

Date: June 2, 2021

From: Office of National Veterans Sports Programs & Special Events

Subj: Submission of Stipends4Vets App for Office of Management and Budget (OMB) Authorization

To: Whom It May Concern

PURPOSE: This memorandum provides the Stipends4Vets App information for OMB review and authorization for Department of Veterans Affairs (VA) electronic data collection in support of the VA Monthly Training Allowance.

REASON FOR TIMING: Currently, the VA Forms (VAF) 0918a and 0918b are undergoing OMB review for updating their authorization under the Paperwork Reduction Act (PRA). The Stipends4Vets app is designed to accomplish similar data collection to the VAFs 0918a and 0918b and will be submitted as a supplemental data collection means under the same application as the VAFs 0918a and 0918b.

ISSUE: Since 2011, VA has used the VAFs 0918a and 0918b for collection of application and payment data for the VA Monthly Training Allowance. For both ease of use and protection of sensitive personal data, VA arranged for creation of the Stipends4Vets app to collect this data for the allowance program. Since the VAFs 0918a and 0918b are undergoing OMB review for updating the forms and their compliance with PRA, this memo provides data for OMB to simultaneously review the Stipends4Vets app for authorization for data collection and PRA compliance.

Although the Veteran also submits the VAF 10091 through the Stipends4Vets app, OMB authorization for data collection and PRA compliance is covered under the authorization for the VAF 10091. Also, although there are other users of the Stipends4Vets app, these users are VA employees and their data inputs are not required for OMB review.

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v/r

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2 Attachments:

1. Veteran Data Collection Requirements under the Stipends4Vets App for the VA Monthly Training Allowance
2. Olympic and Paralympic Certifying Official Data Collection Requirements under the Stipends4Vets App for the VA Monthly Training Allowance
3. VA Forms 0918a and 0918b

Attachment 1

Veteran Data Collection Requirements under the Stipends4Vets App for the VA Monthly Training Allowance

Other than the Olympic or Paralympic sport certifying official's signature, the Veteran enters all data on each of the VA Forms (VAF) 0918a and 0918b. The Stipends4Vets app data collection equivalents for these forms follow. The Stipends4Vets app also is designed to interact with other VA databases and therefore, VAF 0918a, Block 1 and VAF 0918b, Blocks 1, 2, 3, 16 & 17 will be auto-populated under the electronic data collection option and screenshots are not required. The overall effect is reducing the burden on Veterans.

To create an allowance application through the app similar to the VAF 0918b, the Veteran first must select the applicable sport from a pre-established dropdown menu; this equates to VAF 0918a, Block 4 and VAF 0918, Block 4A. The screenshot follows:

Please select your Sport from the following list. If the Default Governing Body listed for your Sport is not the one that should review your application, please check the box below:

I need to select a different Governing Body

Sport Name	Default Governing Body Name
1 <input type="radio"/> Alpine Skiing	United States Olympic & Paralympic
2 <input type="radio"/> Archery	USA Archery
3 <input type="radio"/> Badminton	USA Badminton
4 <input type="radio"/> Boccia	USA Boccia
5 <input type="radio"/> Canoe / Kayak	American Canoe Association
6 <input type="radio"/> Cycling	United States Olympic & Paralympic
7 <input type="radio"/> Darts	USA Darts
8 <input type="radio"/> Equestrian	US Equestrian Federation
9 <input type="radio"/> Goalball	USABA
10 <input type="radio"/> Nordic Skiing	United States Olympic & Paralympic
11 <input type="radio"/> Soccer	US Soccer
12 <input type="radio"/> Swimming	United States Olympic & Paralympic
13 <input type="radio"/> Track & Field	United States Olympic & Paralympic

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Next, the Veteran updates if they're classified Olympic or Paralympic and if the Veteran has a VA rating for a service-connected disability (VAF 0918a, Block 3), as follows:

* Are you a Paralympic or Olympic Athlete?

Paralympic

Olympic

* Have you received a VA rating for a service connected disability?

