



**TEXAS VETERANS
COMMISSION**

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FUND FOR VETERANS' ASSISTANCE GRANT REPORTING TRAINING

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FVA Grant Officers

AGREEMENT

- Grant Provisions
- Article 2.01 - Reimbursement Grant
- Article 5 – Reporting and Monitoring of Program Performance
- Exhibits

GRANT PROVISIONS

INITIAL PAYMENT

- 10% of total grant award provided upon receipt of executed agreement
- This amount must be fully expended before any reimbursements will be made



GRANT PROVISIONS REPORTING DATES

Reporting Period	Performance & Expenditure Monthly Report Due	Project Narrative Quarterly Report Due
1/1/2013 - 1/31/2013	2/15/2013	
2/1 - 2/28/2013	3/15/2013	
3/1 - 3/31/2013	4/15/2013	4/15/2013
4/1 - 4/30/2013	5/15/2013	
5/1 - 5/31/2013	6/15/2013	
6/1 - 6/30/2013	7/15/2013	7/15/2013
7/1 - 7/31/2013	8/15/2013	
8/1 - 8/31/2013	9/15/2013	
9/1 - 9/30/2013	10/15/2013	10/15/2013
10/1 - 10/31/2013	11/15/2013	
11/1 - 11/30/2013	12/15/2013	
12/1 - 12/31/2013	1/15/2014	1/15/2014

ARTICLE 2.01

REIMBURSEMENT GRANT

- TVC reimburses grantee for actual costs supported by adequate documentation (Unallowable costs will not be reimbursed)
- Submitted monthly

ARTICLE 5: REPORTING & MONITORING OF PERFORMANCE

- Monthly - Performance and Expenditures
 - Due 15th of the month following end of reporting month
- Quarterly - Project Narrative
 - Due 15th of the month following end of reporting quarter
- Final Performance and Expenditure Report
 - Due 60 days after grant period closes

EXHIBITS

- Exhibit A – Statement of Work and Performance Measures
- Exhibit B – Approved Budget and Budget Narrative

MONTHLY PERFORMANCE AND EXPENDITURE REPORT (MPER)

- Tab 1 – Summary & Benchmarks
- Tab 2 – Performance Report
- Tab 3 – Quarterly Narrative
- Tab 4 – Expenditure Report
- Tab 5 – Expenditure Detail

MONTHLY PERFORMANCE AND EXPENDITURE REPORT (MPER)

- Submit MPER and documentation to reports@tvc.texas.gov
- Include contract number in the subject of the email



'SUMMARY' TAB

Monthly Performance and Expenditure Report

Section 1: Grantee Summary Information and Certification

Grantee:	Grantee Name		
Program:	Fund for Veterans' Assistance	Grant Number:	FVA_13_00XX
Grant Period:	01/01/2013-12/31/2013	Grant Amount:	\$50,000
Report Period:	MM/DD/YYYY-MM/DD/YYYY	Report Type: (monthly or final)	Monthly

Fill in Report Period and Report Type

SUMMARY: BENCHMARKS

Grant Period Elapsed	Performance Benchmark	Expenditure Benchmark
25%	15%	15%
50%	40%	40%
75%	70%	70%
100%	100%	100%

Calculated based on cumulative totals



'SUMMARY' TAB

Report of Performance and Expenditure Benchmarks

The Commission benchmarks are based on the percentage of the Grant Period elapsed. If a Grantee is not meeting a required benchmark then an explanation must be provided below.

Grant Period Elapsed	Performance Benchmark	Expenditure Benchmark
25%	15%	15%
50%	40%	40%
75%	70%	70%
100%	100%	100%

Grant Period Elapsed (%)	Cumulative Performance (Total Served)	Percent Grant Performance Achieved	Cumulative Expenditures	Percent Grant Funds Expended
	0	0%	\$0.00	0%

Benchmark Question 1: Are you meeting or exceeding your performance benchmark?

Yes No

If no, then an explanation *MUST* be provided here.

Benchmark Question 2: Are you meeting or exceeding your expenditure benchmark?

