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FUND FOR VETERANS' ASSISTANCE

Housing for Texas Heroes GRANT REPORTING TRAINING & BEST PRACTICES



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FVA STAFF

- Kathy Wood, Director
- Sarah Tillman, Manager
- Carol Conner, Compliance Officer
- Brent Fournoy, H4TXH Program Coordinator
- Ashley Holcomb, Grant Officer
- Yolanda Moten, Grant Officer
- Edward Pier, H4TXH Grant Officer
- Elaine Zavala, Communications Coordinator
- Ann Bjorgo, Staff Services Officer



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ROLE OF GRANT OFFICER

- Provide technical assistance to grantees
- Accept and process Amendment and Closeout Budget Adjustment requests
- Review and process monthly expenditure reports
- Monitor grantee performance measures



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ROLE OF H4TXH PROGRAM COORDINATOR

- Provide program guidance and technical assistance to H4TXH grantees.
- Assistance will focus on strengthening policies and procedures, offering best practices, and monitoring project progress aimed at assisting H4TXH grantees in reaching their performance and expenditure benchmarks and goals.



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CONTRACTUAL OVERVIEW

- Notice of Grant Award (NOGA) and Addenda
- Request for Applications (RFA)
- Approved Grant Application



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NOGA

- Notice of Grant Award binds grantee to:
 - Applicable federal and/or state statute and regulations
 - Application
 - RFA
 - Any addenda to application



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APPROVED GRANT APPLICATION

- Applicant Information
- Part 1: Organization Information
- Part 2: Grant Project Information
 - Project Summary and Project Eligibility
- Part 3: Reporting and Management
 - Performance Measures
- Part 4: Budget & Budget Narrative
- Part 5: Sustainability, Need, Marketing, and Evaluation



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INITIAL PAYMENT

- 20% of total grant award payment issued upon execution of NOGA
- This amount must be reported as fully expended before any reimbursements will be made



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H4TXH REIMBURSEMENT GRANT

- TVC reimburses for actual costs expended adequately supported by documentation
- **Unallowable costs can not be reimbursed**
- Costs are reported monthly through the Performance and Expenditure Report (PER).
- PER and supporting documentation are submitted via email



REPORTING & MONITORING OF PERFORMANCE

- Monthly – Expenditure Report
 - Due 15th of the month following end of reporting month
- Quarterly – Performance Report and Narrative
 - Due 15th of the month following end of reporting quarter
 - **Quarters are every 3 months through the 2-year grant period**
- Closeout Report
 - **Due 60 days after grant period ends**



PERFORMANCE AND EXPENDITURE REPORT (PER)

- Tab 1 – Summary
- Tab 2 – Monthly Expenditure Report
- Tab 3 – Monthly Expenditure Detail Worksheet
- Tab 4 – Personnel Breakdown Worksheet
- Tab 5 – Quarterly Client Report
- Tab 6 – Quarterly Job Report
- Tab 7 – Quarterly Narrative



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PERFORMANCE AND EXPENDITURE REPORT (PER)

- Submit Excel PER **AND** documentation to reports@tvc.texas.gov
- Include contract number in the subject of the email



'SUMMARY' TAB

H4TXH Performance and Expenditure Report (PER)

Grantee Summary Information and Certification					
Grantee Name:	Grantee Name			Grant Number:	HTX_14_XXXX
Grant Period:	MM/DD/YYYY-MM/DD/YYYY			Grant Amount:	\$0
Current Report Period:		MM/DD/YYYY-MM/DD/YYYY			
Month #	0	of	24	Grant Period Elapsed (%)	0%
Report of Performance and Expenditure Benchmarks					
The Commission benchmarks are based on the percentage of the Grant Period elapsed.					
	Grant Period Elapsed	Performance Benchmark	Expenditure Benchmark		
	25%	15%	15%		
	50%	40%	40%		
	75%	70%	70%		
	100%	100%	100%		
	Current Period Expenditures	Cumulative Expenditures	Percent Grant Funds Expended		
	\$0.00	\$0.00	#DIV/0!		
	Current Quarter Performance	Cumulative Client Performance	Percent Grant Performance Achieved		
		0	#DIV/0!		



