



Texas Veterans Commission Fund for Veterans' Assistance Grant Awards

Reimbursement Documentation Requirements (RDR)

**2021-2022 GRANTS
VERSION 1.2**

RDR TABLE OF CONTENTS

- 1. Introduction..... 4
 - A. Purpose..... 4
 - B. Definitions..... 4
 - C. Common Acronyms..... 4
- 2. Securing and Maintaining Documentation 5
 - A. Grant Officer Role..... 5
 - B. General Guidelines..... 5
- 3. Supporting Documentation Guidelines 5
 - A. Grant Officer Expense Approval Required 5
 - B. Required Documents 6
 - C. Unallowable Documents 7
 - D. Sales Tax 7
- 4. Documentation for Certain Budget Subcategories..... 8
 - A. Salaries and Wages 8
 - B. Fringe Benefits..... 9
 - C. Travel..... 9
 - D. Supplies..... 11
 - E. Client Services..... 11
 - (1). Employment Support..... 12
 - (2). Financial Assistance 13
 - (3). Homeless Veteran Support..... 19
 - (4). Pro Bono Legal Services..... 19
 - (5). Referral Services..... 19
 - (6). Supportive Services 20
 - (7). Transportation Programs & Services..... 22
 - (8). Home Modification 23
 - (9). Veterans Mental Health Program and Service Categories 25

| | |
|--|----|
| (10). Veterans Treatment Court Program..... | 26 |
| (11). Veteran County Service Office Grants..... | 28 |
| (12). Other Type of Assistance..... | 28 |
| F. Other Direct Costs..... | 28 |
| G. Recurring Costs..... | 31 |
| H. Contracts..... | 32 |
| I. Credit Cards..... | 33 |
| 5. Form Examples..... | 34 |
| A. Payment Reimbursement Request Form (Excel, XLSX)..... | 34 |
| B. FVA Home Modification Form..... | 39 |

1. Introduction

Accounting records, including expenditure reports, must be supported by adequate source documentation. Supporting documentation for each reported cost must demonstrate the Cost Incurred as well as payments made to the vendor. Texas Veterans Commission grants follow the authority of the **2 CFR 200 federal grant management regulations** (2 CFR) and Texas Grant Management Standards (**TGMS**). Grantees must follow the requirements of 2 CFR 200 to ensure timely reimbursement for qualified expenses incurred within the scope of the awarded grant project.

A. Purpose

The **Reimbursement Documentation Requirements** (RDR) identify the supporting documents accepted by the FVA for expenses. The RDR establishes guidelines for proper reporting and reimbursement of expenditure claims by Grantees.

B. Definitions

Cost Incurred. Any expense for a resource or asset within the scope of the awarded grant project that is recorded when it is incurred.

Proof of Cost Incurred. The record for an expense for a resource or asset within the scope of the awarded grant project billed to the Beneficiary or Grantee, typically in the form of an itemized invoice or statement from the vendor.

Demonstration of Payment. The record demonstrating payment by the Grantee for an expense of resources, assets, or services for beneficiaries within the scope of the awarded grant project based on the proof of cost incurred. A Demonstration of Payment is typically in the form of a bank statement or canceled check.

C. Common Acronyms

2 CFR. 2 Code of Federal Regulations, Part 200

FVA. Fund for Veterans' Assistance.

GO. Grant Officer.

PRR. Payment Reimbursement Request.

RFA. Request for Applications

TGMS. Texas Grant Management Standards

2. Securing and Maintaining Documentation

A. Grant Officer Role

Your Grant Officer along with FVA management will determine if the supporting documentationsubmitted is adequate for reimbursement.

B. General Guidelines

FVA may deny or disallow claims for unsupported expenses. FVA may require that funds reimbursed for unsupported expenses be returned if advertently paid to grantee. The most commoncircumstances involve expenses and/or payments made for resources or assets that are: (a) outside the scope of the awarded grant project and (b) made without proof of beneficiary eligibility.

1. Grantees should make all attempts to secure the proper beneficiary eligibility documentation before providing services to ensure all costs reported to FVA are provided to eligible beneficiaries.
2. Grantees should ensure all costs reports to FVA are adequate, necessary, and verifiable to the need of the beneficiary and within the scope of the awarded grant project.
3. Grantees are required to maintain support documents for delivery of services and related expenditures for grant-funded activities in line with FVA's document retention policy.