Yes No

If no, then an explanation *MUST* be provided here.

Enter the Grant Period Elapsed % here

The shaded boxes will populate from other tabs

Check whether or not you are meeting the performance benchmark as referenced above

Provide an explanation in the text boxes if you are not meeting benchmarks



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'SUMMARY' TAB

Print this page and sign at the bottom after all tabs are completed

Monthly Performance and Expenditure Report

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Grant Period Elapsed	Performance Benchmark	Expenditure Benchmark
25%	15%	15%
50%	40%	40%
75%	70%	70%
100%	100%	100%

Grant Period Elapsed (%)	Cumulative Performance (Total Served)	Percent Grant Performance Achieved	Cumulative Expenditures	Percent Grant Funds Expended
0	0	0%	50.00	0%

Benchmark Question 1: Are you meeting or exceeding your performance benchmark?
 Yes No
If no, then an explanation MUST be provided here.

Benchmark Question 2: Are you meeting or exceeding your expenditure benchmark?
 Yes No
If no, then an explanation MUST be provided here.

Certification
 By signing below, I certify that the information contained in this report is true and correct to the best of my knowledge.

PERFORMANCE

- Report the numbers served for the monthly reporting period
 - UNDUPLICATED Veterans, dependents, and/or surviving spouses served
 - Not previously reported
- Use a system to track your clients
- Eligibility documents/case files must be accessible to FVA staff



'PERF RPT' TAB

Grantee:	Grantee Name			
Program:	Fund for Veterans' Assistance	Grant Number:	FVA_1X_XXXX	
Grant Period:	88/88/8888 to 88/88/8888	Grant Amount:	\$ -	
Report Period:	88/88/8888 to 88/88/8888	Report Type: (monthly or final)	0	
Section 2: Performance Report				
	Performance Measure	Performance Goal	Reporting Period Performance	Cumulative Performance
1	Number of veterans served. (Required performance measure.)			
2	Number of dependents served.			
3	Number of veteran surviving spouses served.			
4				
5				

- Enter the number of unduplicated Veterans, dependents and/or surviving spouses served that month that have also not been previously reported

QUARTERLY NARRATIVE

- To be completed every quarter of Grant Period
 - Part 1 - Update on project activities
 - Part 2 - Concerns regarding your project
 - Part 3 - Success stories
 - Part 4 - Additional information



'QTR NAR' TAB

Part 1: Please provide a narrative update on project activities.

Part 2: Please provide any concerns regarding your project.

Part 3: Please provide 1-3 success stories of customers/clients who were helped by your FVA-funded project.

Part 4: Please provide any additional information that is important for FVA staff. This information may include possible grant amendments, further explanation of your organization's budget situation, additional detail and/or explanation of your organization's progress (or lack of progress) toward meeting performance measures, etc.

Provide narratives within
the text boxes at the end
of each quarter

EXPENDITURES

- Use current Exhibit B: Budget & Budget Narrative
- No negative amounts
- Submit complete documentation
- Within grant period

'EXP RPT' TAB

- Fill in 'Previously Reported Expenditures' column
- Enter 'Current Period Expenditures' for Indirect Costs



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Grantee:	FVA Grantee		
Program:	Fund for Veterans' Assistance	Grant Number:	FVA_13_00XX
Grant Period:	01/01/2013-12/31/2013	Grant Amount:	\$ 50,000.00
Report Period:	7/1/12 to 7/31/12	Report Type: (monthly or final)	Monthly

