

# United States Department of Veterans Affairs

## Grant and Per Diem Program

### Procedure for Requesting and Receiving Approval for a Per Diem Rate – Housing

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# Part I: General Instructions

**IMPORTANT:** It is recommended all providers visit the provider's website on a monthly basis to ensure the most current procedures are followed and the most current forms are used. This will help ensure providers receive their payment requests in a timely manner. Here is a link to the website: [http://www.va.gov/HOMELESS/GPD\\_ProviderWebsite.asp](http://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp)

1. Read the entire contents contained herein before any forms are submitted to the VA GPD Program Office.
2. Direct any questions via e-mail to [VHATAMGRANTANDPERDIEM@va.gov](mailto:VHATAMGRANTANDPERDIEM@va.gov). If you would like to discuss via telephone, request a day and time via the same e-mail address or by calling the VA GPD Program Office at 1-877-332-0334.
3. All providers are required to obtain a working knowledge of all applicable Federal Regulations and OMB Circulars. These are posted on the VA GPD website <http://www.va.gov/HOMELESS/GPD.asp>.
4. Organizations can submit a Per Diem Rate Request Worksheet at anytime.
5. Once an initial Per Diem Rate has been approved there is no annual requirement to submit the Per Diem Rate Request Worksheet. The worksheet should only be submitted if the Provider would like to change their current approved Per Diem Rate.
6. Requests must be based on the accrual basis of accounting and generally accepted accounting principles (GAAP).

# Part II:

## Complete the Per Diem Rate Request Worksheet

1. Retrieve the Per Diem Rate Request Worksheet from the VA GPD Providers website.
2. Use Adobe Acrobat Reader to open the file on your computer.
3. Once the document is opened check the Highlight Fields box. The fields that are required to be completed will be highlighted.
4. Any worksheet that is received with invalid or omitted entries in the required fields will prolong the processing time or result in a denial of the request.

*Please note that the Sample Attachment referenced within the following instructions appears at the end of this guide.*

<b>Item</b>	<b>Instructions</b>
<b>1</b>	<b>Recipient Organization</b>
	Enter the official name of the Recipient. Enter the street address, PO Box, Suite # of the Recipient. Enter the City, State, and 5-digit numeric zip code.
<b>2</b>	<b>VA GPD Project Number</b>
	Enter the VA GPD Project number, using the YY-NNN-SA format. YY– represents the last 2 digits of the year the grant was awarded, i.e. 99, 00, 01... NNN- represents the numeric identifier assigned to the grant award. It is required that 3 numeric digits are used, i.e. 001, 011, 111 ... SA – represents the 2 letter abbreviation of the state where the facility is located.
<b>3</b>	<b>Recipient Account Number</b>
	This is an identifier that the Provider would have created in their accounting system to segregate the costs related to the project.
<b>4</b>	<b>Request Type</b>
	Indicate whether this is an initial Activation, Increase, or Decrease to an existing program.
<b>5</b>	<b>Enter Recipient 9-digit DUNS number</b>
	This number must correspond to the DUNS number used on your application for Federal Assistance (SF424) when you applied or subsequent approved grant transfer.

**5a. Enter Provider 9-digit EIN number**

This number must correspond to the EIN number used on your application for Federal Assistance (SF424) when you applied or subsequent approved grant transfer.

**6 Financial Reporting Fiscal Year**

Enter the month and year in which the Recipient's **current** financial reporting fiscal year has begun. Using XX/XX/XXXX format

Repeat the same steps as the "From" field except select the month, year, and day in which the Recipient's **current** financial reporting fiscal year ends.

When entering numbers in any parts of this Item, do not use any \$ or commas; just enter the numeric digits. For example, on the Sample Attachment 125000 was entered in Item 6a resulting in the default output of \$ 125,000.

*Note:* Organizations are required to submit OMB SF425 –Federal Financial Report within 90 days from the end of their financial reporting year. Organizations that fail to submit the required SF425 will not be eligible for any per diem rate increases.

**7 Project Expenditures**

The estimated costs must be based on the 12 month period beginning the date specified in Item 12f "Requested Effective Date".

**7a Total Estimated Cost of Veteran Care**

This item is automatically calculated and equals 7b + 7C

**7b Total Estimated direct costs of Veteran care**

Direct costs are those that can be identified specifically with a particular final cost objective, i.e., a particular award, project, service, or other direct activity of your organization. Your agency's accounting system should properly segregate and allocate costs, per OMB Circular A-122. This amount represents the allowable direct costs associated with the project number reference in item 2 of this worksheet.

**7c Total Estimated indirect costs of Veteran care**

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. After direct costs have been determined and assigned directly to awards or other work as appropriate, indirect costs are those remaining to be allocated to benefiting cost objectives. This amount represents the allowable indirect costs associated with the project number reference in item 2 of this worksheet.

**7d Approved indirect cost rate (percentage)**

The Federal agency with the largest dollar value of awards with an organization will be designated as the cognizant agency for the negotiation and approval of the indirect cost rates. This percentage represents your agreed upon indirect cost rate.

If you don't have an indirect cost rate agreement enter "N/A"

**\*NOTE: (7d)** These costs must be clearly segregated and defined in your accounting system so that proper program reviews and reconciliations are possible. To charge indirect costs to this project you must have an approved indirect cost rate from your cognizant Federal agency. Your indirect rate agreement must be included with this request.

**8 Project Income**

**8a Total estimated sources of income**

This item is automatically calculated and equals 8b + 8c

**8b Rent and/or fees charged to Veterans**

Any fee (including rent) charged to a Veteran under this program must be reported as another source of income, and is considered Program Income as defined by the applicable OMB Circulars.

Any fee (including rent) charged to a Veteran under this program cannot be used to fund any unallowable costs as defined by the applicable OMB Circulars.

