direct Staff and Subcontractor):

* Does the program utilize SOAR?

Yes

* Housing Specialist

No

* Employment Specialist

No

* Peer Navigator / Peer Support Specialist

No

* Income/Benefits Specialist/SOAR

No

* Legal Staff

No

Section III

Subcontractor Services (if applicable)

Only complete this section if the grant application indicated that your grant will subcontract to provide SSVF services. The information provided below must represent subcontractors that were identified within the grant application or subcontractors that have been approved by the SSVF Program Office since the application submission in February 2020. Please identify the type of Supportive Services being offered by subcontractor and the amount of funds allocated to this subcontract. The type of Supportive Services listed in Section II must be used for describing the type of subcontractor services being provided for e.g. Housing Location & Counseling; Legal Services; Employment Services Note: Any requests to add or remove a subcontractor to this grant can be submitted below under Resolution Program changes. Do not include such requests for changes in the fields below.

Grantee is using subcontractors for SSVF Services

A checked box indicates that the application submission identified the use of subcontractor agencies for SSVF service provision.

Subcontractor Agency Name 1

Contract Amount

Subcontractor 1 Services

Subcontractor Agency Name 2

Contract Amount

Subcontractor 2 Services

Subcontractor Agency Name 3

Contract Amount

Subcontractor 3 Services

Subcontractor Agency Name 4

Contract Amount

Subcontractor 4 Services

Subcontractor Agency Name 5

Contract Amount

Subcontractor 5 Services

Subcontractor Agency Name 6

Contract Amount

SAMPLE

Subcontractor 6 Services

Subcontractor Agency Name 7

Contract Amount

Subcontractor 7 Services

Subcontractor Agency Name 8

Contract Amount

Subcontractor 8 Services

Subcontractor Agency Name 9

Contract Amount

Subcontractor 9 Services

Subcontractor Agency Name 10

Contract Amount

Subcontractor 10 Services

SAMPLE

Resolution Subcontractor Changes

The SSVF Program Office acknowledges that grantees may have changes for this grant award since the original budget. Grantees may need to add or terminate a subcontractor agency. As part of the Resolution process, grantees may submit these specific changes to reflect any changes on updated FY2021 submitted budget..

Adding or Removing Subcontractors

* Are you adding a Subcontractor that was not on your approved budget?

Only complete this section if you are requesting to add a subcontractor that was NOT included in your FY2021 application budget or if you are requesting to remove a subcontractor that was included in your FY2021 application budget. As a reminder, use of subcontractors requires a signed MOU between the lead grantee and the subcontractor. Grantees must identify the name of the new subcontractor, the type of services being offered by the new subcontractor, and attach the signed MOU. The type of Supportive Services listed in Section II can be used for describing the type of subcontractor services being provided. If yes, please complete the following information for the new subcontractor agency.

No

Subcontractor Agency Name 1

Contract Amount

Subcontractor 1 Services

Attach a copy of the signed MOU
no file selected

Subcontractor Agency Name 2

Contract Amount

Subcontractor 2 Services

Attach a copy of the signed MOU
no file selected

Subcontractor Agency Name 3

Contract Amount

Subcontractor 3 Services

Attach a copy of the signed MOU.
no file selected

SAMPLE

Are you terminating a subcontractor that was on your approved budget?

If yes, please complete the following information for the Removed Subcontractor Agency. For the termination of an existing subcontractor that was included in the FY2021 Application budget, grantees must provide justification for removing subcontractor and include a description for how they will ensure the SSVF services will continue to be provided. Grantees must identify the name of the subcontractor being terminated, the type of services the terminated subcontractor had been providing, and attach a copy of the termination letter to the subcontractor.

No

Removed Subcontractor Agency Name 1

Provide Justification for removing subcontractor and include description for how grantee will ensure SSVF services will continue to be provided.

Attach a copy of the termination letter.

no file selected

no file selected

Removed Subcontractor Agency Name 2

Provide Justification for removing subcontractor and include description for how grantee will ensure SSVF services will continue to be provided.

Attach a copy of the termination letter.

no file selected

Section IV

Certifications

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

No

- * I certify that our agency will operate in compliance with the signed grant agreement between our agency and the VA.

No

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

No

- * I certify that all new SSVF employees will complete the webinars listed in the Grantee Orientation Guide available here:

https://www.va.gov/homeless/SSVF/?page=/ssvf_university/new_staff_developmen

No

- * Please certify that your SSVF program staff, including those responsible for fiscal procedures, will complete the SSVF Webinar training on Audit Guidelines, Fraud Prevention, Reporting, and Compliance on an annual basis. This webinar covers SSVF program reporting, compliance, and fraud and abuse deference. The link to the training can be found here:

https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Webinar_Fraud_Awareness_Prevention_Solution_Final_11-19.pdf

No

- * Please certify that your SSVF program staff (new and existing) will complete VA Suicide Prevention Training (SAVE Training). All SSVF staff must review this training annually. Grantees may request in-person training by contacting the local VA Medical Center's Suicide Prevention Coordinator (SPC) and request an in-person training (or contact the VA's Homeless Program designated POC Certified S.A.V.E Trainer). Grantees may also complete one of the following online S.A.V.E Trainings. In addition, please certify that your agency will discuss VA Suicide Prevention resources, including in-person or web-based S.A.V.E training availability with your CoC community partners.

<https://www.psycharmor.org/courses/s-a-v-e>

https://www.va.gov/homeless/ssvf/index.asp?page=/ssvf_university/webinar_library

No

- * I certify that our agency will register Veteran Households for the SSVF Satisfaction Survey report as per SSVF Program Office guidance.

No

Grantees should review the Resolution form prior to submitting to VA to ensure the required attachments and information is included. Upon VA's receipt of this online form and the required attachments, the SSVF Program Office will review the information for accuracy. If you have any questions about completing the online requirement form, please contact SSVF@va.gov.

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