VA STAFF SERGEANT FOX SUICIDE PREVENTION GRANT PROGRAM (SSG Fox SPGP)
Approved SSG Fox SPGP Grant Funds Quarterly Budget
VA Form 10-316f

OMB Control Number: 2900-XXXX
Estimated Burden: 30 Minutes
Expiration Date: 04/30/2025

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 for use by the SSG Fox SPGP as the Grantee's quarterly financial report. Your response to this information collection is mandatory, and failure to provide the requested information may adversely affect your continued participation in the SSG Fox SPGP.

Privacy Act Statement: VA is asking you to provide the information requested in this report under the authority of 38 U.S.C. section 7366 in order for the VA to assess your quarterly financial situation and maintain oversight of your participation in the SSG Fox SPGP. VA may use or disclose your annual report information 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 programs, including verification of eligibility to participate; and personnel administration. You must provide the requested information to VA in order to continue participation with the SSG Fox Suicide Prevention Grant Program.

Name of Grantee:	
SSG Fox SPGP Program Number:	
SSG Fox SPGP Grant Amount:	
Grant Award Fiscal Year:	

Program Expenses	# FTE	% FTE	Base Annual Salary/Wage	% of Total SSG Fox SPGP Grant	SSG Fox SPGP Grant Funds Total Annual	SSG Fox SPGP Grant Funds Q1	SSG Fox SPGP Grant Funds Q2	SSG Fox SPGP Grant Funds Q3	SSG Fox SPGP Grant Funds Q4
I. Provision and Coordination of Suicide Prevention Services (Minimum of 90% of Total SSG Fox SPGP Grant Amount)									
1. Personnel/Labor									
Title and Organization				#DIV/0!	$ -	$ -	$ -	$ -	$ -

VA STAFF SERGEANT FOX SUICIDE PREVENTION GRANT PROGRAM (SSG Fox SPGP)
Attachment 1, Tab 2: Grantee Financial Report - Quarterly Variance Report
VA Form 10-316f

OMB Control Number: 2900-XXXX
Estimated Burden: 30 Minutes
Expiration Date: 04/30/2025

Name of Grantee:	**0**
SSG Fox SPGP Program Number:	**0**
SSG Fox SPGP Grant Amount:	**$0.00**
Grant Fiscal Year:	**0**

								1ST QUARTER				2ND QUARTER				3RD QUARTER				4TH QUARTER			
Program Expenses				**% of Total SSG Fox SPGP Grant**	**ACTUAL SSG Fox SPGP Grant Funds Spent (Total Annual to Date)**	**BUDGETED SSG Fox SPGP Grant Funds**	**% VARIANCE SSG Fox SPGP Grant Funds**	**ACTUAL 1ST QTR SSG Fox SPGP Grant Funds Spent**	**BUDGETED SSG Fox SPGP Grant Funds**	**% VARIANCE 1ST QTR SSG Fox SPGP Grant Funds**	**Explanation of Any Variance**	**ACTUAL 2ND QTR SSG Fox SPGP Grant Funds Spent**	**BUDGETED SSG Fox SPGPGrant Funds**	**% VARIANCE 2ND QTR SSG Fox SPGP Grant Funds**	**Explanation of Any Variance**	**ACTUAL 3RD QTR SSG Fox SPGP Grant Funds Spent**	**BUDGETED 3RD QTR SSG Fox SPGP Grant Funds**	**% VARIANCE 3RD QTR SSG Fox SPGP Grant Funds**	**Explanation of Any Variance**	**ACTUAL 4TH QTR SSG Fox SPGP Grant Funds Spent**	**BUDGETED 4TH QTR SSG Fox SPGP Grant Funds**	**% VARIANCE 4TH QTR SSG Fox SPGP Grant Funds**	**Explanation of Any Variance**
I. Provision and Coordination of Suicide Prevention Services (Minimum of 90% of Total SSG Fox SPGP Grant Amount)																							
1. Personnel/Labor																							
Title and Organization	**# FTE**	**% FTE**	**Base Annual Salary/Wage**																				
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Subtotal Other Program Expenses				**#DIV/0!**	**$ -**	**$ -**	**#DIV/0!**	**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**	
			# of Vehicles																				
4. Lease & Maintenance of Vehicle(s)			0	**#DIV/0!**	**$ -**	**$ -**	**#DIV/0!**	$ -	$ -	**#DIV/0!**		$ -	$ -	**#DIV/0!**		$ -	$ -	**#DIV/0!**		$ -	$ -	**#DIV/0!**	
Subtotal Provision and Coordination of Suicide Prevention Services				**#DIV/0!**	**$ -**	**$ -**	**#DIV/0!**	**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**	
II. Administrative Expenses (Maximum of 10% of Total SSG Fox SPGP Grant Amount)																							
Subtotal Administrative Expenses				**#DIV/0!**	**$ -**	**$ -**	**#DIV/0!**	**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**	
Grand Total				#DIV/0!	**$ -**	**$ -**	**#DIV/0!**	**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**		**$ -**	**$ -**	**#DIV/0!**	