3. Supporting Documentation Guidelines

A. Grant Officer Expense Approval Required

Grant Officer (GO) approval of expenditures is required before the Grantee may be reimbursedfor expenses. The GO's approval is based on a complete review of all related support documentssubmitted for the claim and an evaluation of the awarded grant project's scope.

Proof of Cost Incurred and **Demonstration of Payment** for each expense must match the information reported on the monthly **PRR** (see pages 40-44 to preview the contents of this report).The PRR must be submitted in the Excel document format provided by your GO.

Timely submission of ONLY the appropriate documentation, in the same order and format it was requested, will result in a speedy, efficient reimbursement process.

B. Required Documents

1. **Submit the required supporting documentation.** Documents should be in the same order of budget categories as set out in the **PRR**. Supporting documentation submitted out of order delays the reviewing process and may be returned by FVA for Grantee to correct and resubmit.
2. **Submit proof of payment with check.** When a purchase or payment is done with a check the copy of the canceled check must include both the front and back with endorsement.
3. **Submit proof of the credit card payment** in addition to the Proof of Cost Incurred when requesting reimbursement for an item paid for with a credit card.
4. **If applicable to your grant project, request reimbursement for bulk purchases AFTER the item has been disbursed.** Bulk purchases are reimbursed per item after distribution.
5. **General Assistance - Homeless Veteran Support** grantees that purchase bulk canned and dry foods to support pantry services from their office. These grantees will calculate the cost of item they may include in a “bundled pantry box” that includes a variety of items, and request reimbursement for the cost of a single “bundled pantry box” after disbursed to eligible beneficiaries.

C. Unallowable Documents

The following documents are unallowable for reimbursement purposes. Grantees may need to retain some of these documents for their records (i.e. for the **Home Modification Checklist**) in accordance with document retention requirements.

1. **General ledgers as supporting documentation.** General ledgers are not adequate Proof of Cost Incurred or Demonstration of Payment.
2. **Documents that include redundant information** (such as organizational requests or internal approval forms) unless the required supporting documents provided are ambiguous and require additional information for clarification.
3. **Documents containing Personally Identifiable Information (PII).** Social Security Numbers and other PII must not be shown on supporting documents.
4. **Estimates, bids, or quotes in place of Proof of Cost Incurred.** Expense documentation must indicate the actual amounts spent.
5. **Hand-written letters, leases, invoices and statements.** These are not adequate Proof of Cost Incurred.
6. **FVA will not reimburse grantees** who pay a client's bills when those bills are over 60 days old when presented by the client.
7. **Invoices and/or bills must be legible** and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.
8. **Payments made with personal credit cards or personal check** are not allowable.

D. Sales Tax

Request any tax exemptions you are eligible for when purchasing items for the grant project. **FVA does not reimburse for sales tax costs.** Non-profit 501(c)3 organizations are tax-exempt.

4. Documentation for Budget Subcategories

The budget subcategories listed in this section have more specific requirements for expense documentation accepted as part of a reimbursement request.

Grantees must prepare expense documentation that includes both Proof of Cost Incurred and Demonstration of Payment for each item where reimbursement is requested.

A. Salaries and Wages

Salaries are wage costs paid to part-time or full-time employees of your organization. For guidance on requesting reimbursement for contract labor costs, see **Section 6. Contracts**.

Grantees are not required to submit timesheet documents for allocated salaries. Maintain these documents internally as required by the Records Retention policy.

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p>(A) Employee Pay Stub</p> <p>OR</p> <p>(B) Employee Statement of Earnings</p> <p>OR</p> <p>(C) Payroll Register/Report</p> <p><u>A, B, or C above must include:</u></p> <ol style="list-style-type: none"> 1. Total hours worked by employee 2. Pay period dates 3. Gross pay for the pay period | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> <p>OR</p> <p>(C) If employee pay stub or earning statement includes the amount paid and proof of completed EFT or Direct Deposit transaction, then neither A or B (listed above) are required for demonstration of payment</p> |

B. Fringe Benefits

Fringe benefits are allowances and services provided by employers to their employees as compensation, in addition to regular salaries.