Section 3: Expenditure Report

Expenditures By Category					
Budget Categories	Approved Budget	Previously Reported Expenditures (cumulative)	Current Period Expenditures	Cumulative Expenditure Total	Unexpended Balance
Personnel	\$120,250.00	\$0.00	\$ 9,769.65	\$9,769.65	\$110,480.35
Client Services	\$45,000.00	\$0.00	\$ 1,715.08	\$1,715.08	\$43,284.92
Travel	\$3,000.00	\$0.00	\$ 183.89	\$183.89	\$2,816.11
Other- Rental of Space	\$18,000.00	\$0.00	\$ 1,500.00	\$1,500.00	\$16,500.00
Other- Utilities	\$600.00	\$0.00	\$ -	\$0.00	\$600.00
Total Direct Program Costs	\$186,850.00	\$0.00	\$13,168.62	\$13,168.62	\$173,681.38
Administrative Costs ¹	\$13,150.00	\$0.00	\$921.80	\$921.80	\$12,228.20
Total Project Cost	\$200,000.00	\$0.00	\$14,090.42	\$14,090.42	\$185,909.58

¹ Not to exceed 7% of total award amount.

'EXP DETAIL' TAB

- Insert extra lines first in each category as they will add to the top
- List each item under category name
- Include page numbers



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Grantee Monthly Expenditure Report Worksheet

Grantee Name	FVA Grantee
Grant Number	FVA_13_00XX
Report Period:	01/01/2013-01/31/2013
Date Submitted to FVA	11/12/2013

IMPORTANT: To add an additional line item to a budget category, select **ONLY** on the cell that contains the actual title of the budget category and click "Insert Item" button.

Insert Item

<u>Description</u>	<u>Page Number</u> <small>(Support Documentation must be pre-numbered)</small>	<u>Amount</u>
Personnel		
Doe, Jane pay period: 1/1/12-1/15/12	4	\$ 1,200.00
Poppins, Mary pay period: 1/1/12-1/15/12	5	\$ 1,500.00
Rocket, Johnny pay period: 1/1/12-1/15/12	6	\$ 1,350.00
Doe, Jane pay period: 1/16/12-1/31/12	7	\$ 1,200.00
Poppins, Mary pay period: 1/16/12-1/31/12	8	\$ 1,500.00
Rocket, Johnny pay period: 1/16/12-1/31/12	9	\$ 1,350.00
Doe, Jane fringe	10-12	\$ 183.60
Doe, Jane health ins	10-12	\$ 350.00
Poppins, Mary fringe	10-12	\$ 229.50
Poppins, Mary, health ins	10-12	\$ 350.00
Rocket, Johnny fringe	10-12	\$ 206.55
Rocket, Johnny health ins	10-12	\$ 350.00
Total for (CATEGORY)	\$	9,769.65
Client Services		
CPS Energy- Client 1	13-14	\$ 82.99
SAWS- Client 1	15-16	\$ 45.52
Finance Corp- Client 2	17-18	\$ 300.00
CPS Energy- Client 3	19-20	\$ 86.57
Wells Fargo Mortgage- Client 4	21-22	\$ 1,200.00
Total for (CATEGORY)	\$	1,715.08

Allowable Costs
(determined by FVA)

Notes
(for FVA staff)

DOCUMENTATION & EXPENSES

- Supporting Documentation
- Financial Assistance
- Ineligible Expenses

SUPPORTING DOCUMENTATION

- Personnel
 - Employee List
 - Salaries, wages, and benefits per employee
 - Amount of check
 - Allocation to the grant



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FVA Grantee - January 2013

<u>Project Name</u>	<u>Name</u>	<u>Alloc</u>	<u>Gross Pay</u>	<u>Total Alloc</u>	<u>Benefits</u>				
					<u>SS</u>	<u>Med</u>	<u>Health</u>	<u>Total</u>	<u>Total Alloc</u>
VETS	Doe, Jane	100%	\$ 1,200.00	\$ 1,200.00	\$ 63.00	\$ 28.80	\$ 175.00	\$ 216.80	\$ 266.80
	Poppins, Mary	75%	\$ 2,000.00	\$ 1,500.00	\$ 78.75	\$ 36.00	\$ 175.00	\$ 239.75	\$ 289.75
	Rocket, Johnny	75%	\$ 1,800.00	\$ 1,350.00	\$ 70.88	\$ 32.40	\$ 175.00	\$ 228.28	\$ 278.28
	Doe, Jane	100%	\$ 1,200.00	\$ 1,200.00	\$ 63.00	\$ 28.80	\$ 175.00	\$ 216.80	\$ 266.80
	Poppins, Mary	75%	\$ 2,000.00	\$ 1,500.00	\$ 78.75	\$ 36.00	\$ 175.00	\$ 239.75	\$ 289.75
	Rocket, Johnny	75%	\$ 1,800.00	\$ 1,350.00	\$ 70.88	\$ 32.40	\$ 175.00	\$ 228.28	\$ 278.28
			\$ 10,000.00	\$ 8,100.00	\$ 425.25	\$ 194.40	\$ 1,050.00	\$ 1,369.65	\$ 1,669.65