Yes

No

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Next, the Veteran enters details on their training location (VAF 0918b, Block 6), as follows:

Please enter details about your primary TRAINING location

*Location Name

*City

*State
Alabama

*Zip Code

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Next, the Veteran enters details on dependents until all dependents are updated (VAF 0918b, Section C), as follows:

* Do you have a spouse and/or any dependent children?

Yes
 No

Next

You have entered the following dependents into the system:

	Dependent Name
1	Mary Dart
2	Johnny Dart

< >

* Do you have another dependent to add?

Yes
 No

Next

Spouse Information

Since stipend amounts are based on the number of qualified dependents, please enter information about your dependents here, one at a time. You will be able to add additional dependents on the next screen, if needed.

*Dependent Type
 Child
 Spouse

*Full Name

*Last 4 Digits of Social Security Number

*Marital Status
 Currently Married
 Terminated Divorce
 Terminated Death

*Marriage Date

Marriage Place

*Does this dependent live with you?
 Yes
 No

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Child Information

Since stipend amounts are based on the number of qualified dependents, please enter information about your dependents here, one at a time. You will be able to add additional dependents on the next screen, if needed.

*Dependent Type
 Child
 Spouse

*Full Name

*Last 4 Digits of Social Security Number

*Does this dependent live with you?
 Yes
 No

Relationship
 Biological
 Adopted
 Stepchild

*Date of Birth

Place of Birth

Is the child seriously disabled?
 Yes
 No

If 18-22 years old, is this child in post-secondary school?
 Yes
 No

Was the child previously married?
 Yes
 No

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Once the above information is updated, the Veteran has completed data input for the application and presses next to submit to the applicable Olympic or Paralympic sport certifier for review. No additional input is required from the Veteran.

Your application has been updated with your dependent information. To complete the application process, you still need to:

- Request stipend payments

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To create an allowance payment request through the app similar to the VAF 0918a, the Veteran first inputs sport-related data that verifies the Veteran met performance standards for the allowance (VAF 0918a, Blocks 2, 4B, 5A-C & 6C&D). Several items must be provided by typing the data in the provided space. The sport-related data input screenshot follows:

Please enter details about your training, so that we can process your first Stipend Request payment (and any back payments)

* Current Level
 Emerging
 National Team/Elite

* Type of Training
 Training
 Competition
 Residence

* Length of Training
 Daily
 Weekly
 Monthly
 Quarterly

* Sport Classification

* Date Standard Met

* Location Met ⓘ

* Score/Time/Justification

Next, the Stipends4Vets app is designed to aid the Veteran by pre-populating payment requests for current payments. However, Veterans may be qualified for payments for previous months. If the Veteran is qualified for a retroactive payment for a previous month, the Veteran enters the backpay eligibility in the app and fills out the data for that applicable month. Although the first screenshot shows a specific date regarding backpay, that date will update each month in the Stipends4Vets app to reflect the current payment month. Covering VAF 0918a, Blocks 6A-B, the current and backpay eligibility screenshot follows:

The Stipends4Vets program sends out stipend payments in arrears. If you were eligible for the program **before March 1, 2021**, select Yes. You can request a back payment for each month you were eligible, going back to October 1st. If you became eligible **on or after March 1, 2021**, please select No.

* Are you eligible for back payments?
 Yes
 No

IF YOU SELECT “YES”

If you select yes, click next and enter information for your back payments. Enter the Stipend Month (1st of the Month) and how many days you were eligible. Include the beginning and end date of eligibility. If you were eligible for the entire month, please enter 30. If there was a break in eligibility in a single month include both date ranges. If you have more than 2 breaks in eligibility within a single month, contact the VA. REMINDER: This must be before the 1st of the previous month. Click Next. Select Yes and Next if you have additional back payments to add.

The system will guide you through the process of creating one Stipend Request record for each month you are eligible for back payment. Please begin by indicating the month in which you became eligible.

*Stipend Month (Please select the 1st of the month)

*How many days of this month were you eligible? If the entire month, enter 30

Please specify the dates you were eligible during the stipend month:

*Beginning Date

*Ending Date

Beginning Date (if there was a gap in your eligibility)

Ending Date (if there was a gap in your eligibility)

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WHEN YOU SELECT “NO”

When you select no, click next and enter eligibility information for last month. If you were eligible for the entire month, please enter 30. Include the beginning and end date of eligibility. If there was a break in eligibility in a single month include both date ranges. If you have more than 2 breaks in eligibility within a single month, contact the VA. Click Next.