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



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AMENDMENTS

- Types: Budget, Scope, & Time
- 3 amendments per grant period
- Forms are posted on the website



'SUMMARY' TAB

Enter the total Veterans served during the current quarter here

Current Period Expenditures	Cumulative Expenditures	Percent Grant Funds Expended
\$0.00	\$0.00	#DIV/0!
Current Quarter Performance	Cumulative Performance (Total Served)	Percent Grant Performance Achieved
	0	#DIV/0!

The white boxes will populate from other tabs



'SUMMARY' TAB

After all tabs are completed, print this page, sign at the bottom, and check appropriate box

Current Period Expenditures	Cumulative Expenditures	Percent Grant Funds Expended
\$0.00	\$0.00	#DIV/0!

Current Period Performance	Cumulative Performance (Total Served)	Percent Grant Performance Achieved
	0	#DIV/0!

Certification

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

X

Authorized Representative

<input type="checkbox"/>	Name of Project Coordinator (from App) Contact Title
<input type="checkbox"/>	Name of Financial Coordinator (from App) Contact Title
<input type="checkbox"/>	Authorized Rep (from App) Contact Title



EXPENDITURES

- Use the Budget from the Approved Application or most recently approved budget and PER
- Cannot over-spend in categories
- Submit complete adequate documentation
- Expenses must be incurred within grant period



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'EXP RPT' TAB

- Fill in 'Previously Reported Expenditures' column from the 'Cumulative Expenditure Total' column on the last PER
- If past expenses have been denied, deduct from totals



'EXP DETAIL' TAB

- List each item under category name
 - Vendor Name
 - Description
 - Page Number
 - Amount
- Salaries and Wages and Benefits will carry over from Personnel tab
- Grey columns are for the Grant Officer to denote allow-ability



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Monthly Expenditure Detail Worksheet				FVA St FVA Approved Expenditures
Grantee Name:	Grantee Name	Grant Number:	HTX_14_XXXX	
Current Report Period:	MM/DD/YYYY-MM/DD/YYYY	Report Type: (monthly or final)	monthly	
Salaries and Wages		Approved Budget:	\$0.00	
		Page Number		
Total from Personnel Tab for Salaries/Wages			\$ -	
Total for Salaries/Wages			\$ -	
		Total Unexpended:	\$0.00	
Fringe Benefits		Approved Budget:	\$0.00	
		Page Number		
Total from Personnel Tab for Benefits			\$ -	
Total for Fringe Benefits			\$ -	
		Total Unexpended:	\$0.00	
Travel		Approved Budget:	\$0.00	
Vendor Name	Description	Page Number	Amount	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	



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Personnel Breakdown Worksheet						
Grantee Name:	Grantee Name					
Grant Number:	HTX_14_XXXX					
Current Report Period:	MM/DD/YYYY-MM/DD/YYYY					
Employee Name	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Total
Position						
Pay Period						
Percentage Alloc	0%	0%	0%	0%	0%	0%
Period Gross Pay						
Total Alloc Salary						\$ -
FVA Appd Salaries						\$ -
SS						
Medicare						
Unemp Ins						
Medical						
Retirement						
Other						
Total Alloc Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FVA Appd Benefits						\$ -

- Customized according to budget
- Fill in yellow boxes for each employee
- No contracted employees (Contracted Personnel will fall under "CLIENT SERVICES")



INDIRECT COSTS

- Must have indirect cost agreement filed with the federal government
- Indirect charges cannot exceed 7% of direct program costs
- List dollar amount on 'Exp Detail' Tab at the bottom
- Backup documentation is not required for indirect costs



SUPPORTING DOCUMENTATION

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



SUPPORTING DOCUMENTATION

- Each expense must be supported by documentation that :
 - Demonstrates a charge was incurred
 - Demonstrates payment was made
 - 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

