



# FVA Grant Amendment Training



**This webinar will be recorded. Everyone that signed up to attend will receive a notification when the recording is ready for viewing. Webinar recording and accompanying slides will also be available on our website tomorrow.**

**<https://tvc.texas.gov/2023-2024grantees>**



# Training Agenda

- ❑ **Amendment Overview**
- ❑ **Amendment Categories**
- ❑ **How to Submit an Amendment Request**
- ❑ **What to Expect After Amendment Submission**
- ❑ **Amendment Submission Deadline**
- ❑ **Budget Amendment Workbook**
- ❑ **Update on Reporting Beneficiary Information**



# What is an Amendment?

- **A change, addition, or deletion** to the executed grant contract – as delineated on the approved grant application.
- Submission of an **amendment request** is required by FVA to propose changes to your grant project affecting the scope, budget, or grant period.



# Amendment Overview

- **3 amendment requests** per grant period
- Amendment final determination is either
  - a) **Approved** or
  - b) **Disapproved**
- TVC's Executive Director **decision is final and non-appealable**



# Notification vs Amendment

- Changes to principal participants, grant staff (listed in Salaries & Fringe), or contracted staff  
**\*do not require an amendment**

*\*unless the allocation % or total allocated Salary/Fringe amount will change*

- **Grantees are required to notify their GO** of any staff changes within 14 days from the date the staff change took effect

Source: 23-24 RFA, p. 19





# **Amendment Categories:** **Budget, Scope, and** **Grant Period (Extension)** **Amendments**

# Grant Amendment Categories



**Budget Amendments** modify how you plan to spend grant funds in delivering services



**Scope Amendments** alter what, or where, services the grant funding can cover



**Grant Period (Extension) Amendments** extend the grant period up to 6 months  
***\*Not to extend beyond December 31, 2024***







# Budget Amendment

## Change approved budget, including:

- Transferring funds between budget categories
- Adding new budget sub-categories





# Scope Amendment

## Change approved project scope, including:

- Geographic Service Area
- Add Beneficiary Type\*
- Add Beneficiary Totals Projected
- Discharge Status (Characterization of Service) Served
- Restrictions on eligibility unique to organization





# Grant Period (Extension) Amendment

## Extend approved grant term

- Up to 6 months of additional time
  - **Not eligible for “Renewal” consideration**
  - **Application for “New” grant becomes ineligible**
- Cannot have two concurrent grants in the same grant program





# How to Submit an Amendment Request in TVC Grants Portal

**Before initiating an  
amendment request, be sure to  
contact your GO**



# Amendment Request Submissions



## Submitted in FLUXX + Budget Amendment Workbook

- Budget amendments require the budget amendment workbook (template) to detail line-item changes requested
- GO will provide a working copy
- Attach workbook to amendment request