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p>(A) Maintained in internal organization files</p> <p>AND</p> <p>(B) Provide when requested by FVA staff</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> <p>OR</p> <p>(C) If employee pay stub or earning statement includes the amount paid and proof of completed EFT or Direct Deposit transaction, then neither A or B (listed above) are required for demonstration of payment</p> |

C. Travel

Travel must be project-related in order to be reimbursable on your FVA grant and budgeted for in your grant application. Reimbursement for travel costs will not exceed General Services Administration (GSA) rates. FVA does not reimburse travel costs until travel is completed.

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p>(A) Detailed log of travel mileage and reimbursement paid, signed by employee and supervisor (see travel logs below)</p> <p>AND / OR</p> <p>(B) Receipts for actual expenses (hotel, airfare, ground transportation, parking, tolls, etc)</p> <p>AND / OR</p> <p>(C) Invoices for conference registration</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

1) Travel Logs

Travel logs must include the following details for GO to confirm **allowability** and **allocability** for the grant project:

- A) Date(s) Start and End
- B) Reason for travel
- C) Location Start and End.)
- D) Mileage for each local trip or for overnight trip using POV (in place of airfare)
- E) Total mileage for period being claimed
- F) Mileage reimbursement rate AND
- G) Total cost for period being claimed

2) Hotel Receipts

Hotel receipts must show \$0.00 due after payment to vendor. FVA will reimburse based on GSA lodging rate or organization rate which is lower.

3) Meal & Incidentals

FVA will reimburse meals and incidentals based on GSA rate or organization rate which is lower.

D. Supplies

Organizations must maintain purchasing files on-site that describe the method and process for vendor selection.

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><i>If an organization makes a bulk-purchase, highlight items claimed under grant project budget</i></p> <p><u>Itemized invoice must include:</u></p> <p>(A) Vendor Name (B) Description of Item (C) Amount Paid Per Item (D) Total Amount Paid (excluding tax) (E) Date of Purchase</p> <p>OR</p> <p><u>Receipt must include:</u></p> <p>(A) Vendor Name (B) Description of Item (C) Amount Paid Per Item (D) Total Amount Paid (excluding tax) (E) Date of Purchase</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

E. Client Services

Client services include any service being offered to the beneficiaries of an awarded grant. This may include, but is not limited to, participant support costs. Invoices for contracted services directly delivered must be submitted for reimbursement under **Client Services**.

IMPORTANT REMINDER FOR ALL REIMBURSEMENTS:

FVA will not reimburse grantees who pay a client’s bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

1) Employment Support

a) Job Skills & Training Programs

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Description of skill or training program (C) Dates of Training (D) Amount Paid per Item (E) Total Amount Paid <p>AND</p> <ul style="list-style-type: none"> (F) Date of Purchase | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

b) Tools & Uniforms

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Description of Item (C) Amount Paid Per Item (D) Total Amount Paid (excluding tax) (E) Date of Purchase <p>OR</p> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Description of Item (C) Amount Paid Per Item (D) Total Amount Paid (excluding tax) (E) Date of Purchase | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

c) Other Employment Support Services

Discuss with grant officer on what documents will be needed for other services or assistance. The documents needed may fall under other services listed in the RDR.

2) Financial Assistance

Financial assistance is temporary in nature, not to exceed the policies as outlined in the **RFA**. Financial assistance reimbursement payments will only be made by the grantee if the organization verifies that the Beneficiary is the named person on the utility, rent agreement, mortgage, or other bill presented.

Bills, invoices, and leases submitted as expense documentation must list the beneficiary's name.

