



**TEXAS VETERANS
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**FUND FOR VETERANS'
ASSISTANCE
SERIES XV-A GRANT REPORTING
TRAINING**



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FVA STAFF

- Sarah Tillman, Manager
- Carol Conner, Compliance Officer
- Jennifer Dear, Federal Grant/Compliance Officer
- Ashley Lindholm, Grant Officer
- Yolanda Moten, Grant Officer
- Edward Pier, Grant Officer
- Ery Leos, Grant Officer
- Justin Greiner, Grant Officer
- Elaine Zavala, Communications Coordinator
- Ann Bjorgo, Staff Services Officer



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 progress toward performance measures



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CONTRACT OVERVIEW SERIES XV-A

- Request for Applications (RFA)
- Appendix I – The Application
- Notice of Grant Award (NOGA)



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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

REQUEST FOR APPLICATIONS (RFA)

- Source document for each solicitation period, incorporated by reference
- All past RFAs posted on website under "Apply for a Grant" by posting date



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PROGRAM GUIDELINES REIMBURSEMENT GRANT

- Grantee must finance its operations with its own working capital and will be reimbursed for actual cash disbursements supported by adequate documentation
- **Unallowable costs will not be reimbursed**
- Expenses reported monthly via email



PROGRAM GUIDELINES

INITIAL PAYMENT

- 10% of total grant award payment issued upon execution of NOGA
- Subsequent expenses will be charged against the initial payment until zero balance is reached



PROGRAM REQUIREMENTS REPORTING DATES

Reporting Period	Monthly Expenditure Report Due	Quarterly Performance Report Due
1/1/2015-1/31/2015	2/15/2015	
2/1-2/28/2015	3/15/2015	
3/1-3/31/2015	4/15/2015	4/15/2015
4/1-4/30-2015	5/15/2015	
5/1-5/31/2015	6/15/2015	
6/1-6/30-2015	7/15/2015	7/15/2015
7/1-7/31/2015	8/15/2015	
8/1-8/31/2015	9/15/2015	
9/1-9/30/2015	10/15/2015	10/15/2015
10/1-10/31/2015	11/15/2015	
11/1-11/30/2015	12/15/2015	
12/1-12/31/2015	1/15/2016	1/15/2016



PROGRAM REQUIREMENTS REPORTING

- Monthly – Expenditure Report
 - Due 15th of the month following end of reporting month
- Quarterly – Performance Report and Project Narrative
 - Due 15th of the month following end of reporting quarter
- Closeout Report
 - Due 60 days after grant period closes
- Supporting Documentation
 - Source documentation must support accounting records



PROGRAM REQUIREMENTS

CHANGE IN PRINCIPAL PARTICIPANTS

- Prior written notice shall be given to TVC for any proposed changes in key personnel
- A résumé of new staff may be requested to assure substituted personnel are equally qualified



PROGRAM REQUIREMENTS CHANGES TO PROGRAM

- Notify FVA of any organizational changes that affect the NOGA, including addresses and phone numbers, or would render the organization ineligible for a grant



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PROGRAM REQUIREMENTS AMENDMENTS

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

APPENDIX I – THE 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: Need, Evaluation, Marketing & Sustainability



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 Performance Report
- Tab 6 – Quarterly Narrative



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PERFORMANCE AND EXPENDITURE REPORT (PER)

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



'SUMMARY' TAB

Grantee Summary Information and Certification			
Grantee Name:	Grantee Name	Grant Number:	FVA_1X_XXXX
Grant Period:	MM/DD/YYYY-MM/DD/YYYY	Grant Amount:	\$0
Current Report Period:	MM/DD/YYYY-MM/DD/YYYY		
Month #	0	of 12	Grant Period Elapsed (%) 0%
Report of Performance and Expenditure Benchmarks			

Fill in Report Period and Month #



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

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!

The white boxes will populate from other tabs

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



'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 Application or most recently approved budget and PER
- Cannot over-spend in categories
- Submit complete documentation
- Expenses must be incurred within grant period



'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



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Monthly Expenditure Report

Grantee Name:	Grantee Name		Grant Number:	FVA_1X_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	\$0.00	\$ -
Total Project Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -

1/16/2015

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



'EXP DETAIL' TAB

- List each expense 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 allowability



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Monthly Expenditure Detail Worksheet

				FVA Staff U
Grantee Name:	Grantee Name	Grant Number:	FVA_1X_XXXX	<u>FVA Approved</u>
Current Report Period:	MM/DD/YYYY-MM/DD/YYYY	Report Type: (monthly or final)	monthly	<u>Expenditures</u>
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	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
Total for Travel			\$ -	\$ -
		Total Unexpended:	\$0.00	



