Section I Section II Section III Section IV Review My Requirement

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of this report, click Submit. If you're not ready to submit your report yet, click Save & Finish Later.

Section I

Printer Friendly Version | E-mail Draft

* Required before final submission

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF): FY 2021 GRANT AGREEMENT RESOLUTION

Yes

The purpose of the FY2021 Grant Agreement Resolution is to verify key program components including service area, households to be served, subcontractor data (if applicable) and confirmation of the supportive services and specialized services.

Program Number Organization Legal Name

Tax ID (EIN) * EIN Correct? DUNS * DUNS Correct?

Program Information/Demographics

Most of the information provided below has been identified within your agency's application(s). It is important that you review each element and indicate any changes or errors. Additio. if your grant was combined in FY2020, ensure that the information below represents renewed or new grant awards, such as the total projected households and all Counties and CoCs served by each program. Grantees are encouraged to refer to the application submission(s) in their GIFTS account portal to review " attion to review " intention in the program in the

Projected Households to be Served

This is the proposed number of households to be served that was submitted within the agency's grant application(s) in response to the Notification of Funding A pility (NOFA). is is different in application, this change may be a result of the VA SSVF award amount differing from the amount requested in the application(s). This may also include combined awards (renewed and new awards); grantees receiving additional funds to cover potential gaps from non-renewed grants or reduce—ands.

* Resolution Projected Households (HHs) to be Served

This is the projected household to be served within this fiscal year for this award. This is from October 1, 2020 to September 30. 2021. This may differ from App. on(s) Ho. olds to be served, as grantee have received extra CARES funding.

If the Resolution Projected HHs are different from the application submission, please indicate the reason for the odifica.

Please provide data and justification to support any changes. Grantees wishing to reduce the projected number of HHs to be red should include parison or cost per HH from prior fiscal years, in order to demonstrate the trend of increased program costs. There may be various considerations that impact a program's average cost per HH, such as: increased Length of Stay (LOS) due to serving extremely low-income households; higher average TF, reased for portive services, etc. For example, grantee may have added a SOAR specialist, may have budgeted new resources for legal services, or hired additional case managers to support smaller caseloads. As a reminder, cost per HH is generally calculated by dividing the total grant award by the total number or is (bott. Removed).

FY2021 Counties to be Served (From Application)

The Counties below were listed in your application submission(s) and also reflect the addition or removal or any Counties that /e been approved by the SSVF Program Office since the application(s) was submitted. If this is a combined award, or grantee has agreed to cover additional geographic areas, please ensure that all Counties served by the grant program are included.

Additional Counties to be Served

Please indicate any Counties that have been approved to be served but are not listed above. Note: This field is not to be used for proposing new changes to the Counties served.

Community Types

The community type(s) identified below were listed in the grant application submission. Please confirm the community type(s) served (Urban, Rural, and Tribal) within your geographic service area. Include any additional community types that were added to your program since the application was submitted.

- Select One -
- Select One -
- Select One -

* Continuum of Care (CoC) [

Please select the correct, corresponding CoCs from this list. Please include all CoCs listed in your application(s), as well as any approved changes that have taken place since application submission. If the Resolution form represents a combined award or the grantee has agreed to serve additional geographical areas, please ensure all CoCs to be served are included.

- Select One -
- Select One -

- Select One -
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- Select One -
- Select One -
- Select One -

Are you requesting a change to your geographical service area?

Grantees should only complete this field if they are requesting a change that has not yet been submitted to or approved by the SSVF Program Office since the application submission. Please list new CoC(s)/Counties and provide justification for this change using current statistics, demand for serving new area, and a description of outreach attempts in the space provided. Please separate each CoC/County by a comma and fully type the official CoC/County name. Please refrain from using descriptions such as a "southern Sussex County or Portland Metro Area." These requests will be considered by the SSVF Program Office as part of the overall Grant Agreement Resolution review.

* VISN Served (Check all that apply)

The VISN(s) identified below was submitted in the grant application. Review and check all that apply. A map of the VISNs may be found at: https://www.va.gov/directory/guide/map.asp?dnum=1

- Select One -
- Select One -
- Select One -

- 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 actchment 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 -

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 aproximy credite nees that operating a 3-year award. 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 yes".

Accreditation

Based on the prior application submission, the SSVF Program Office has identified this grant program as accredited. Note: A marked checkbox is equival, and Community Services: Rapid Rehousing and Homeless Prevention standards, Council on Accreditation (COA) Housing Stabilization and Community Livil. See S (HSCL) be 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 accreditation of accreditation of accreditation 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 and this time.

If this grant program is accredited, the accrediting body on record with the SSVF Program Office is listed belo. 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, on Both" from a variable 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 SS' ubcontractor 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 prohibit 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 eck all Touckey or the services 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 Maying Costs
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/SOAF				
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 S	ervices	
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		

Contract Amount

Subcontractor Agency Name 6

Subcontractor 6 Services	
Subcontractor Agency Name 7	Contract Amount
Subcontractor 7 Services	
Subcontractor Agency Name 8	Contract Amount
Subcontractor 8 Services	
Subconductor o Services	
Subcontractor Agency Name 9	Contract Amount
Subcontractor 9 Services	
Subcontractor Agency Name 10	Contract Amount
Subcontractor 10 Services	
Resolution Subcontractor Changes	
The SSVF Program Office acknowledges that grantees may have changes	s for this grant award since the original Judget. 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	
Adding of Removing Subcontractors	
Are you adding a Subcontractor that was not on your approximately a subcontractor that was not only a subcontractor that was not only approximately a subcontractor that was not only approximately a subcontractor that was not only approximately a subcontractor that was not only a subcontractor that was not on	
	hat 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 rr, 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
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
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.

ment_Resolution	
	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).
- * 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 S_ Prog Off
- I certify that all new SSVF employees will complete the webinars listed in the Grantee Orientati Gu.

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

No

Please certify that your SSVF program staff, including those responsible for fis procedures, will cone to the SSVF Webinar training on Audit Guidelines, Fraud Prevention, Reporting, and Compliance on an annual basis. This webinar covers SSVF program procedures, will cone to the training and the SSVF Webinar training on Audit Guidelines, Fraud Prevention, Reporting, and Compliance on an annual basis. This webinar covers SSVF program procedures, will cone to the training and the SSVF Webinar training on Audit Guidelines, Fraud Prevention, Reporting, and Compliance on an annual basis. This webinar covers SSVF program procedures, will cone to the training and the SSVF Webinar training on Audit Guidelines, Fraud Prevention, Reporting, and Compliance on an annual basis. This webinar covers SSVF program procedures, will cone to the training and the source of the SSVF Webinar training on Audit Guidelines, Fraud Prevention, Reporting, and Compliance on an annual basis. This webinar covers SSVF program procedures are considered in the source of t

https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Webinar_Fraud_Awareness_Praction_Final_ 19.pd

Please certify that your SSVF program staff (new and existing) will complete VA Suicide revention Training (SAVE Training). All SSVF staff must review this training annually. Grantees may request in-person training by contacting the local VA Medical Certified 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.