How many days were you eligible for the Stipends4Vets program last month? If you were eligible for the entire month, please enter 30.

*Number of Days Eligible

Please specify the dates you were eligible this last month:

*Beginning Date

*Ending Date

Beginning Date (if there was a gap in your eligibility)

Ending Date (if there was a gap in your eligibility)

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When the Veteran has determined all data has been updated for submission, the Veteran clicks “Next” and the payment is submitted to the applicable Olympic or Paralympic sport certifying official for review. No further action is required by the Veteran. The screenshot follows:

We have Saved the information that you have provided so far in your application to the Stipends4Vets Monthly Training Allowance program.

You may submit your application now or continue to review and update it as needed.

*Are You Ready to Submit?

Yes, I have provided all requested information. I am ready to submit for Certifying Official review.

No, I wish to review my application before submitting for Certifying Official review.

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Attachment 2

Olympic and Paralympic Certifying Official Data Collection Requirements under the Stipends4Vets App for the VA Monthly Training Allowance

The Olympic and Paralympic sport certifying officials have only one entry on each of the VA Forms (VAF) 0918a and 0918b; they sign to certify the Veteran meets all of the requirements on the respective form and thus qualify for the VA Monthly Training Allowance. The Stipends4Vets app data collection equivalents for these forms follow.

Registration: Olympic and Paralympic sport officials must first register for an account on the Stipends4Vets app; this is a one-time occurrence. The screenshot for opening an account follows:

Open A Certifying Official Account

Note: The fields highlighted in red are required.

Request Details

Governing Body
Please select the Governing Body that you will represent in an official capacity to review and approve Stipend Requests. If your Governing Body is not listed, please contact Stipends4Vets@va.gov

First Name

Last Name

Phone Number
Please enter the phone number that you most frequently use for your organization.

Email
You must use an email address tied to your organization. Do NOT use a personal email address.

ngb@test2.com

Submit Request

When a Veteran applies for the allowance, the appropriate Olympic or Paralympic sport certifying official will review the application to ensure the Veteran meets standards for eligibility. This is equivalent to the VAF 0918b. The certifier does not add any data at this point. The application data screenshot follows:

Stipend Application Number STI-0008	Veteran Barb Athlete
Sport Badminton	Status Certifying Official Review
Governing Body USA Badminton	
✓ Veteran Information	
Athlete Type Paralympic	
✓ Training Information	
Primary Training Location Name Sun Devil Fitness Complex	Primary Training Location City Tempe
Primary Training Location Zip Code 85287	Primary Training Location State Arizona

Similar to VAF 0918b, Block 7, the certifier either approves the application or updates it as ineligible. If approved, no further action is required, and the application is forwarded to VA. If ineligible, the certifier updates the “Ineligible” block with the reason for ineligibility and the application is returned to the Veteran. The certifier action screenshot follows:

The screenshot shows a button interface with 'Approve' and 'Ineligible' options. A red arrow points to the 'Ineligible' button. Below this is a form titled 'Ineligible' containing a text input field with the instruction: '* Please indicate why you are marking this Stipend Application ineligible, then click "Next"'. A 'Next' button is located at the bottom right of the form.

When a Veteran submits an allowance payment request, the appropriate Olympic or Paralympic sport certifying official will review the payment request to ensure the Veteran meets standards for payment. This is equivalent to the VAF 0918a. The certifier does not add any data at this point. The payment request data screenshot follows:

The screenshot displays a payment request data form with two columns of fields. The left column includes: Stipend Request Number (SR-000004), Stipend Application (STI-0008), Certifying Official (Brad Badminton), Training Status Information (Current Level: Emerging, Date Standard Met: 2/12/2021, Location Met: West Coast Championships, Los Angeles, CA, Score/Time/Justification: Development Team, Length of Training: Daily). The right column includes: Veteran (Barb Athlete), External Status, Certifying Official Review, Reason for Ineligibility, Sport (Badminton), Sport Classification (one-knee prosthesis), Stipend Month (3/1/2021), Stipend Period (2021/3), and Number of Days Eligible (30). A red arrow points to the 'Sport Classification' field. To the right is a file upload section with 'Files (0)', 'Add Files', 'Upload Files', and 'Or drop files' options.

