

1 SSVF Program Change**2** Review My Requirement**SSVF Program Change**

Printer Friendly Version | E-mail Draft

* Required before final submission

This is an optional submission. Before completing, please refer to the SSVF Companion Guide to Program Changes available on the SSVF Website at https://www.va.gov/HOMELESS/ssvf/docs/Companion_Guide_to_Program_Changes.pdf

SSVF Program Change Request

Organization Name

Reference Number * Current Quarter
Q4

Service Area:

Current Counties Served:

* **Are you requesting a change to your geographical service area?**

Please list new CoC(s) and Counties and provide justification for this change using current statistics, demand for serving new area, and a description of outreach attempts in the space below:

No

Counties, CoCs, & Justification

Add/Remove Subcontractor:

Any subcontractor status that you set to inactive below must be accompanied by a corresponding Subcontractor Removal Request.

*** Are you terminating a subcontractor?**

Yes

Removed Subcontractor Agency

Provide a justification for removing service.

Grantee must justify how they will continue to provide the service.

Termination Letter Attachment

Please attach the Termination Letter provided to the Subcontractor.

no file selected

Removed Subcontractor Agency

Provide a justification for removing service.

Grantee must justify how they will continue to provide the service.

DRAFT

Termination Letter Attachment

Please attach the Termination Letter provided to the Subcontractor.

no file selected

Removed Subcontractor Agency

Provide a justification for removing service.

Grantee must justify how they will continue to provide the service.

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no file selected

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*** Are you requesting to add a subcontractor not previously included in this year's grant resolution?**

No

New Subcontractor Agency 1

Contract Amount:

List all services to be provided by this subcontractor

New Subcontractor Agency 2

Contract Amount:

List all services to be provided by this subcontractor

*** Are you adding a New position that will result in an additional line on your approved budget?**

If yes, please complete the following fields below:

No

Position Title FTE FTE %

Amount

Added Position 1 Duties

Position Title FTE FTE %

Amount

Added Position 2 Duties

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*** Are you adding a line item cost that was not included on your approved budget?**

If yes, please fill out the fills below

No

Budget Line Item Budget Line Amount

Budget Line Justification

Budget Line Item Budget Line Amount

Budget Line Justification 2

Budget Line Item

Budget Line Amount

Budget Line Justification 3

I certify that I am authorized to submit this program change request for the above SSVF grant agreement:

DRAFT