United States Department of Veterans Affairs

Grant and Per Diem Program

Procedure for Requesting and Receiving Approval for a Per Diem Rate

Updated January 13, 2009

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Part I: General Instructions

IMPORTANT: It is recommended all Providers visit the Providers 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://www1.va.gov/homeless/page.cfm?pg=35

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 michelle.lewis1@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://www1.va.gov/homeless/page.cfm?pg=3 .

4. Organizations can submit a Per Diem Rate Request Form at anytime.

5. Once an initial Per Diem Rate has been approved there is no annual requirement to submit the Per Diem Rate Request Form. The form 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 Form

1. Retrieve the Per Diem Rate Request Form from the VA GPD Providers website.

2. Use Adobe Acrobat Reader v7.0 or greater 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. Do not check the Highlight Required Fields box because it will not recognize all of the required fields.

4. Any form that is received with invalid or omitted entries in the required fields will 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.

<table>
<tr><th>Item</th><th colspan="3">Instructions</th></tr>
<tr><td rowspan="4">1</td><td colspan="3">Employee Identification Number</td></tr>
<tr><td colspan="3">Move the cursor over and left-click the far left box of Item 1.
Enter the Provider's 9-digit EIN, and leave the last block empty.
Press the Tab key and the cursor will move to Item 2.</td></tr>
<tr><td rowspan="2">Sample Attachment</td><td>Data Entered:</td><td>123456789</td></tr>
<tr><td>Data Output:</td><td>12-3456789</td></tr>
<tr><td rowspan="2">2</td><td colspan="3">Recipients' Account Number</td></tr>
<tr><td colspan="3">Enter the account code/number or other identifier assigned and used by the Provider within it's accounting system to segregate VA GPD Project costs.
Press the Tab key and the cursor will move to Item 3.</td></tr>
</table>

3	VA GPD Project Number		
	Enter the VA GPD Project number, using the YYNNNSA 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. Press the Tab key and the cursor will move to Item 4 "Name".		
	Sample Attachment	Data Entered:	08000FL
		Data Output:	08-000-FL
4	Recipient Organization		
	Enter the official name of the Recipient. Press the Tab key and the cursor will move to Item 4 "Address". Enter the street address, PO Box, Suite # ...of the Recipient. Press the Tab key and the cursor will move to Item 4 "City'. Enter the name of the city where the Recipient resides. Press the Tab key and the cursor will move to Item 4 "State". Move the cursor over the drop down arrow to the right of the "State" field. Left click the arrow and then move the cursor over the applicable state and left click the state. Press the Tab key and the cursor will move to Item 4 "Zip". Enter the 5-digit numeric zip code. Press the Tab key and the cursor will move to Item 5 "From:"		
5	Financial Reporting Fiscal Year		
	Move the cursor over the drop down arrow to the right of the "From:" field. Left click the arrow and a calendar will appear. Move the cursor to the top right or left arrow and left click the applicable arrow to adjust the month and year. Select the month and year in which the Recipient's **current** financial reporting fiscal year has begun. Move the cursor over the day of the month in which the Recipient's **current** financial reporting fiscal year has begun, and then left click. The date will appear in the following format as per the Sample Attachment: January 1, 2009 Press the Tab key and the cursor will move to Item 5 "To:" 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. Press the Tab key and the cursor will move to Item 6a		

Item	Instructions
6	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 290000 was entered in Item 6a resulting in the default output of $ 290,000.
6a	Total Estimated Cost of Veteran Care
	Enter the Recipient's most current and accurate estimate of the total cost of providing transitional housing and supportive services for the veterans participating in the VA GPD program. The estimate must be based on the 12 month period beginning the date specified in Item 7c "Requested Effective Date". Press the Tab key and the cursor will move to Item 6b.
6b	Other Sources of Income
	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 6a. 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 an other 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 an other source of income. Any fee (including rent) charged to a veteran under this program must be reported as an other 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. Press the Tab key and the cursor will skip Item 6c and move to Item 6d.

6c	Estimated VA GPD Project Costs
	This item is automatically calculated and equals Item 6a minus Item 6b. These estimated costs must exclude any unallowable costs as defined by the applicable OMB Circulars. **IMPORTANT** – If Item 6c divided by Item 6f is greater than the current maximum per diem rate, then Item 6h will default to zero. To correct this, an adjustment to Item 6a, 6b, or 6f will be necessary. If Item 6a or 6b are adjusted, you must tab thru the rest of the schedule to refresh the calculations in Item 6g and 6h.
6d	VA GPD Project Beds Awarded
	Enter the number of project beds awarded to the recipient per terms of the award letter. Press the Tab key and the cursor will skip Item 6e and move to Item 6f.
6e	Maximum Annual Bed Days
	This item is automatically calculated and equals Item 6d times 365 days.
6f	Estimated Annual Bed Days
	Enter the most current and accurate number of bed days the Recipient expects to provide during the 12 month period budgeted under Item 6a. Press the Tab key and the cursor will skip Items 6g and 6h and move to Item 7. **IMPORTANT** - If the bed days entered in this Item exceed the days in Item 6e an error message will appear, and Item 6h will default to zero. To correct, left click the error message OK button or press the enter key. 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 6h is still zero, then go back and review Item 6c and ensure the value of 6h is not greater than $34.40.
6g	Total Estimated Per Diem Rate
	This item is automatically calculated and equals Item 6a divided by Item 6f.
6e	Requested VA GPD Project Per Diem Rate
	This item is automatically calculated and equals Item 6c divided by Item 6f. If this value equals zero then go back to items 6c and 6f to identify the corrective action required.