Next the certifier either approves the application request or updates it as ineligible. If approved, it matches VAF 0918a, Blocks 10A&B and no further action is required; the payment request is forwarded to VA. If ineligible, the certifier updates the “Ineligible” block with the reason for ineligibility like the screenshot above for the application request and the payment request is returned to the Veteran. The certifier action screenshot follows:

The screenshot shows a certifier action interface with a progress bar and a set of buttons. The progress bar has four stages: a green bar with a checkmark, a blue bar labeled 'Certifying Official Review', a grey bar labeled 'VA Review', and a grey bar labeled 'Payment Approved'. Above the progress bar are buttons for '+ Follow', 'Approve', 'Send Back to Veteran', and 'Ineligible'. A red arrow points to the 'Ineligible' button.

Attachment 3

VA Forms 0918a and 0918b

The revised VA Forms 0918a and 0918b are currently under review for OMB authorization for use for the VA Monthly Training Allowance. Copies of these forms follow for cross-referencing to their Stipend4Vets app electronic input counterparts.

OMB Number: 2000-0740
Exp. Date: January, 2001
Required Burden: 5 minutes

Department of Veterans Affairs			
CERTIFICATION OF NATIONAL PARALYMPICS AND OLYMPICS TRAINING STATUS			
<p>PRIVACY ACT: The information requested on this form is obtained under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 50VA212228, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the information is required in order for us to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will result in adverse effect on any other benefits to which you may be entitled.</p> <p>RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to justify our information collection in accordance with the clearance requirements of Section 3527 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We estimate that the time spent by all individuals who must complete this application will average 5 minutes. This includes the time it will take to read instructions, gather the necessary data and fill out the form.</p>			
SECTION A - IDENTIFYING DATA			
1. NAME AND MAILING ADDRESS OF APPLICANT		2. LEVEL	
		<input type="checkbox"/> EMERGING <input type="checkbox"/> NATIONAL TEAM/ELITE	
		3. DISABILITY CLASSIFICATION	
		<input type="checkbox"/> SERVICE-CONNECTED <input type="checkbox"/> NONSERVICE-CONNECTED	
SECTION B - CERTIFICATION OF TRAINING STATUS			
4A. NAME OF SPORT		4B. SPORT CLASSIFICATION	
5A. DATE VISAA'S STANDARD MET (General: N/A/00/1111)	5B. EVENT/COMPETITION/CHAMP STANDARDS MET NAME AND LOCATION	5C. SCORE/TIME CLASSIFICATION	
SECTION C - PERIOD OF ENROLLMENT			
6A. BEGINNING DATE	6B. ENDING DATE	6C. LENGTH OF TRAINING (Daily, Weekly, Monthly, Quarterly)	6D. TYPE OF TRAINING
			<input type="checkbox"/> TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> RESIDENCE
			<input type="checkbox"/> TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> RESIDENCE
			<input type="checkbox"/> TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> RESIDENCE
			<input type="checkbox"/> TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> RESIDENCE
SECTION D - CERTIFICATION OF ATTENDANCE AND STATUS			
<p><i>(Applicants must be invited to participate in Paralympics or Olympics training by the applicable governing Paralympics or Olympics sport entity to receive VA allowance)</i></p>			
7. I certify that the individual in Item 1 began or resumed the training program listed in Section B for the period specified under Section C. Furthermore, I certify that I will notify the Department of Veterans Affairs, Office of National Veterans Sports Programs and Special Events, within 3 working days of a change in the individual's training status.			
8A. NAME, TITLE, AND SIGNATURE OF DESIGNATED CERTIFYING OFFICIAL			8B. DATE SIGNED
SECTION E - CERTIFICATION OF MARITAL AND DEPENDENT STATUS			
9. I certify that information submitted on my application, VA Form 0918b, regarding my marital and dependent status is current and valid. Furthermore, I certify that I will notify the Department of Veterans Affairs, Office of National Veterans Sports Programs and Special Events, within 14 business days of a change in my marital or dependent status.			
10A. PRINTED NAME AND SIGNATURE OF VETERAN			10B. DATE SIGNED