a) Housing: Lease or rental payment

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Lease or Rental Agreement must include:</u></p> <ul style="list-style-type: none"> (A) Property Address (B) Tenant Name (C) Owner Name (D) Term of Lease (E) Periodic amount due in the agreement <p>OR</p> <p><u>Eviction Notice must include:</u></p> <ul style="list-style-type: none"> (A) Date (B) Property Address (C) Tenant Name (D) Owner Name (E) Total Amount Due (F) Signature of Owner or Vendor | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

b) Housing: Mortgage Payments

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>Mortgage or Loan must include:</u></p> <ul style="list-style-type: none"> (A) Lien Holder or Vendor Name (B) Beneficiary Name and Property Address (C) Statement Date (D) Amount Due (E) Explanation of Amount Due | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

c) Utility Payments

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>Utility statement must include:</u></p> <p>(A) Vendor Name (B) Beneficiary Name and Address (C) Service Address (D) Statement Date (E) Amount Due</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

d) Food Voucher Services

i. In Store Purchase

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Store Purchase must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (excluding taxes) (E) Date of Purchase</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

ii. Bulk Purchase for pantry service

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Store Purchase must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (excluding taxes) (E) Date of Purchase</p> <ol style="list-style-type: none"> 1. Submit only once until next bulk purchase 2. Items will be divided and placed into distribution bags/boxes. 3. Cost of bag/box is based on cost of contents 4. Reimbursement will be the cost of the contents in each bag/box 5. List of beneficiary names who received pantry bag/box | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

e) Transportation Assistance

i. Bulk Bus Pass Purchase

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Itemized invoice must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (excluding taxes) (E) Date of Purchase</p> <p>1. Submit only once until next bulk purchase 2. Reimbursement will be the cost of each bus pass 3. List of beneficiary names who received bus passes and total cost of all passes issued to each beneficiary</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

ii. Single bus pass, ride share, or cab fare purchase

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>Itemized invoice must include:</u></p> <p>(A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (excluding taxes) (E) Date of Purchase</p> <p>OR</p> <p><u>Receipt must include:</u></p> <p>A) Vendor Name (B) Description of Items (C) Amount Paid per Item (D) Total Amount Paid (excluding taxes) (E) Date of Purchase</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

iii. Vehicle fuel purchase

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <u>Gas Pump Receipt must include:</u> (A) Vendor Name (B) Gallons Purchased (C) Price per Gallon (D) Total Amount Paid (excluding taxes) (E) Date of Purchase | (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

iv. Vehicle repair

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <u>Itemized invoice from Licensed Repair Facility or Business must include:</u> (A) Vendor Name (B) Client Name and Address (C) Vehicle Info (make, model, year) (D) Description of Repair (E) Amount paid per repair part (F) Total amount for labor (G) Total amount for all parts (H) Total Amount Paid (excluding taxes) (I) Date of Purchase | (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

v. Vehicle insurance

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <u>Vehicle insurance policy statement must include:</u> (A) Vendor Name (B) Client Name and Address (C) Policy Number (D) Veh Info covered (make, model, year) (E) Statement Date (F) Amount Due | (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

vi. Vehicle loan

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>Loan statement must include:</u></p> <p>(A) Vendor Name (B) Client Name and Address (C) Statement Date (D) Amount Due (E) Loan Statement must include vehicle information (make, model, year)</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

f) Drop-In Child Care or Adult Care

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Itemized invoice must include:</u></p> <p>(A) Vendor Name (B) Client Name and Address (C) Date of Invoice (D) Description of Service (E) Names of all Children or Adults served (F) Dates that services were provided (G) Amount per day or week for services (H) Total Amount Paid (excluding taxes)</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

g) Funeral Costs

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Itemized invoice (or services agreement) from funeral home must include:</u></p> <p>(A) Vendor Name (B) Name of Deceased (C) Date of Death (D) Date of Funeral Service (E) Description of Services (F) Cost of each service listed in invoice (G) Total Amount (H) Signatures of funeral home staff and surviving family representative</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

h) Assistive Technologies

i. Assistive Technologies (Purchased for Later Issuance)

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|---|
| <u>Invoice must include:</u> (A) Vendor Name (B) Date of Invoice (C) Description of Item(s) (D) Amount Paid per Item (E) Subtotal Cost (F) Total Amount Paid (excluding taxes) (G) List of Clients Receiving Items | (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

ii. Assistive Technologies (Purchased Directly for Clients)

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|---|
| <u>Invoice must include:</u> (A) Vendor Name (B) Date of Invoice (C) Description of Item(s) (D) Amount Paid per Item (E) Subtotal Cost (F) Total Amount Paid (excluding taxes) (G) List of Clients Receiving Items | (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

i) Restorative Dental Care

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <u>Dentist office invoice must include:</u> (A) Vendor Name (B) Date of Invoice (C) Description of Procedure (D) Amount Paid per Procedure (E) Total Amount Paid (excluding taxes) (F) Client/Patient Name | (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

3) Homeless Veteran Support

Refer to other programs to determine the required documents for additional services provided, such as **Financial Assistance, Supportive Services, or Transportation Assistance**, etc.

