

# HVRP Financial Director Survey

## Introduction

We are conducting an effectiveness study of the Homeless Veterans Reintegration Program (HVRP) in the Veterans Employment and Training Service (VETS). The purpose of this survey is to get your perspective as a grantee on changes that have recently been introduced by VETS and your interaction with DVOP and LVER representatives, as well as to better understand some of the characteristics of your program and its participants. All of the information that you provide will be used to inform the HVRP as to its effectiveness.

Questions for the survey begin on the next page. You may want to print out a hard copy of the survey provided in the email sent to you so that you can gather any data or information that you will need to answer questions. Once you have begun the survey, you can stop and return at any time using the username and password provided to you via email. Please answer each question as honestly and accurately as possible.

Thank you for your participation, and please contact Marissa Shuffler via email at [MShuffler@icfi.com](mailto:MShuffler@icfi.com) or (703) 934-3662, or Kenneth Fenner via email at [Fenner.kenneth@dol.gov](mailto:Fenner.kenneth@dol.gov) or (202) 693-4728 with any questions or comments.

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

## Public Burden Statement

Participation in this survey is voluntary. This survey should not be responded to unless a valid OMB control number is displayed. Public reporting burden for this collection of information is estimated to average 0.5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, The Office of the Assistant Director for Veterans' Employment and Training, 200 Constitution Ave, N.W., Room S-1316, Washington, DC 20210 (phone: 202-693-4700).

1) What is your organization's total annual budget?

\$ \_\_\_\_\_

2) What is your total annual budget for serving homeless veterans?

\$ \_\_\_\_\_

3) Please mark all sources from which you receive funding for serving homeless veterans.

- HVRP
- Veterans Workforce Investment Program
- Workforce Investment Act (Other)
- Veteran's Affairs
- HUD McKinney-Vento/Continuum of Care
- Other HUD
- SAMHSA
- Department of Justice
- State Vocational Rehabilitation Agency
- Private/Foundation Grants
- Other (please specify)

If you selected other, please specify

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4) For each of the following sources, please provide the percentage that represents how much of your total annual budget for serving homeless veterans comes from each source. **If you do not receive funding from a particular source, please put a "0" in the blank.**

*\*Please note that percentages should add up to 100%*

HVRP	_____	%
Veterans Workforce Investment Program	_____	%
Workforce Investment Act (Other)	_____	%
Veteran's Affairs	_____	%
HUD McKinney-Vento/Continuum of Care	_____	%
Other HUD	_____	%
SAMHSA	_____	%
Department of Justice	_____	%
State Vocational Rehabilitation Agency	_____	%
Private/Foundation Grants	_____	%
Other (as specified in previous question)	_____	%

5) Please indicate your agreement with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I understand what is expected of me in terms of reporting administrative/financial information, including the schedule for providing this information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand what is expected of me in terms of reporting administrative/financial information into the new E-Grants System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a clear understanding of how the HVRP program defines acceptable administrative, indirect, and allowable costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) What factors contribute to exceeding / not meeting your program administrative / financial expenditure goals including the allocation and expenditure of appropriate administrative, indirect, and allowable costs?

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7) Did your grant application propose the use of cost sharing and/or matching funds?

- Yes
- No
- Don't Know / Not Sure

**8) What methods have you used to calculate the cost sharing and/or matching funds proposed?**

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**9) How have you reported the amount of cost sharing and/or matching funds within the HVRP reporting procedures?**

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**10) If applicable, please estimate the match ratio that HVRP funds provide.**

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**11) Is your program administering more than one grant?**

- Yes
- No
- Don't Know / Not Sure

**12) What methods do you use to separate administrative and financial reporting between grants?**

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**13) Have specific administrative and financial reporting requirements across various programs that you manage posed particular difficulties?**

- Yes
- No
- Don't Know / Not Sure

**14) Please identify the difficulties posed by specific administrative and financial reporting requirements across various programs and describe how you compensate for those difficulties.**

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**15) To what extent has the introduction of Common Measures impacted your organization's financial resources?**

- To a great extent
- To some extent
- Not at all
- I don't know

**16) Please explain why you chose this rating.**

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**17) Please provide recommendations to improve the overall administrative / financial reporting requirements under the HVRP grant.**

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## Additional Information

18) **FIRST YEAR GRANTEES:** Please provide insight on specific challenges you face.

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19) **All OTHER GRANTEES:** What advice would you like to pass on to new grantees?

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20) **OPTIONAL:** Please provide any additional comments or suggestions that may be useful to understanding the effectiveness of the HVRP.

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21) Please provide feedback regarding the structure of the survey questions, difficulty in completing particular questions, appropriateness of answer options, or any other information that will be useful for future versions of the survey.

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**Thank you for your participation!**

Please contact Marissa Shuffler at [MShuffler@icfi.com](mailto:MShuffler@icfi.com) with any additional questions or concerns.