*Amounts highlighted should tie to amounts on expenditure report

SUPPORTING DOCUMENTATION

- Personnel
 - Salaries and wages: pay check stub or direct deposit report
 - Benefits: list of fringe benefits per employee AND invoices and payments to the vendors

SUPPORTING DOCUMENTATION

- Personnel Activity reports or timesheets must be kept at your organization



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PERSONNEL ACTIVITY REPORT

MAY 2011 MONTH YEAR		<u>TIME ACCRUED:</u>										===== IN HOURS =====				TOTALS		
		FORWARD FROM PRIOR PERIOD										SICK	OTHER	FLEX	VAC	Prgm	(%)	(HRS.)
LAST / FIRST NAME STAFF SIGNATURE #		LESS: TIME USED THIS MONTH										13.36	0.00	2.00	13.36	ADMIN	0%	0.00
SOCIAL SECURITY # SUPERVISOR SIGNATURE		ADD: TIME EARNED THIS MONTH										0.00	0.00	0.00	0.00	Fundraising	0%	0.00
		AVAILABLE CURRENTLY										3.34	0.00	0.00	3.34	UW	0%	0.00
												16.70	0.00	2.00	16.70	CCP	0%	0.00
																YPI	0%	0.00
																YPS	0%	0.00
																YPU	0%	0.00
																PRC	0%	0.00
																Veterans	100%	80.00
																TOTAL	100%	80.00

DAYS	IN	OUT	COMMENTS	ADMIN TIME	Fundrasing TIME	UW TIME	CCP TIME	YPI TIME	YPS TIME	YPU TIME	PRC TIME	Veterans TIME	VAC/ HOL	FORCE O/T="X"	TOTAL WORKED	EARNED FLEX	LEAVE TIME				
																	SICK	OTHER	FLEX	VAC	HOL
1															0.00	0.00					
2	8:45	5:45										8.00			8.00	0.00					
3	9:05	6:05										8.00			8.00	0.00					
4	9:00	6:00										8.00			8.00	0.00					
5	9:18	6:18										8.00			8.00	0.00					
6	8:30	5:30										8.00			8.00	0.00					
7															0.00	0.00					
8															0.00	0.00					
9	8:20	5:20										8.00			8.00	0.00					
10	9:15	6:15										8.00			8.00	0.00					
11	8:00	5:00										8.00			8.00	0.00					
12	9:30	6:30										8.00			8.00	0.00					
13	9:20	6:20										8.00			8.00	0.00					
14															0.00	0.00					
15															0.00	0.00					
CALCULATIONS:				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00	80.00	0.00	0.00	0.00	0.00	0.00	0.00

SUPPORTING DOCUMENTATION

- Support documentation should be
 - In the same order as on the detail tab
 - Complete, accurate, legible, and well organized
 - Numbered and cross-referenced to expenses on the detail tab

SUPPORTING DOCUMENTATION

- Each expense must have:
 - Proof a charge was incurred
 - Proof of payment to vendor
 - A record of the allocation of the expense to TVC (if applicable)



SAMPLE OF ALLOCATION

Department	Amount
EITC/Venture	\$ 750.00
APP/PMNC	\$1,200.00
SABD/total	\$ 400.00
ATP/OVC	\$ 400.00
Crisis/CVM	\$ 300.00
Crisis/TVC	\$ 250.00
Crisis/remaining programs	\$1,200.00
Total Rental Monthly Cost	\$4,500.00

SUPPORTING DOCUMENTATION

- Rent or lease payments must include copy of agreement or letter from landlord with monthly amount



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Client/Tenant Name

Date

Client/Tenant Address

City, State, Zip

Dear _____
Client/Tenant Name

You are behind in your rent, which is due on the _____ day of each month, for the month(s) of _____ at the rate of \$_____ per month.