- Personnel
 - Salaries and wages
 - Benefits
 - Only need policy page/invoice in the first month
 - Demonstration of payment and allocation thereafter



SUPPORTING DOCUMENTATION

- Personnel Activity Reports or timesheets are not to be submitted with supporting documentation, but:
 - Must be kept on file at your organization
 - Must be signed by both the employee and their supervisor



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PERSONNEL ACTIVITY REPORT

MAY 2011		TIME ACCRUED:		===== IN HOURS =====				TOTALS													
MONTH	YEAR			SICK	OTHER	FLEX	VAC	Prgm	(%)	(HRS.)											
		FORWARD FROM PRIOR PERIOD		13.36	0.00	2.00	13.36	ADMIN	0%	0.00											
LAST / FIRST NAME		STAFF SIGNATURE /		0.00	0.00	0.00	0.00	Fundraising	0%	0.00											
		LESS: TIME USED THIS MONTH		3.34	0.00	0.00	3.34	UW	0%	0.00											
SOCIAL SECURITY #		SUPERVISOR SIGNATURE		ADD: TIME EARNED THIS MONTH																	
				AVAILABLE CURRENTLY						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	Fundraising 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



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SAMPLE OF MILEAGE LOG

Travel Mileage Log and Reimbursement Form						
Print Name: Mickey Mouse		Department: Veteran Assistance			Rate Per Mile: \$.565	
Date: August 2014				Total Mileage: \$40.68		
Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Total Miles
8/14/14	HQ 1234 Main St. Houston, TX	5678 Hilly Rd. Houston, TX	Assessment of client home	58706	58742	36
8/14/14	5678 Hilly Rd. Houston, TX	HQ	Return to office	58742	58778	36



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SUPPORTING DOCUMENTATION

- Contracted Client Services
 - One-time request of written contractual legal agreement with dual signatures
 - Invoice or log of services provided and demonstration of payment to be provided on monthly basis



SUPPORTING DOCUMENTATION

- *Do not include Personal identification documents or Personnel activity reports*
- Submit expenses only for items approved in the Budget and Budget Narrative
- Adequate support documentation



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Monthly Expenditure Report

Grantee Name:	Grantee Name		Grant Number:	HTX_14_XXXX		
Current Report Period:	MM/DD/YYYY-MM/DD/YYYY		Grant Period Elapsed	0%		
Budget Categories	Approved Budget	Previously Reported Expenditures (cumulative)	Current Period Expenditures	Cumulative Expenditure Total	Unexpended Balance	FVA Approved Expenditures
Salaries and Wages	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Fringe Benefits	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Travel	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Equipment	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Supplies	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Client Services	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Construction	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Other	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Total Direct Program Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -
Indirect Costs ¹	\$0.00	\$0.00	\$ -	\$0.00	\$0.00	\$ -
Total Project Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -

6/27/2014

¹ Not to exceed 7% of total Direct Program Costs.



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GRANTEE EXPENDITURE PAYMENT SCHEDULE (GEPS)

Grantee Expenditure Payment Schedule

Grantee:

Program:

Grant Period:

Reporting Period:

Grant Number:

Section 1. Cash Expenditures by Category					
Budget Categories	Approved Budget	Previously Reported Expenditures (cumulative)	Current Period Expenditures	Cumulative Expenditure Total	Unexpended Balance
Salaries and Wages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Project Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TVC Payments

Initial Funding

Total Funded for 1st Period:

Total Funded for 2nd Period:

Total Funded for 3rd Period:

Total Funded for 4th Period:

Total Funded for 5th Period:

Total Funded for 6th Period:

Total Funded for 7th Period:

Total Funded for 8th Period:

Total Funded for 9th Period:

Total Funded for 10th Period:

Total Funded for 11th Period:

Total Funded for 12th Period:

Total Funded Final Program Activity and Budget Reports:

Grantee Expenditures

Expenditures Reported 1st Period: (07/01/2013 - 07/31/2013) 8/15/2013

Expenditures Reported 2nd Period: (08/01/2013 - 08/31/2013) 9/15/2013

Expenditures Reported 3rd Period: (09/01/2013-09/30/2013) 10/15/2013

Expenditures Reported 4th Period: (10/01/2013-10/31/2013) 11/15/2013

Expenditures Reported 5th Period: (11/01/2013-11/30/2013) 12/15/2013

Expenditures Reported 6th Period: (12/01/2013-12/31/2013) 1/15/2014

Expenditures Reported 7th Period: (01/01/2014 - 01/31/2014) 2/15/2014

Expenditures Reported 8th Period: (02/01/2014 - 02/28/2014) 3/15/2014

Expenditures Reported 9th Period: (03/01/2014 - 03/31/2014) 4/15/2014

Expenditures Reported 10th Period: (04/01/2014 - 04/30/2014) 5/15/2014

Expenditures Reported 11th Period: (05/01/2014 - 05/31/2014) 6/15/2014

Expenditures Reported 12th Period: (06/01/2014 - 06/30/2014) 7/15/2014

Expenditures Reported for Final Program Activity and Budget Reports: 8/31/2014

Total Funded for Grant	\$ -	Total Expenditures Reported	\$ -
Amount left to be funded	\$ -	Amount to be Reimbursed (Total Funded Less Total Expenditures)	\$ -

6/27/2014



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Quarterly Client Report

Grant Period Elapsed		12.5%				1st Qtr: 25%				37.5%				2nd Qtr: 50%			
0%	Projected Outcomes	7/1/14-7/31/14	8/1/14-8/31/14	9/1/14-9/30/14	10/1/14-10/31/14	11/1/14-11/30/14	12/1/14-12/31/14	1/1/15-1/31/15	2/1/15-2/28/15	3/1/15-3/31/15	4/1/15-4/30/15	5/1/15-5/31/15	6/1/15-6/30/15				
# of Veterans served	0	0	0	0	0	0	0	0	0	0	0	0	0				
# of Dependents served	0	0	0	0	0	0	0	0	0	0	0	0	0				
# of Surviving Spouses served	0	0	0	0	0	0	0	0	0	0	0	0	0				
Total	0	0	0	0	0	0	0	0	0	0	0	0	0				
Cumulative		0	0	0	0	0	0	0	0	0	0	0	0				
Performance %							#DIV/0!						#DIV/0!				
YEAR 2																	
Grant Period Elapsed		62.5%				3rd Qtr: 75%				87.5%				4th Qtr: 100%			
0%	Projected Outcomes	7/1/15-7/31/15	8/1/15-8/31/15	9/1/15-9/30/15	10/1/15-10/31/15	11/1/15-11/30/15	12/1/15-12/31/15	1/1/16-1/31/16	2/1/16-2/28/16	3/1/16-3/31/16	4/1/16-4/30/16	5/1/16-5/31/16	6/1/16-6/30/16				
# of Veterans served	0	0	0	0	0	0	0	0	0	0	0	0	0				
# of Dependents served	0	0	0	0	0	0	0	0	0	0	0	0	0				
# of Surviving Spouses served	0	0	0	0	0	0	0	0	0	0	0	0	0				
Total	0	0	0	0	0	0	0	0	0	0	0	0	0				
Cumulative		0	0	0	0	0	0	0	0	0	0	0	0				
Performance %							#DIV/0!						#DIV/0!				



PERFORMANCE

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



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Quarterly Job Report

Quarterly Home Modification Project Performance Report

Complete ONLY on a Quarterly basis (1st- 25%, 2nd- 50%, 3rd- 75%, & 4th- 100%)																
Grantee Name:	Grantee Name															
Grant Number:	HTX_14_XXXX		Estimated # of Projects:	0												
Quarterly Report Period:	XX/XX/XXXX - XX/XX/XXXX		Percent Complete:	#####												
Date	# of Completed Projects	Type of Modification													Other*** (Describe below table)	
		ADA Bathroom Mods*	ADA Kitchen Mods**	Door Widening (Non-bathroom)	Electrical	Flooring	HVAC	Plumbing	Railings	Ramp	Roof	Wall/Ceiling	Windows			
7/1/14-7/31/14																
8/1/14-8/31/14																
9/1/14-9/30/14																
10/1/14-10/31/14																
11/1/14-11/30/14																
12/1/14-12/31/14																
1st Qtr Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1/1/15-1/31/15																
2/1/15-2/28/15																
3/1/15-3/31/15																
4/1/15-4/30/15																
5/1/15-5/31/15																
6/1/15-6/30/15																
2nd Qtr Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	