IMPORTANT REMINDER FOR ALL REIMBURSEMENTS:

FVA will not reimburse grantees who pay a client's bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

a) Shelter / Bed Night(s)

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|---|
| <u>Itemized tracker required. Must include:</u> (A) Client Full Name (B) Date(s) in Shelter (C) Total Number of Days in Shelter (D) Cost Per Day (E) Total Amount Paid (excluding taxes) | Cost determined during negotiations for homeless veteran clients to be housed in shelter per night. |

4) Pro Bono Legal Services

Client services are provided via budgeted staff under **Salaries and Wages**.

5) Referral Services

Client services are provided via budgeted staff under **Salaries and Wages**.

6) Supportive Services

FVA will not reimburse grantees who pay a client's bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

a) Assistive Technology

Refer to Assistive Technologies in Section (h) above.

b) Meal Services

i. Meals Purchased from Third Party for Distribution

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Itemized Invoice must include:</u></p> <p>(A) Vendor Name (B) Date of Invoice (C) Description of Item(s) (D) Quantity of Item(s) (E) Amount Paid per Item</p> <p>AND</p> <p>List of Clients that received meals:</p> <ol style="list-style-type: none"> 1. Number of meals per client 2. Cost per meal 3. Total cost per Client | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

ii. Meals Prepared at Grantee's Facilities for Distribution

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p>(A) List of Clients/Beneficiaries that were provided meals (B) Number of Meals per Client (C) Cost per meal (D) Total Cost per Client</p> | <p>Cost determined during negotiations for meal rates.</p> |

c) Elder Care Services

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>Itemized Invoice must include:</u></p> <p>(A) Vendor Name (B) Date of Invoice (C) Client Name and Address (D) Description of Service(s) (E) Number of Elders Served (F) Date(s) of Service (G) Amount Paid per day or per week (H) Total Amount Paid</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

d) Family Support Services

Refer to other programs to determine the required documents for other services provided, such as **Drop-In Child Care or Adult Care, Financial Assistance, Supportive Services, Transportation Assistance**, etc.

FVA will not reimburse grantees who pay a client’s bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

e) Veteran Homelessness Prevention

Refer to other programs to determine the required documents for other services provided, such as **Financial Assistance, Supportive Services, Transportation Assistance**, etc.

FVA will not reimburse grantees who pay a client’s bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

7) Transportation Programs & Services

a) Contracted Driver for Organization Vehicle

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>Travel Log for Driver must include:</u></p> <ul style="list-style-type: none"> (A) Driver Name (B) Date of Each Trip (C) Description (purpose) of Each Trip (D) Start and End Point of Each Trip (E) Total Miles of Each Trip (F) Time Duration (Hrs/Mins) of Each Trip (G) Number of Passengers Each Trip (H) Total Hours Driven for month per Driver (I) Driver Cost/Labor per Hour (J) Total cost of all trips for month (K) Driver Signature (L) Supervisor Signature <p>AND</p> <p>Client Log showing all clients driven during the Month and the purpose of their trip.</p> | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

FVA will not reimburse grantees who pay a client's bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

b) Transportation service provided by Third Party

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|---|
| <u>Itemized Invoice must include:</u> (A) Vendor Name (B) Date of Invoice (C) Description of Service(s) (D) Amount / Rate per Service (E) Total Amount (F) Date of Service(s) (G) List of Clients receiving services | (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

FVA will not reimburse grantees who pay a client’s bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

8) Home Modification

A request for reimbursement must be submitted only when the modification or repair is complete and the final inspection has been certified.

The **FVA Home Modification Form** is on Page 45 of the RDR, for reference.