VA FORM 0918a
DEC 2000

VA Form 0918a, primarily for certifying allowance payments

Department of Veterans Affairs

APPLICATION FOR MONTHLY ASSISTANCE ALLOWANCE FOR VETERANS IN CONNECTION WITH PARALYMPICS AND OLYMPICS IN THE UNITED STATES

PRIVACY ACT: The information requested on this form is collected under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 50VA2122-28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, the information is requested under the act to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.

RESPONDENT BE AWARE: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

SECTION A - IDENTIFYING DATA

1. NAME AND MAILING ADDRESS OF APPLICANT
 2. VA FILE NUMBER (if applicable)
 3. VETERAN SOCIAL SECURITY NO. (Last 4 digits only)
 3A. HAVE YOU RECEIVED A VARYING FOR A SERVICE CONNECTED DISABILITY? YES NO

SECTION B - UNITED STATES PARALYMPICS SPORT TRAINING

4. NAME OF SPORT
 5. NAME OF GOVERNING ORGANIZATION
 6. LOCATION OF TRAINING
 7. NAME, SIGNATURE AND TITLE OF CERTIFYING NATIONAL PARALYMPICS OR OLYMPICS OFFICIAL (Applicant must be invited to participate in Paralympics or Olympics training by the applicable governing Paralympics or Olympics sport committee in the United States to receive a VA allowance)

SECTION C - DECLARATION OF DEPENDENT STATUS

VETERAN'S MARRIAGES

8A. HOW MANY TIMES HAVE YOU BEEN MARRIED? (including current marriage)

8B. DATE AND PLACE OF MARRIAGE (City, State or County)	8C. TO WHOM MARRIED (First, middle, last name)	8D. SPOUSE'S SSN (Last 4 digits only)	8E. HOW MARRIAGE TERMINATED (Death, Divorce)	8F. DATE AND PLACE TERMINATED (City, State or County)
MOST RECENT MARRIAGE _____ month day year Place: _____				_____ month day year Place: _____
PREVIOUS MARRIAGE 1 _____ month day year Place: _____				_____ month day year Place: _____
PREVIOUS MARRIAGE 2 _____ month day year Place: _____				_____ month day year Place: _____

8. DO YOU LIVE WITH YOUR SPOUSE? (If "Yes", skip to Item 12. If "No", answer Items 10 and 11) YES NO

VA Form 0918b (page 1), primarily for certifying a Veteran's eligibility for the allowance

10. WHAT IS YOUR SPOUSE'S ADDRESS? 	11. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT? \$ _____
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VETERAN'S UNMARIED CHILDREN

Note: In Items 12A through 12E, check all boxes that apply.

12A. NAME OF CHILD <i>(first, middle initial, last)</i>	12B. DATE AND PLACE OF BIRTH <i>(city, state or country)</i>	12C. SOCIAL SECURITY NUMBER <i>(last 4 digits only)</i>	12D. BIO-LOGICAL	12E. ADOPT-ED	12F. STEP-CHILD	12G. 18-25 YRS. OLD AND IN SCHOOL	12H. SERIOUSLY DISABLED	12I. CHILD PREVIOUSLY MARRIED
_____	_____/_____/_____ PLACE: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____/_____/_____ PLACE: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____/_____/_____ PLACE: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____/_____/_____ PLACE: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____/_____/_____ PLACE: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____/_____/_____ PLACE: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the children listed above don't live with you, complete Items 13A through 13C.

13A. NAME OF CHILD <i>(first, middle initial, last)</i>	13B. CHILD'S COMPLETE ADDRESS	13C. NAME OF PERSON THE CHILD LIVES WITH <i>(if applicable)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. I hereby certify that the information given above is true and correct to the best of my knowledge and belief.

15A. SIGNATURE OF CLAIMANT 	15B. DATE SIGNED
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16. TELEPHONE NUMBER 	17. E-MAIL ADDRESS
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VA Form 0918b (page 2)