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QUARTERLY NARRATIVE

- To be completed every quarter of Grant Period
 - Part 1 – Progress on Benchmarks
 - Part 2 – Additional info about grant
 - Part 3 - Success stories



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'QTR NAR' TAB

Quarterly Narrative

Complete ONLY on a Quarterly basis (25%, 50%, 75%, & 100%)			
Grantee Name:	Grantee Name	Grant Number:	HTX_14_XXXX
Quarterly Report Period:		XX/XX/XXXX - XX/XX/XXXX	
Part 1: Please provide a narrative update on your organization's progress (or lack of progress) according to your benchmarks. Include both expenditures and performance measures.			
Part 2: Please provide any additional information that is important for FVA staff. This information may include possible changes to key personnel, organizational changes, or any other material information we should know about.			
Part 3: Please provide a detailed success story of a customer/client who was helped by your FVA-funded project. *This information may be used in TVC publications or local news media. Please provide an employee contact should your organization be chosen to be featured in a story.			

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



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'QTR NAR' TAB

Part 3: Please provide a detailed success story of a customer/client who was helped by your FVA-funded project. *This information may be used in TVC publications or local news media. Please provide an employee contact should your organization be chosen to be featured in a story.	
1. Employee Contact Information: (Name, Phone, & Email)	
2. Client Name and Military Affiliation:	
3. How did the client learn about your program?	
4. What challenges did the client face prior to receiving help?	
5. How did your program help this client overcome their challenges?	
6. Where would the client be if your program did not exist?	
7. Please provide a quote from the client answering the following question: How important is the Fund for Veterans' Assistance program for other veterans?	



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GRANTEE ORGANIZATION POLICIES AND PROCEDURES

- Send copies of policies and procedures, if applicable to your budget and program, for the following :
 - Procurement
 - Vendor payments
 - Payroll
 - Grants administration
 - Cash management
 - Travel



ELIGIBILITY

- Grantee must ensure that clients served are eligible to receive services according to qualifications submitted in the Application
- Eligibility documentation must be maintained by the Grantee in the clients' records



RESOURCES

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



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H4TXH Beneficiary Worksheet

Must be completed for each Home Modification Project

Organization Name	
H4TXH Grant Number	
Veteran's Name	
Street Address	
City and Zip Code	
County of Property	

1. Veteran is requesting home modifications due to (maximum 2 boxes):

- Disabled.** As defined in Title 5, United States Code Annotated, Section 2108(2), "An individual who has served on active duty in the armed forces, (except as provided under section 2108g) has been separated there from under honorable conditions, and has established the present existence of a service-connected disability or is receiving compensation, disability retirement benefits, or pension because of a public statute administered by the Department of Veterans Affairs or a military department."
- Low-Income.** Veterans and their families earning no more than 80 percent of the area median income or applicable federal poverty line, as determined under Section 2306.123 or Section 2306.1231 of the Texas Government Code. A listing is provided at: https://onacpd.info/reports/HOME_IncomeLmts_State_TX_2014.pdf
- Very-Low Income.** Veterans and their families earning not more than 60 percent of the area median income or applicable federal poverty line, as determined under Section 2306.123 or Section 2306.1231 of the Texas Government Code. A listing is provided at: https://onacpd.info/reports/HOME_IncomeLmts_State_TX_2014.pdf

2. Documentation is required with this Worksheet. Please provide and attach to this document (mark out all Social Security Numbers):

- Copy of DD214

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD: _____

Depending on boxes checked in #1, include:

- Disabled.** Documentation showing receipt of disability retirement benefits or service-connected disability income or documentation establishing disability.
- Low-Income.** Copy of most recent federal tax return showing annual income.
- Very Low-Income.** Copy of most recent federal tax return showing annual income.