The **FVA Home Modification Checklist** is posted on the FVA Grantee website. It provides guidance for additional documents that grantees are required to collect and maintain for each modification or repair project. Do not submit the documents listed on the Home Modification Checklist for reimbursement unless specifically required in the following section.

a) Home Repair/Modification performed by contractor

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>FVA Home Modification Form</u></p> <p>AND</p> <p><u>Itemized Invoice must include:</u></p> <p>(A) Vendor name and address (B) Date of invoice (C) Client name and address (D) Date of repair (E) Description of the repairs/modifications (F) Room/area in home per contract (G) Cost of materials (H) Cost of labor (I) Total cost</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

b) Home Repair/Modification performed by employees

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>FVA Home Modification Form</u></p> <p>AND</p> <p><u>Itemized Invoice must include:</u></p> <p>(A) Client name and address (B) Date of repair (C) Description of the repairs/modifications (D) Room/area in home per contract (E) Cost of materials (F) Cost of labor (G) Total cost</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

9) Veterans Mental Health Program and Service Categories

Most client services are provided via budgeted staff under **Salaries and Wages**. Refer to other programs to determine the required documents. There is one exception for Clinical Counseling costs, where FVA reimburses a standard unit cost across the board for counseling services.

FVA will not reimburse grantees who pay a client's bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

Clinical Counseling – Unit Cost

For organizations that budgeted a unit cost for counseling services.

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|-----------------------------------|
| <p><u>Counseling Log or Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Date of Counseling (B) Time of Counseling (start & end) (C) Patient ID (D) Counselor's Name (E) Type of Counseling (F) Unit Cost as listed in budget for the specific counseling provided (G) Signature attesting to true and accurate documentation of services provided <p>*Mental Health grantees should not submit information that violates HIPAA</p> | <p>Not Required for Unit Cost</p> |

10) Veterans Treatment Court Program

Client services are provided via budgeted staff under **Salaries and Wages**. Refer to other programs to determine the required documents for other services provided to the client, including **Homeless Veterans Support, Financial Assistance, Transportation Assistance, Veteran Homelessness Prevention**, etc.

NOTE: only the line items in your approved grant budget may be reimbursed.

FVA will not reimburse grantees who pay a client's bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

11) Veteran County Service Office Grants

Refer to other programs to determine the required documents for your awarded service category and approved grant budget.

NOTE: only the line items in your approved grant budget may be reimbursed.

FVA will not reimburse grantees who pay a client's bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

12) Other Type of Assistance

If the RDR does not explicitly describe the budgeted cost for reimbursement, contact your GO for guidance. Grantees must obtain pre-approval before expending funds or requesting reimbursement, or FVA may not be able to reimburse that cost.

FVA will not reimburse grantees who pay a client's bills when those bills are over 60 days old when presented by the client.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

If the **Proof of Cost** or **Demonstration of Payment** is approved, FVA will require **AT LEAST** the following information:

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Client Name and Address (D) Description of Service(s) (E) Date Service Provided (F) Amount per Service Provided (G) Total Amount <p>AND / OR</p> <p>Alternate documentation pre-approved by FVA before the cost is incurred.</p> | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none"> (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

F. Other Direct Costs

Organizations must maintain purchasing files on-site that describe the method and process for vendor selection.

Invoices for contracted services impacting the beneficiary but not directly delivered must be submitted for reimbursement under **Other Direct Costs**.

1) Printing and Outreach

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Description of Service(s) / Item(s) (E) Number of Service(s) / Item(s) (F) Amount / Rate per Service / Item (G) Subtotal Cost (H) Total Amount | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

2) Training Materials

Items purchased in bulk will be reimbursed on a per-item basis, after they are distributed to clients.

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Description of Service(s) / Item(s) (E) Number of Service(s) / Item(s) (F) Amount / Rate per Service / Item (G) Subtotal Cost (H) Total Amount | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

3) Transportation: Grantee Fuel

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Fuel Type (E) Number of Gallons (F) Cost per Gallon (G) Subtotal Cost (H) Total Amount | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

4) Transportation: Grantee Vehicle Maintenance

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Description of Service(s) performed (E) Cost of each Service performed (F) Subtotal Cost (G) Total Amount | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

5) Overnight Shipping

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Organization (Grantee) Name and Address (D) Description of Service(s) (E) Package Type (F) Sender Name and Address (G) Recipient Name and Address (H) Cost per Service (I) Total Cost | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

6) Postal Service

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Invoice (C) Class of Mail (D) Package Type (E) Delivery Location (city, state, zip) (F) Unit Price (G) Total Cost | <ul style="list-style-type: none"> (A) If payment made with Check, provide cancelled check to include front and back with endorsement OR (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

G. Recurring Costs

Recurring Costs are standardized costs which apply to agency assets that the project requires to operate. Documentation for recurring costs must be submitted at the start of the grant cycle in July.

