

Department of
Veterans Affairs

Memorandum

Date: September 20, 2013

From: VHA PRA Compliance Liaison (10B4)

Subject: Revisions for OMB Control # 2900-0757

To: VA Desk Officer, Office of Management & Budget (OMB)

Cc: VA Clearance Officer, Crystal Rennie (OI&T- 005R1B)

Revisions are marked in red, which represents the additions and deletions to the SSVF forms.

- Due to an internal VA Form Number assignment discrepancy, the form number for the SSVF collection required a change. VHA is now utilizing a 5 digit suffix for all new forms and previously saved forms in the 0500 series. SSVF has been assigned **10-10072**, which **replaces** former number **10-0508**.

VA FORM 10-10072, SSVF APPLICATION

Form 10-10072: Page 2

Exhibit III: Program Budget (Complete Attached Microsoft Excel Applicant Budget Template)
Exhibit IV: (Optional) Letters of support from Continuums of Care (CoCs) where services are proposed and Relevant MOUs and MOAs Demonstrating Area or Community Linkages
Exhibit V: Articles of Incorporation, Corporate Resolutions, Certified Partnership, Joint Venture, or LLC Agreement

SECTION E: Area or Community Linkages and Relations: Page 8,

- b) Describe your current efforts to coordinate services in the Continuum(s) of Care (CoC) where you plan to deliver services. **Describe your involvement in the CoC's Coordinated Assessment efforts.**

VA FORM 10-10072c, SSVF RENEWAL APPLICATION

Form 10-10072c: Page 4

13. Applicant's SSVF program is currently CARF ~~or COA~~ accredited and wishes to be considered for an additional year of grant funding (attach copy of certification).

Form 10-10072c: Page 7

C) Amount of Supportive Services Grant Funds Requested (Note: Request cannot ~~vary more than 40%~~ be greater than of your current grant award amount in order to submit a renewal application. Please refer to the NOFA for the maximum allowable grant size.) \$ _____

D) Changes to Proposed Program. Please describe any changes that you would like to make to your proposed program. ~~Requests for budget increases need to be justified by an expansion in the number of persons and/or areas served.~~ (Note: In order to be eligible for renewal, your program must remain ~~generally substantially the same as consistent with~~ the program concept you proposed during the initial application. Please refer to the NOFA for additional details. You are not required to make any changes to your proposed program.)

Form 10-10072c: Page 10

4. Homelessness Prevention.

~~a. —~~ Describe how you targeted and prevented homelessness among those very low-income Veteran families occupying permanent housing (Category 1, described in 38 CFR 62.11(1)) who were most at risk. Provide an estimate of the quantity of households who were diverted from homelessness.

~~b. —~~ ~~How will you integrate the new screening tool provided in Exhibit II that identifies eligibility criteria for program participation described in the NOFA? For those Veteran families who are eligible, using Stage 2 of Exhibit II, what threshold (point score) do you plan to use for targeting Category 1 (prevention) participants?~~

5. Ending Homelessness.

~~5.~~ **a.** Describe how your program targeted and reduced homelessness among very low-income Veteran families occupying permanent housing. Provide an estimate of the number of households who were transitioned from homelessness to permanent housing through the SSVF Program.

b. How have you coordinated SSVF services with other programs offered in the Continuum(s) of Care (CoC) you currently serve? Describe your involvement in the CoC's Coordinated Assessment efforts.