3. Copy of current mortgage statement or other official document showing that Veteran is:

- Titled owner of property. Document must be attached.
- Current on all existing mortgages or home equity loans prior to modifications. Document must be attached.

4. Income-related home modifications must complete the following:

- Low-Income.** Veterans and their families earning no more than 80 percent of the area median income (AMI) or applicable federal poverty line, as determined under Section 2306.123 or Section 2306.1231 of the Texas Government Code. A listing is provided at: https://onacpd.info/reports/HOME_IncomeLmts_State_TX_2014.pdf

Name of County:	a) 80% Income Limit:
Name of Veteran:	b) Most recent Annual Income:

The number in **b** must be less than or equal to **a**.

- Very-Low Income.** Veterans and their families earning not more than 60 percent of the area median income or applicable federal poverty line, as determined under Section 2306.123 or Section 2306.1231 of the Texas Government Code. A listing is provided at: https://onacpd.info/reports/HOME_IncomeLmts_State_TX_2014.pdf

Name of County:	a) 60% Income Limit:
Name of Veteran:	b) Most recent Annual Income:

The number in **b** must be less than or equal to **a**.

5. Description and estimated cost of this home modification. The total of this project cannot exceed \$10,000.

Proposed description of work to be completed:



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2014 HUD Area Median Income Limits

Number of Family Members in Household

U.S. DEPARTMENT OF HUD 01/22/2014
STATE: TEXAS

PROGRAM	2014 ADJUSTED HOME INCOME LIMITS							
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Abilene, TX MSA								
30% LIMITS	11050	12600	14200	15750	17050	18300	19550	20800
VERY LOW INCOME	18400	21000	23650	26250	28350	30450	32550	34650
60% LIMITS	22080	25200	28380	31500	34020	36540	39060	41580
LOW INCOME	29400	33600	37800	42000	45400	48750	52100	55450
Amarillo, TX MSA								
30% LIMITS	13300	15200	17100	19000	20550	22050	23600	25100
VERY LOW INCOME	22200	25400	28550	31700	34250	36800	39350	41850
60% LIMITS	26640	30480	34260	38040	41100	44160	47220	50220
LOW INCOME	35500	40600	45650	50700	54800	58850	62900	66950
Austin-Round Rock-San Marcos, TX MSA								
30% LIMITS	15850	18100	20350	22600	24450	26250	28050	29850
VERY LOW INCOME	26400	30200	33950	37700	40750	43750	46750	49800
60% LIMITS	31680	36240	40740	45240	48900	52500	56100	59760
LOW INCOME	42250	48250	54300	60300	65150	69950	74800	79600

Use This line for 60%

Use This Line for 80%

https://onecpd.info/reports/HOME_IncomeLmts_State_TX_2014.pdf



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Beneficiary Worksheet and HUD Area Median Income

- Disabled.** As defined in Title 5, United States Code Annotated, Section 2108(2), "An individual who has served on active duty in the armed forces, (except as provided under section [2108a](#)) has been separated there from under honorable conditions, and has established the present existence of a service-connected disability or is receiving compensation, disability retirement benefits, or pension because of a public statute administered by the Department of Veterans Affairs or a military department."