For example, office rent, telephone or copier costs, and monthly recurring costs for office software may be allowable and allocable to your grant IF you were allowed by FVA to include them in your approved budget.

1) Submit for First Reimbursement

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p><u>Billing Statement from Vendor must include:</u></p> <ul style="list-style-type: none"> (A) Vendor Name (B) Date of Statement (C) Client Name and Address (D) Description of Service/Cost (E) Date Cost Incurred (F) Recurring Amount per Interval (G) Total Amount | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

2) Submit for Subsequent Reimbursements

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|---|--|
| <p>No Proof of Cost required for subsequent reimbursements on recurring costs</p> | <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

H. Contracts

Contracts and contractor expenses are reported in the **Client Services** and **Other Direct Costs** budget categories.

1) Executed Contracts

For a contract to be considered valid and fully executed, it must:

A) Include dual-party signatures from the Grantee organization and Contractor,

AND

B) Be current, with coverage dates inside the active grant period.

Organizations must maintain purchasing files on-site that describe the method and process for vendorselection on labor and materials.

FVA only reimburses Contractor costs that are included in the approved grant budget.

Invoices and/or bills must be legible and not altered by hand-written notes or corrections. To support FVA audits, invoices and/or bills submitted by grantees cannot be altered via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice.

If the **Proof of Cost** or **Demonstration of Payment** is approved, FVA will require AT LEAST the following information:

2) Contractor Invoice Requirements

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|--|
| <p><u>Contractor Invoice must include:</u></p> <ul style="list-style-type: none">(A) Contractor Name(B) Date of Invoice(C) Client Name (or Patient ID Number)(D) Description of Service(s)(E) Date of Service(s)(F) Amount per Service(G) Total Amount <p>*Mental Health grantees should NOT submit information that violates HIPAA</p> | <ul style="list-style-type: none">(A) If payment made with Check, provide cancelled check to include front and back with endorsement <p>OR</p> <ul style="list-style-type: none">(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period |

I. Credit Cards

Grantee organizations may use organization-issued credit cards to make purchases for **Travel, Supplies, Client Services, and Other Direct Costs**. When an organization-issued credit card is used, there are additional requirements for Proof of Cost Incurred and Demonstration of Payment BEYOND the items referenced in earlier sections of this booklet.

The credit card statement must be paid in full. FVA will not reimburse grantee unless the monthly statement is paid in full for the month the cost was incurred.

Payments made with personal credit cards or personal check are not allowable.

| Provide Proof of Cost Incurred | Provide Demonstration of Payment |
|--|---|
| <p><u>Invoice must include:</u> (A) Vendor/Contractor Name (B) Date of Invoice (C) Client Name (or Patient ID Number) (D) Description of Service(s) (E) Date of Service(s) (F) Amount per Service (G) Total Amount</p> <p>AND</p> <p>Credit card statement, showing: 1. The Periodic Statement Total 2. Transaction amount that MATCHES the itemized receipt/invoice</p> <p>AND ONE of THESE:</p> <p>Original itemized invoice</p> <p>OR</p> <p>Receipt for the item or service</p> | <p>Proof of payment for the credit card statement</p> <p>AND ONE of THESE:</p> <p>(A) If payment made with Check, provide cancelled check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions for the pay period</p> |

5. Form Examples

The remainder of this booklet provides examples of forms used frequently by FVA grantees.