7	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 7a "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 7a "Name".
7a	Recipient Authorized Certifying Official
	This official must be an Executive Level employee. These fields are self explanatory. Enter 10 numeric digits for the phone and fax the form 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. After an Email is entered, press the Tab key and the cursor will skip Item 7b and move to Item 7c.
7b	Date Request Submitted
	This date is automatically entered and reflects the current date.
7c	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 7b is 1/13/09, therefore the earliest date for Item 7c is 2/1/09. To enter the date move the cursor over the drop down arrow to the right of the entry field. Left click the arrow and a calendar will appear. Move the cursor to the top right or left arrow and left click the applicable arrow to adjust the month and year. Select the appropriate month and year. Move the cursor over the appropriate day of the month and then left click. The date will appear in the following format as per the Sample Attachment: 2/1/09

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

WARNING: Do not close out the form before printing, data entered on the form cannot be saved to the computer.

Part III: Transmit Form

1. The official identified in Item 7a must sign the form in the signature area.
2. The form can be mailed, faxed or e-mailed.
   - If mailing; send the from to the following address:

     VA GPD Field Office
     10770 N. 46th Street, Suite C-200
     Tampa, FL 33617

     ATTN: Michelle Lewis

   - If faxing; the toll free fax number is (877) 332-0335; please include a fax cover sheet stating Per Diem Rate Request and ATTN: Michelle Lewis.

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

     If e-mailing; scan the form using the Adobe PDF format. The file should be named using the following format:

     Program Name Number Date
     Recipients Name (08-000-FL) 1.07.09

     The Date referenced above is the date the documents were signed.

     E-mail the documents to michelle.lewis1@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 Form. 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 form 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 269 Financial Status Report (Long Form) for the preceding fiscal years beginning with 2004 or for each fiscal year that the organization has received per diem payments, whichever is less.

4. Due to the large number of requests, we ask that recipients only make status inquiries if they have not received an e-mail notification from the VA GPD Office within the timelines specified.

Department of Veterans Affairs
Grant and Per Diem Program
Per Diem Rate Request Form

1. Employer Identification Number: 1 2 - 3 4 5 6 7 8 9

2. Recipient's Account Number: 1 2 3

3. VA GPD Project Number: 0 8 - 0 0 0 - F L

4. Recipient Organization:

Name: Recipient Name

Address: Street Address

City: City State: FL Zip: 9 8 7 6 5

5. Financial Reporting Fiscal Year From: January 1, 2009 To: December 31, 2009

6. **Calculation of Estimated Per Diem Rate**

a. Total Estimated Cost of Veteran Care	$ 290,000
b. Other Sources of Income	$ 227,220
c. Estimated VA GPD Project Costs	$ 62,780
d. VA GPD Project Beds Awarded	5
e. Maximum Annual Bed Days	1,825
f. Estimated Annual Bed Days	1,825
g. Total Estimated Per Diem Rate	$ 158.90
h. Requested VA GPD Project Per Diem Rate	$ 34.40

7. **Certification of Requested VA GPD Project Per Diem Rate**

The Requested VA GPD Project Per Diem Rate is based on the recipients most current, accurate, and complete estimate for the twelve month period beginning the Requested Effective Date specified below. In addition, it has been determined in accordance with 38 CFR Part 61, and excludes unallowable costs in accordance with the following OMB Circular:

(Check One)

- [x] OMB A-122 - Non-profit organizations
- [ ] OMB A- 87 - State, Local, and Indian Tribal governments

Subject to the provisions of the Program Fraud Civil Remedies Act of 1986, (31 USC 3801 et seq.), and the Department of Veterans Affair's implementing regulations, (38 CFR Part 61), the False Claims Act (18 USC 287 and 31 USC 3729); and the False Statements Act (18 USC 1001), I declare to the best of my knowledge the foregoing is true and correct.

a. Recipient Authorized Certifying Official

Name: Printed Name

Title: Executive Director

Signature:

Phone Number: +1 (222) 345-6789

Fax Number: +1 (222) 456-7880

Email: anyname@yahoo.com

b. Date Request Submitted: 1/13/09

c. Requested Effective Date: 02/1/09