Beneficiary Worksheet and HUD Area Median Income

- Low-Income.** Veterans and their families earning no more than 80 percent of the area median income or applicable federal poverty line, as determined under Section 2306.123 or Section 2306.1231 of the Texas Government Code. A listing is provided at:

https://onecpd.info/reports/HOME_IncomeLmts_State_TX_2014.pdf

	2014 ADJUSTED HOME INCOME LIMITS							
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
LOW INCOME	29400	33600	37800	42000	45400	48750	52100	55450

- Very-Low Income.** Veterans and their families earning not more than 60 percent of the area median income or applicable federal poverty line, as determined under Section 2306.123 or Section 2306.1231 of the Texas Government Code. A listing is provided at:

https://onecpd.info/reports/HOME_IncomeLmts_State_TX_2014.pdf

	2014 ADJUSTED HOME INCOME LIMITS							
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
VERY LOW INCOME	18400	21000	23650	26250	28350	30450	32550	34650
60% LIMITS	22080	25200	28380	31500	34020	36540	39060	41580



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2014 HUD Area Median Income Limits

- https://onecpd.info/reports/HOME_IncomeLimits_State_TX_2014.pdf



Housing 4 Texas Heroes Best Practices

Can be viewed as a technique or set of policies that through research, experience and time have proven to reliably produce the desired result.

- **Marketing Plan: Very Important for your success.** Create a plan to publicize and inform Veterans of this program.
- **Intake/Eligibility Policies:** Complete Beneficiary worksheet for each veteran.



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Housing 4 Texas Heroes Best Practices

- Contractor Recruitment Plan-Very Important
- Record Keeping-File Organization: 3 Types
- Program File
- Individual Activity Files
- Contractor Files



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Housing 4 Texas Heroes Best Practices

Repair/Accessibility Modification Standards:

- Local Building codes. See Texas Local Government Code. 214.212
- Texas Accessibility Standards /Modifications.
- “Energy Star” rated appliances & building materials.



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Housing 4 Texas Heroes Best Practices

- Perform a detailed inspection of home. Consider Health & Safety issues, Building Code issues, Accessibility Home Modifications. Consider the specific needs of the Veteran. A drawing will be helpful in preparing your work specifications & cost estimates.



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Housing 4 Texas Heroes Best Practices

- Develop local Material & Labor costs. RS Means, HomeTech, BNI Building News, DCD Cost Trends.
- Prepare cost estimate & detailed construction specifications for the repairs/modifications. (Floor Plan is good)
- After you have completed these work specifications walk away, and review them the next day for errors.



Housing 4 Texas Heroes Best Practices

- Develop a bidding procedure policy-Be Consistent
- What constitutes a successful bid? Who Decides? Multiple good bids, then what happens?
- Indicate bid due date and length of work. Indicate on the bid documents that the house is pre-1978, if it is. (RRP Rule)



Housing 4 Texas Heroes Best Practices

- Periodic /interim inspections: **Grantees must provide construction contractor oversight.**
- Document Building Dept. inspections in client project file.
- Document grantee inspections in writing.
- Photos of all repaired items in activity file.



Housing 4 Texas Heroes Best Practices

- Suggested H4TXH Repair/Accessibility Modification Documents:
- Pre-bid meeting with Contractors-Document attendance.
- Notice to Proceed Document
- Pre-Construction Meeting with Contractor & Homeowner
- Change Order Document
- Notarized Release of Lien
- Certificate of Completion Document.
- Contractors Invoice/ "Request for Payment.



Housing 4 Texas Heroes Best Practices

- Review EPA's Lead Renovation, Repair and Painting Rule (RRP Rule): April 22, 2010
- The EPA "Renovate Right" brochure should be given to each H4TXH client. Grantee should obtain signed delivery receipt.
- SEE EPA Website lead rules – (Lowes fined \$500,000.00 in April 2014 for non-compliance.)
- <http://www2.epa.gov/lead/epa-lead-safe-certification-program>



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Housing 4 Texas Heroes Best Practices

- Texas Accessibility Standards (TAS): Please consider the guidelines referenced in the Texas Accessibility Standards, include their reference in "scope of work" for each H4TXH project as well as its use by your contractor.



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Housing 4 Texas Heroes Contact Us

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<http://www.tvc.texas.gov/Housing4TexasHeroes.aspx>



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GRANT RESOURCES

<http://www.tvc.texas.gov/Grant-Resources.aspx>

HUD Home Income Limits> https://onecpd.info/reports/HOME_IncomeLmts_State_TX_2014.pdf



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QUESTIONS

