



Department of Veterans Affairs

**Legal Services for Homeless Veterans and Veterans At-Risk for Homelessness (LSV) Grant Program  
QUARTERLY GRANTEE PERFORMANCE REPORT**

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with Section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather and maintain data needed, and complete and review the collection of information. Respondents should be aware that 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. This collection of information is intended to assist VA's Homeless Program Office (HPO) in monitoring grantee performance and compliance with the requirements for legal services grants under the LSV Program. Response to this quarterly grantee performance certification is voluntary, but required for participation in this program; however, failure to participate will have no adverse effect on benefits to which you might otherwise be entitled.

**Privacy Act Statement:** VA is asking you to provide the information requested in this form under the authority of 38 U.S.C. section 2044 in order for VA to monitor your performance pursuant to a legal services grant under the HPO Program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA grant programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide the requested information to VA; but if you do not, VA may be unable to process your request for consideration in this program. This information also may be used for other purposes as authorized or required by law.

**INSTRUCTIONS:** Please complete the following form and email, along with your Quarterly Financial Report (Attachment 1), to the LSV Program web page (<http://www.va.gov/homeless/lsv.asp>). Please clearly mark any information that is confidential to individual participants

**SECTION I: GRANT INFORMATION**

1. GRANTEE NAME:	2. GRANT AWARD NUMBER:	3. GRANT AMOUNT:
4. NAME AND TITLE OF CONTACT COMPLETING FORM:		
5. CONTACT EMAIL:		

**SECTION II: FINAL RULE**

1. I CERTIFY THAT THIS LSV PROGRAM IS IN COMPLIANCE WITH THE FINAL RULE (38 CFR part 62).  
 YES  NO

2. I CERTIFY THAT I AM OPERATING IN COMPLIANCE WITH MY SIGNED GRANT AGREEMENT.  
 YES  NO

**SECTION III: DATA QUALITY**

1. I CERTIFY THAT I AM REVIEWING THE MONTHLY DATA QUALITY SUMMARY REPORTS.  
 YES  NO

2. I CERTIFY THAT DATA AND REPORTS GIVEN TO THE VA ACCURATELY REPRESENTS OUR PROGRAM PERFORMANCE.  
 YES  NO

2A. IF THE ANSWER TO THE PREVIOUS QUESTION WAS NO, PLEASE OUTLINE YOUR PLAN TO IMPROVE UPLOAD QUALITY INCLUDING TIMELINES/DATES:

3. I CERTIFY THAT OUR PROGRAM IS ACTIVELY WORKING TO IMPROVE DATA QUALITY.  
 YES  NO

4. I CERTIFY THAT OUR PROGRAM IS ADDRESSING ALL ERRONEOUS RECORDS INDICATED IN OUR MONTHLY DATA QUALITY/DATA SUMMARY REPORTS.  
 YES  NO

**SECTION IV: LEGAL SERVICES**

TYPE OF LEGAL SERVICES PROVIDED	GRANTEE/PROGRAM PROVIDED SERVICE DIRECTLY <i>(Yes/No)</i>	GRANTEE/PROGRAM ASSISTED PARTICIPANTS IN OBTAINING SERVICES THROUGH REFERRALS TO OTHER ORGANIZATIONS <i>(Yes/No)</i>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION V: TRAININGS AND WEBINARS**

1. I CERTIFY THAT LSV PROGRAM STAFF (NEW AND EXISTING) REVIEW ALL TRAININGS/WEBINARS PROVIDED BY THE LSV PROGRAM OFFICE.  
 YES  NO
2. I CERTIFY THAT LSV PROGRAM HAS A PLAN FOR ENSURING THAT STAFF AND ANY SUBCONTRACTORS ARE APPROPRIATELY TRAINED, AND STAY INFORMED OF INDUSTRY TRENDS AND THE REQUIREMENTS OF THIS GRANT.  
 YES  NO

**SECTION VI: BUDGET**

1. I CERTIFY THAT PAYMENT REQUESTS FROM HHS PAYMENT MANAGEMENT SYSTEM REFLECT ACTUAL SPENDING.  
 YES  NO
2. I CERTIFY THAT ALL EXPENDITURES ARE FOR COSTS APPROVED ON THE LSV BUDGET.  
 YES  NO
2. I CERTIFY THAT ALL EXPENDITURES ARE FOR COSTS APPROVED ON THE LSV BUDGET.  
 YES  NO
3. I CERTIFY THAT I HAVE RECEIVED APPROVAL FROM THE LSV PROGRAM OFFICE FOR ANY MODIFICATIONS MADE TO MY APPROVED LSV GRANT BUDGET.  
 YES  NO
4. I CERTIFY THAT ALL SPENDING IS IN COMPLIANCE WITH ALL OMB REGULATIONS.  
 YES  NO
5. ADDITIONAL FEEDBACK FOR LSV COMPLIANCE OFFICE:

**SECTION VII: CERTIFICATION AND SUBMISSION**

I certify that I am authorized to submit this response on behalf of this LSV program. Please note: Documentation supporting all certifications must be maintained by the grantee and made available for monitoring visits and audits.

SIGNATURE:	DATE (MM/DD/YYYY)
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