The total amount you owe as of the date shown above includes:

\$_____ total for rent (rate of monthly rent X number of months)

\$_____ total for late fees*

\$_____ TOTAL AMOUNT YOU OWE AT THIS TIME. To avoid further action, please pay this amount immediately.

I agree to work with you, the client/tenant, while you attempt to procure the necessary funds to pay this amount.

Sincerely,

Landlord/Property Manager Signature

Address

Phone Number

2/15/2013

*Eviction filing fees, court costs and any other legal fees are not eligible for reimbursement.

SUPPORTING DOCUMENTATION

- No personal identification documents
- No personnel activity reports
- Only items in the budget narrative
- Sufficient support documentation

FINANCIAL ASSISTANCE

- A situation that possesses ALL of the following:
 - It arose unexpectedly
 - Created an immediate need for financial assistance
 - The situation was not a result of the applicant's own misconduct

EXAMPLES INELIGIBLE ITEMS

- Cable/Satellite TV
- Personal loans
- Personal taxes
- Fines, fees, traffic tickets, court costs
- Bankruptcies
- Child support payments
- Credit card bills



UNALLOWABLE EXPENSES

- Tips
- Capital leases/expenditures (except H4TxH)
- Voluntary retirement plans
- No fees pertaining to criminal defense
- Sales tax
- Gift cards
- Tobacco/liquor
- Food for grantee employees
- Toll charges

RESOURCES

- Uniform Grant Management Standards (UGMS)
- OMB Circulars 2 CFR 230 (A-122) and 2 CFR 225 (A-87)
- FVA Cost Principles Side-by-Side



TEXAS VETERANS COMMISSION

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- Home
- Claims
- Education
- Employment
- Fund for Veterans Assistance
- Outreach
- Calendar
- News & Media
- TVC Information

- Fund for Veterans Assistance
- Veterans Cash
- Donate
- FVAGrantApply
- Grants Awarded
- Grant Award History
- Frequently Asked Questions
- Forms




Photo courtesy of Ken Harper

The FVA awards reimbursement grants to eligible charitable organizations, local government agencies, and Veterans Service Organizations that provide direct services to Texas Veterans and their families. Texas Veterans Commission Fund for Veterans' Assistance grants address a broad range of needs, including:

- Limited financial assistance;
- Transportation services;
- Counseling for Post-Traumatic Stress Disorder and Traumatic Brain Injury;
- Housing Assistance;
- Family and child services; and
- Information and referral to other services.

Series XIII-A/January 2013 (Now Open)

The current amount available for Series XIII-A is \$3,000,000. Applicants can request a grant from \$5,000 to \$500,000. All applications must comply with this Request for Applications (RFA) as posted. **Applications submitted using prior versions of the application will not be considered.**

- [Request for Applications.pdf](#)
- [Appendix I-Application.pdf](#)
- [Appendix I-Application.docx](#)
- [Application Checklist.pdf](#)
- [Application Questions](#)
- [Cost Principles Side by Side.pdf](#)

[Addendum I-Questions Received-Jan 25, 2013 to Feb 1, 2013.pdf](#)



WEBINAR

FVA Series XIII-A, potential applicants will have the opportunity to participate in an informational meeting on the current RFA. Please register for the Series XIII-A Informational Application Meeting on February 11, 2013 9:00 AM - 11:30 AM CST. After registering, you will receive a confirmation email containing information about joining the webinar.





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CONTACT INFORMATION

FVA Main Line
(512) 463-1157

grants@tvc.texas.gov

<http://www.tvc.texas.gov/Fund-for-Veterans-Assistance.aspx>