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Grantee Name:	ABC Foundation	Grant Number:	FVA_14B_0000
Current Report Period:	08/01/2014-08/31/2014	Report Type: (monthly or final)	monthly
Salaries and Wages		Approved Budget:	\$120,000.00
		Page Number	
Total from Personnel Tab for Salaries/Wages		2-6	\$ 9,800.00
Total for Salaries/Wages			\$ 9,800.00
		Total Unexpended:	\$100,200.00
Fringe Benefits		Approved Budget:	\$18,000.00
		Page Number	
Total from Personnel Tab for Benefits		2, 7-12	\$ 1,473.60
Total for Fringe Benefits			\$ 1,473.60
		Total Unexpended:	\$15,026.40
Travel		Approved Budget:	\$4,000.00
Vendor Name	Description	Page Number	Amount
Mickey Mouse	Mileage for August	13-15	\$ 40.68
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total for Travel			\$ 40.68
		Total Unexpended:	\$3,805.32



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'PERSONNEL' TAB

Personnel Breakdown Worksheet						
Grantee Name:	Grantee Name					
Grant Number:	FVA_1X_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



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Personnel Breakdown Worksheet

Grantee Name:	ABC Foundation				
Grant Number:	FVA_14B_0000				
Current Report Period:	08/01/2014-08/31/2014				
Employee Name	Mickey Mouse	Daffy Duck	Mickey Mouse	Daffy Duck	Total
Position	Program Director	Case Manager	Program Director	Case Manager	
Pay Period	8/1/14-8/15/14	8/1/14-8/15/14	8/16/14-8/31/14	8/16/14-8/31/14	
Percentage Alloc	45%	100%	50%	100%	
Period Gross Pay	\$ 4,000.00	\$ 3,000.00	\$ 4,000.00	\$ 3,000.00	
Total Alloc Salary	\$ 1,800.00	\$ 3,000.00	\$ 2,000.00	\$ 3,000.00	\$ 9,800.00
FVA Appd Salaries					\$ -
SS	\$ 111.60	\$ 186.00	\$ 124.00	\$ 186.00	
Medicare	\$ 26.10	\$ 43.50	\$ 29.00	\$ 43.50	
Unemp Ins	\$ 5.70	\$ 6.25	\$ 5.70	\$ 6.25	
Medical	\$ 50.00	\$ 100.00	\$ 50.00	\$ 100.00	
Retirement	\$ 62.50	\$ 137.50	\$ 62.50	\$ 137.50	
Other					
Total Alloc Benefits	\$ 255.90	\$ 473.25	\$ 271.20	\$ 473.25	\$ 1,473.60
FVA Appd Benefits					\$ -



INDIRECT COSTS

- Must have indirect cost agreement filed with the federal government
- Indirect charges cannot exceed 10% of direct program costs
- List dollar amount on 'Exp Detail' Tab at the bottom
- Supporting documentation is not required for indirect costs



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Monthly Expenditure Detail Worksheet

Grantee Name:	ABC Foundation	Grant Number:	FVA_14B_0000	FVA Staff
Current Report Period:	08/01/2014-08/31/2014	Report Type: (monthly or final)	monthly	FVA Approved
Vendor Name	Description	Page Number	Amount	Expenditures
			\$ -	Enter amount only
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
Total for Other			\$ -	\$ -
		Total Unexpended:	\$0.00	
Indirect Costs		Approved Budget:	\$0.00	
Total for Indirect Costs			\$ -	\$ -
		Total Unexpended:	\$0.00	
		Program Costs Total	\$ 11,314.28	\$ -

SUPPORTING DOCUMENTATION

- Expenditure Checklist
 - Each expense must have ONE of EACH of the following:
 - Demonstration of a charge incurred
 - Demonstration of payment to vendor
 - A record of the allocation of the expense to TVC (if applicable)



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COST INCURRED

- Pay Check Stub
- Payroll Register/Report
- Declaration page of Policy
- Invoice
- Travel Mileage Log
- Lease Agreement



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DEMONSTRATION OF PAYMENT

- Cancelled check
- Bank Statement
- Direct Deposit Statement
- General Ledger (w/Reconciliation policy)
- Receipt from Vendor
- Credit Card Statement



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DEMONSTRATION OF PAYMENT

- If General Ledger is being supplied, FVA must be in receipt of Grantee's Reconciliation Policy or accounting procedures that describe the reconciliation process



RECURRING EXPENSES

- Adequate demonstration of Cost Incurred needs to be submitted only once, excluding changes to that recurring cost
 - Including changes to employees, rental agreements



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



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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

SUPPORTING DOCUMENTATION

- Supporting 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

- Personnel Activity Reports or timesheets must be kept on file at your organization and not submitted to FVA
- 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			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



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SUPPORTING DOCUMENTATION

- Rent or lease payments made as Client Services must include copy of agreement or letter from landlord with monthly amount
- Samples of Rental Verification Forms are available for use



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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

1/16/2015

42

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



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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



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SUPPORTING DOCUMENTATION

- No personal identification documents
- No personnel activity reports
- Only items approved in the budget and budget narrative
- Adequate supporting documentation