**8c All other sources of income (cash and in-kind)**

Enter the Recipient's most current and accurate estimate of the other sources of income that are used to fund the total estimated cost of Veteran care entered into Item 7a. (Excluding items listed under 8b)

Other sources of income are defined under 35 CFR § 61.33(d)(1)(i) as "payments and grants from other departments and agencies of the United States, from departments of State and local governments, from private entities or organizations, and from program participants" used to fund the total cost of Veteran care.

VA GPD per diem funding should **NOT** be included as another source of income. Private donations restricted to be used exclusively for Veterans under this program and/or restricted to be used for services or goods received by Veterans under this program must be reported as another source of income.

**9 Total Cost of Project**

**9a Total Estimated VA GPD project costs**

This item is automatically calculated and equals Items 7a - 8a.

**IMPORTANT** – If Item 9a divided by Item 10c is greater than the current maximum per diem rate, then Item 11b will default to zero. To correct this, an adjustment to Item 7, 8, or 10c will be necessary.

If Item 7 or 8 are adjusted, you must tab thru the rest of the schedule to refresh the calculations in Items 11. These estimated costs must exclude any unallowable costs as defined by the applicable OMB Circulars.

**10 GPD BEDS**

**10a Total Number of GPD beds under this project**

Enter the total number of project beds awarded to the recipient per terms of the award letter.

**10b Maximum Annual Bed Days that may be billed annually**

This item is automatically calculated and equals Item 10a times 365 days.

**10c Estimated Number of bed days to be provided annually**

Enter the most current and accurate number of bed days the Recipient expects to provide during the 12 month period budgeted under Item 7a.

**IMPORTANT** - If the bed days entered in this Item exceed the days in Item 10b an error message will appear, and Item 11b will default to zero.

Then move the cursor back over to the Item 6f entry field and enter a number that is equal to or less than Item 6e.

If the value in Item 11b is still zero, then go back and review Item 9a and ensure the value of 11b is not greater than \$43.32.

**10d Estimated Occupancy Rate**

This item is automatically calculated and equals 10c divided by 10b (Percentage)

**11 Per Diem Rate**

**11a Total estimated Per Diem Rate**

This item is automatically calculated and equals Item 7a divided by Item 10c.

**11b Requested Per Diem Rate (not to exceed current maximum)**

This item is automatically calculated and equals Item 9a divided by Item 10c.

If this cell turns **red** then you have overstated your estimated budget and exceeded the maximum per diem rate. Go back to items 9a and 10c to identify the corrective action required.

## **12 Certification**

If the recipient is a non-profit organization, then move the cursor over the OMB A-122 check box and left click. Press the Tab key **twice** and the cursor will move to Item 12a “Name”.

If the recipient is a **not** non-profit organization, then move the cursor over the OMB A-87 check box and left click. Press the Tab key **once** and the cursor will move to Item 12a “Name”.

### **12a Typed/Printed Name and Title of Authorized Certifying Official**

This official must be an Executive Level employee.

### **12b Signature of Authorized Certifying Official**

The authorized certifying official must sign here.

### **12c Telephone**

Enter 10 numeric digits for the phone and the worksheet will auto-format. For example, on the Sample Attachment 2223456789 was entered for the “Phone Number”, resulting in the default output of +1 (222) 345-6789.

### **12d Email**

Enter the email address of the individual listed in 12a.

### **12e Date Request Submitted**

This date is automatically entered and reflects the current date.

### **12f Requested Effective date**

Unless otherwise specified by the VA GPD Program Office, this date must be no sooner than the first day of the month that comes after the month specified in Item 7b. For example, on the Sample Attachment Item 12e is 11/13/07, therefore the earliest date for Item 12f is 12/1/07.

Select the appropriate month and year.

The date will appear in the following format as per the Sample Attachment: 12/1/07

The worksheet is now ready for printing. Before the worksheet is printed it is recommended that it is reviewed to ensure all fields are completed.

**WARNING:** Do not close out the worksheet before printing, data entered on the worksheet cannot be saved

# Part III: Transmit Worksheet

1. The official identified in Item 12a must sign the worksheet in the signature area.
2. The worksheet can be mailed, faxed or e-mailed.
  - If mailing; send the worksheet to the following address:  
VA Grant/Per Diem Program  
10770 N. 46<sup>th</sup> Street, Suite C-200  
Tampa, FL 33617  
Attn: Coral Baker
  - If faxing; the toll free fax number is (877) 332-0335; please include a fax cover sheet stating Per Diem Rate Request and Attn: Coral Baker.

Originals do not have to be sent via mail unless requested by the VA GPD Office.

If e-mailing; scan the signed worksheet using the Adobe PDF format.

E-mail the documents to [coral.baker@va.gov](mailto:coral.baker@va.gov). In the subject line, please enter the name of the organization followed by Per Diem Rate Request.

# Part IV: Approval

1. In general, all request determinations will occur within 30 days of receipt of the Per Diem Rate Request Worksheet. If it is expected to take longer than 30 days, the VA GPD Program Office will contact the Recipient Authorized Certifying Official via e-mail specifying the expected date of determination.

2. Once a determination is made, the Recipient Authorized Certifying Official will be notified via e-mail. If the request is approved, at a minimum, the per diem rate and its effective date will be specified. If the request is denied, the reason(s) for denying the request will be specified.

3. Per diem rate requests will be automatically denied for any one of the following reasons:

- Any item on the form is omitted or determined to be inaccurate.
- The worksheet is not signed.
- The organization's per diem payments are being withheld or suspended.
- The organization has an outstanding debt to the VA.
- The organization has not submitted the SF 425 Fiscal Financial Report for the preceding fiscal years from 2004 or for each fiscal year that the organization has received per diem payments, whichever is less.