A. Payment Reimbursement Request Form

1) Certification Tab

| Payment Reimbursement Request (PRR) Certification | | | | | | |
|---|----------------------|------------------------------|--------------|---|---|---------------------|
| Grant Summary | | | | | Authorized Representative Certification | |
| Grantee | Help A Vet | | | Grant Number | HTX21-XXX | |
| Grant Cycle | Start Date | End Date | Award Amount | The Authorized Representative's e-Signature certifies that the information contained in this report as prepared has been reviewed and is true and correct. Only one of the listed Authorized Representative's e-Signature is required. | | |
| | 7/1/2021 | 6/30/2022 | \$300,000 | | | |
| Invoice Period | July 2021 | 7/1/2021 - 7/31/2021 | | PRR-1 | Authorized Representative e-Signature | |
| Service Category | Financial Assistance | | | | | |
| Invoice Period Expenditure Summary | | | | | | |
| Budget Category | Award Amount | Requested Amount This Action | | | Sandy Cheeks | Signature Authority |
| Salaries | \$102,345 | \$ - | | <input type="checkbox"/> | Squidward Tentacles | Finance Coordinator |
| Fringe Benefits | \$22,516 | \$ - | | <input type="checkbox"/> | Eugene H. Crabs | Project Coordinator |
| Travel | \$5,463 | \$ - | | Report Prepared By | | |
| Supplies | \$3,510 | \$ - | | | | |
| Client Services | \$150,000 | \$ - | | Name, title and e-Signature certifies that the person that prepared this report is not the same person that is certifying that this report is true and correct. Separation of duties are necessary to ensure grant administration transactional processes remain transparent in accordance with FVA policy. | | |
| Other Direct | \$3,542 | \$ - | | | | |
| Indirect | \$12,624 | \$ - | | Prepared By Name & Title | | |
| Total | \$300,000 | \$ - | | Prepared By e- Signature | | |

7) Indirect Tab

| | | | | | |
|--|------------|-----------------|--------------------------------|-----------------------------|-----------|
| Grantee | Help A Vet | Grant Number | HTX21-XXX | Invoice Period | July 2021 |
| Direct Costs | | Approved Budget | \$287,376 | 7/1/2021 - 7/31/2021 | |
| Indirect Costs | | Approved Budget | \$12,624 | | |
| | | | Total Direct Costs Requested | FVA Approved Direct Costs | |
| | | | \$0.00 | \$0.00 | |
| Indirect Costs not to exceed 10% of Total Direct Costs each reporting period | | | | | |
| | | | Total Indirect Costs Requested | FVA Approved Indirect Costs | |
| | | | \$0.00 | \$0.00 | |
| Invoice Period Grand Total | | | \$0.00 | \$0.00 | |



FVA Home Modification Form

*Required for Reimbursement of Home Modification Expenses. Submit one completed form for each home modification project. * Required Fields*

| PROJECT INFORMATION | | | |
|---------------------|--|------------------|--|
| Grantee Name* | | Grant ID Number* | |
| Beneficiary Name* | | | |
| Project Address* | | | |
| City* | | County* | |

Is the Veteran/Surviving Spouse the owner of the house that is being modified/repaired? (Circle one)* Yes No

| PROJECT MILESTONES | | | |
|------------------------|--|------------------|--|
| Pre-Inspection Date* | | Start Date* | |
| Final Inspection Date* | | Completion Date* | |

| COST OF COMPLETED MODIFICATION OR REPAIR WITH FVA FUNDS | | |
|---|--|-------|
| Completed Home Modification or Repair (Short description of major task performed):* | | Cost* |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| Total Cost* | | |

| BENEFICIARY CERTIFICATION: | | |
|---|--|-------|
| I agree that the information on this form is true, and the work has been completed. | | |
| Beneficiary Comments: <i>(Please provide comments about the completed work)</i> | | |
| Beneficiary Signature* | | Date* |

| GRANTEE CERTIFICATION: | | |
|--|--|-------|
| I agree that the information on this form is true, and the work has been completed and accepted by the client. | | |
| Grantee Representative Signature* | | Date* |

Texas Veterans Commission Fund for Veterans' Assistance

WWW.TVC.TEXAS.GOV/GRANTS

2021-2022 GRANTS

VERSION 1.2

FUND FOR VETERANS' ASSISTANCE WEBSITE

[https:// www.tvc.texas.gov/grants](https://www.tvc.texas.gov/grants)

The Texas Veterans Commission (TVC) is firmly committed to the principal of fair and equal employment opportunities and the provision of services without regard to race, color, sex, religion, national origin, age, physical disability, or genetic information.