EXAMPLES OF UNALLOWABLE 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)
- No fees pertaining to criminal defense
- Sales tax
- Gift cards
- Tobacco/liquor or beer
- Toll charges
- Overtime pay



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GRANTEE EXPENDITURE PAYMENT SCHEDULE (GEPS)

1/16/2015

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		Grantee Expenditures	
Initial Funding		Expenditures Reported	Report Due
Total Funded for 1st Period:		Expenditures Reported 1st Period: (07/01/2013 - 07/31/2013)	8/15/2013
Total Funded for 2nd Period:		Expenditures Reported 2nd Period: (08/01/2013 - 08/31/2013)	9/15/2013
Total Funded for 3rd Period:		Expenditures Reported 3rd Period: (09/01/2013 - 09/30/2013)	10/15/2013
Total Funded for 4th Period:		Expenditures Reported 4th Period: (10/01/2013 - 10/31/2013)	11/15/2013
Total Funded for 5th Period:		Expenditures Reported 5th Period: (11/01/2013 - 11/30/2013)	12/15/2013
Total Funded for 6th Period:		Expenditures Reported 6th Period: (12/01/2013 - 12/31/2013)	1/15/2014
Total Funded for 7th Period:		Expenditures Reported 7th Period: (01/01/2014 - 01/31/2014)	2/15/2014
Total Funded for 8th Period:		Expenditures Reported 8th Period: (02/01/2014 - 02/28/2014)	3/15/2014
Total Funded for 9th Period:		Expenditures Reported 9th Period: (03/01/2014 - 03/31/2014)	4/15/2014
Total Funded for 10th Period:		Expenditures Reported 10th Period: (04/01/2014 - 04/30/2014)	5/15/2014
Total Funded for 11th Period:		Expenditures Reported 11th Period: (05/01/2014 - 05/31/2014)	6/15/2014
Total Funded for 12th Period:		Expenditures Reported 12th Period: (06/01/2014 - 06/30/2014)	7/15/2014
Total Funded Final Program Activity and Budget Reports:		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)	\$ -



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Monthly Expenditure Report

Grantee Name:	Grantee Name		Grant Number:	FVA_1X_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	\$0.00	\$ -
Total Project Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -

1/16/2015

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



RESOURCES

- Uniform Grant Management Standards (UGMS)
- OMB Federal Guidelines
 - 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- Grant Officer



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www.tvc.texas.gov/Grant-Resources.aspx

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TVC Information

Fund for Veterans Assistance

- support texas veterans
- Amplify Austin
- Vehicle Registration
- Veterans Cash
- About Us
- Apply For A Grant
 - General Assistance Grants
 - Housing4TexasHeroes
 - Veterans Mental Health Grants
- Upcoming Trainings and Events
- Grants Awarded
- Grantee Forms and Trainings
- Grant Resources
- Contact Us

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GRANT RESOURCES

Photo courtesy of Wertz Sebastian

FEDERAL GOVERNMENT

[VA Grant Programs](#)
[Grants.Gov](#)

STATE OF TEXAS

[Texas State Agencies](#)
[Texas Department of Housing and Community Affairs](#)
[Texas Economic Development Division](#)
[Texas Grant Watch](#)
[Texas Humanities Grants](#)

TEXAS NON-PROFIT RESOURCES

[Amarillo Area Foundation Nonprofit Services Center](#)
[OneStar Foundation, Austin](#)
[RGK Center for Philanthropy and Community Service, Austin](#)

Photo courtesy of JPhotography, Inc



PERFORMANCE

- Report the numbers of clients served for each month of quarter
 - UNDUPLICATED Veterans, dependents, and/or surviving spouses served
 - Not previously reported
- Use a system to track your clients



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



'QTR PERF RPT' TAB

Quarterly Performance Report

Complete ONLY on a Quarterly basis (1st- 25%, 2nd- 50%, 3rd- 75%, & 4th- 100%)

Grantee Name:	Grantee Name		Grant Number:		FVA_1X_XXXX		Quarterly Report Period:		XX/XX/XXXX - XX/XX/XXXX					
Grant Period Elapsed	1st Qtr: 25%			2nd Qtr: 50%			3rd Qtr: 75%		4th Qtr: 100%					
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	Total
# of Veterans served	50	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Dependents served	15	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Surviving Spouses served	5	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	70	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	0
Performance %				0%			0%			0%			0%	

- Only have to fill in each quarter, but must break down by month



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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:	FVA_1X_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.			
<div style="background-color: yellow; height: 150px;"></div>			
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.			
<div style="background-color: yellow; height: 50px;"></div>			

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?	



GRANTEE ORGANIZATION POLICIES AND PROCEDURES

- Send copies of following policies and procedures to your Grant Officer as well as any additional applicable policies to your project:
 - Procurement
 - Vendor payments
 - Payroll
 - Grants administration
 - Cash management
 - Travel



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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>



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QUESTIONS

