



**U.S. Department of Veterans Affairs
Supportive Services for Veteran Families (SSVF) Program
Quarterly Grantee Performance Certification**

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0757, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 2.25 hours per respondent, per year, 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 estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0757 in any correspondence. Do not send your completed VA Form 10-10072b to this email address.

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 supportive services grant under the SSVF 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 continue your participation 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 submit via the SSVF Grants Management system.

Grantee Name: _____

SSVF Grant Amount: _____

Grant Award Number: _____

Name and Title of Contact Completing Form: _____

Contact Email: _____

FINAL RULE

1. I certify that this SSVF program is in compliance with the Final Rule (38 CFR part 62).
Yes/No
2. I certify that this program is operating in compliance with my signed grant agreement.
Yes/No

DATA QUALITY

3. I certify that our program is participating in the SSVF Participant Satisfaction survey to maintain compliance with our grant agreement.
Yes/No
4. I certify that our program reviews the quarterly SSVF Participant summary reports.
Yes/No
5. I certify that our program has successfully uploaded HMIS data into the VA repository every month this quarter and this data accurately represents our program performance.
Yes/No5a. If the answer to the previous question was no, please outline your plan to improve upload quality including timelines/dates.
6. I certify that our program has a data quality policy and procedures in place to ensure accurate and complete data entries which includes review of the monthly quality reports provided by the VA repository.
Yes/No
7. I certify that our program is on target to meet annual goal of household served as stated in our grant agreement.
Yes/No
7a. If the answer to the previous question was no, please outline your plan to meet goal, including timelines/dates
8. I certify that Residential Move-In Dates are entered as soon as Rapid Re-Housing clients move in to a permanent residence.
Yes/No
9. I certify our program is providing Health Care Navigation services.
Yes/No
10. I certify that our program is offering Rapid Resolution services
Yes/No
11. I certify that our program is offering Shallow Subsidy services
Yes/No
12. I certify that our program is providing Legal services
Yes/No
12a, If No, please explain
13. I certify the supportive services listed below are being provided, as indicated, per SSVF Regulation 38 CFR 62.33.
Yes/No

SUPPORTIVE SERVICES

Type of Benefit/Service (See 38 CFR 62.33 for definitions of these services)*	Grantee/program provided benefit directly (Yes/No)	Grantee/program assisted participants in obtaining benefit through referrals to other organizations (Yes/No)
Health care services	Yes No	Yes No
Daily living services	Yes No	Yes No
Personal financial planning services	Yes No	Yes No
Transportation services	Yes No	Yes No
Income support services	Yes No	Yes No

Type of Benefit/Service (See 38 CFR 62.33 for definitions of these services)*	Grantee/program provided benefit directly (Yes/No)	Grantee/program assisted participants in obtaining benefit through referrals to other organizations (Yes/No)
Fiduciary and representative payee services	Yes No	Yes No
Legal services	Yes No	Yes No
Child care	Yes No	Yes No
Housing counseling, housing search	Yes No	Yes No
Other: _____	Yes No	Yes No
Other: _____	Yes No	Yes No
Other: _____	Yes No	Yes No

TRAININGS AND WEBINARS

14. I certify SSVF Program staff, including fiscal staff involved with SSVF Grant administration, have completed the annual SSVF webinar training, related to auditing, fraud prevention, financial reporting and grant compliance, within the last 365 days.

Yes/No

15. I certify SSVF Program staff have completed the annual VA Suicide Prevention Training (S.A.V.E. Training); either in person or via webinar training in the last 365 days.

Yes/No

16. I certify that SSVF Program staff (new and existing) review all trainings/webinars/office hours provided by the SSVF Program Office.

Yes/No

17. I certify that all new SSVF Program staff have completed online trainings as indicated in the New Employee Orientation Guide (Case Manager, Health Care Navigator, Program Manager, Fiscal, etc.)

Yes/No

EXPENDITURES AND DRAWDOWNS

18. I certify that payment requests from HHS Payment Management System reflect actual spending of designated SSVF funding.

Yes/No

19. I certify that all expenditures are for line item costs approved on the last approved SSVF Budget.

Yes/No

20. I certify that I have received approval from the SSVF Program Office for any modifications made to my approved SSVF budget, including but not limited to adding new positions, adding or removing subcontractors, and cost allocations over 10% of the overall approved budget.

Yes/No

21. I certify that all spending is in compliance with all OMB regulations.

Yes/No

22. I certify understanding, grant expenditures that are not used in a manner consistent with SSVF Program goals and regulations may be recouped by the SSVF Program Office to be repurposed to provide supportive services in areas with higher needs.

Yes/No

23. I certify that actual expenditures, as of the end of this quarter, are within spending limitations. Projected spending rates per quarter: Q1 = 15 to 35%, Q2 = 40 to 60%, Q3 = 65 to 80%.

Yes/No

Additional feedback for SSVF Compliance Office:

CERTIFICATION AND SUBMISSION

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