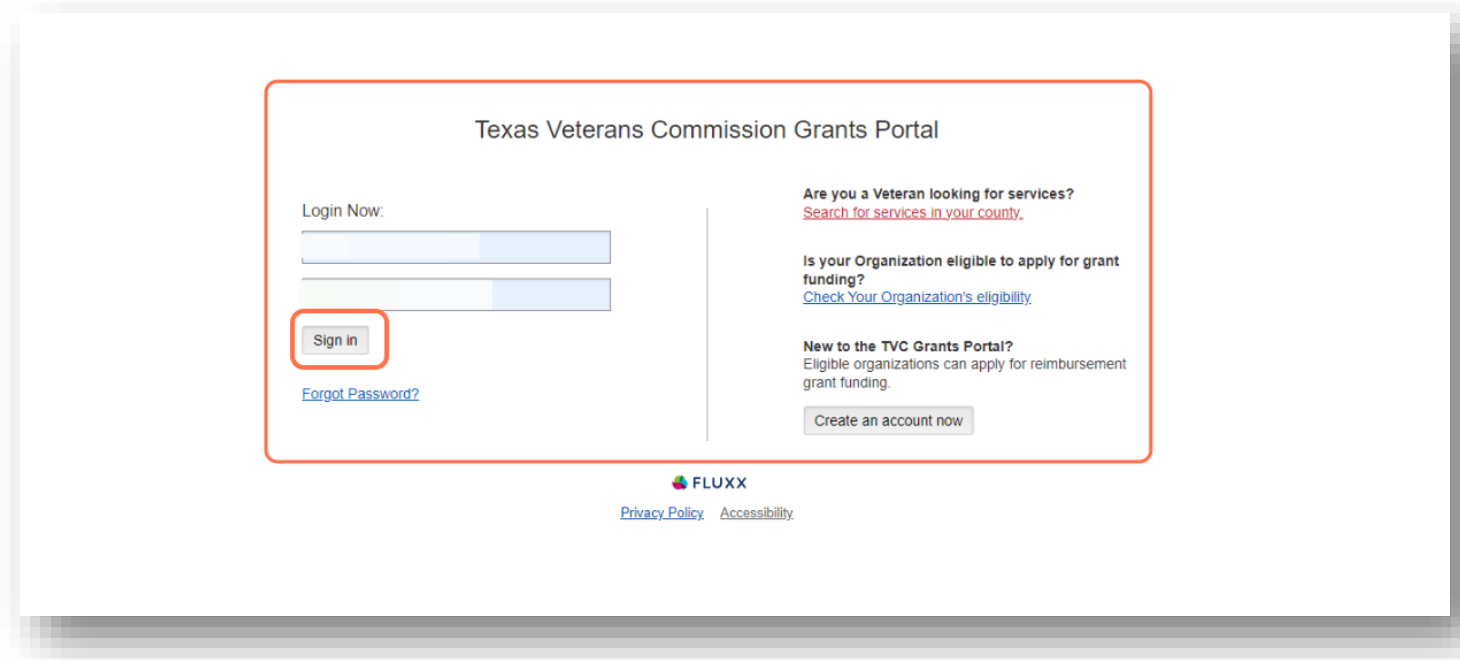


Submitted entirely in FLUXX



# 1) Log in to FLUXX

<https://tvc.fluxx.io/>

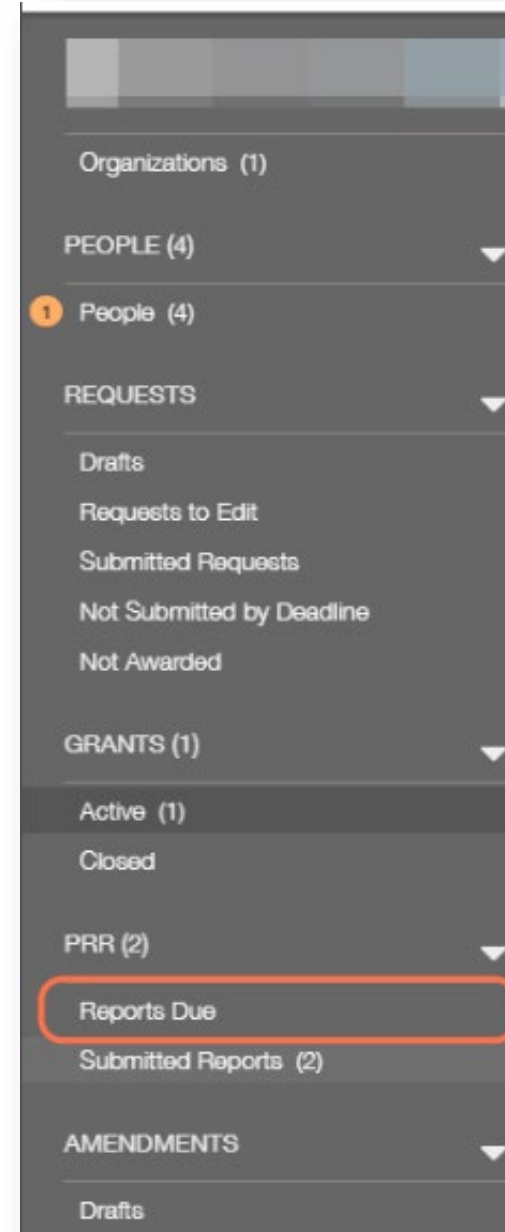


# Reports Due queue must be cleared before submitting an amendment

If you would like to submit your amendment before submitting pending **Report Due**, contact your GO



3/8/2024





If most recent  
*Submitted Report* is  
still in **Under Review**  
status, you will not  
be able to submit  
your amendment  
request



3/8/2024

August PRR  
Grant ID: G-2022-09028  
Period Ending On: August 31, 2023 | Type: PRR  
Report ID: 802324725  
Status: Under Review

Request Amendment

Grant ID: G-2022-09028  
Status: New  
Amendment ID: 39376512  
Created: Liquid error: nil is not a symbol nor a string

⚠ A PRR is in progress - this must be resolved before an amendment can be submitted.

▶ Comments

What is being amended?

Time  
Scope  
Budget

Save

If an amendment record is created accidentally, it can be deleted. Scroll to the end of the form and click on **Delete**

The screenshot shows a web form interface. At the top, there is a section titled "▼ Supporting Documents". Below this title is a table with one row containing the text "Documents" and a plus sign icon (+) on the right side. At the bottom of the form, there are three buttons: "Delete", "Cancel", and "Save and Close". The "Delete" button is highlighted with a red rectangular box.



# 3) Click Active and select grant to begin your amendment request



3/8/2024

Search...

Request Amendment

ID: G-2022-09028  
General Assistance Program  
Financial Assistance  
Amount Awarded: \$150,000.00

INFORMATION  
Grantee Portal  
Apply for Funding

ORGANIZATIONS (1)  
Organizations (1)

PEOPLE (4)  
People (4)

REQUESTS  
Drafts  
Requests to Edit  
Submitted Requests  
Not Submitted by Deadline  
Not Awarded

GRANTS (1)  
Active (1)  
Closed

PRR (2)  
Reports Due  
Submitted Reports (2)

FLUXX

ID: G-2022-09028  
VCISO: No  
Start Date: 2023-07-01  
End Date: 2024-06-30  
General Assistance Program  
Financial Assistance  
Submission Deadline: 2022-12-05  
Amount Awarded: \$150,000.00  
Budgeted Amount: \$150,000.00  
TVC ID: FVA23-F-  
Award Type: R-Renewed

Grant Status  
Draft Review Negotiation Active **Granted**

Negotiations

NOGA Agreement  
Are you the signature authority or delegate accepting the NOGA terms? Signature Authority

NOGA Documents

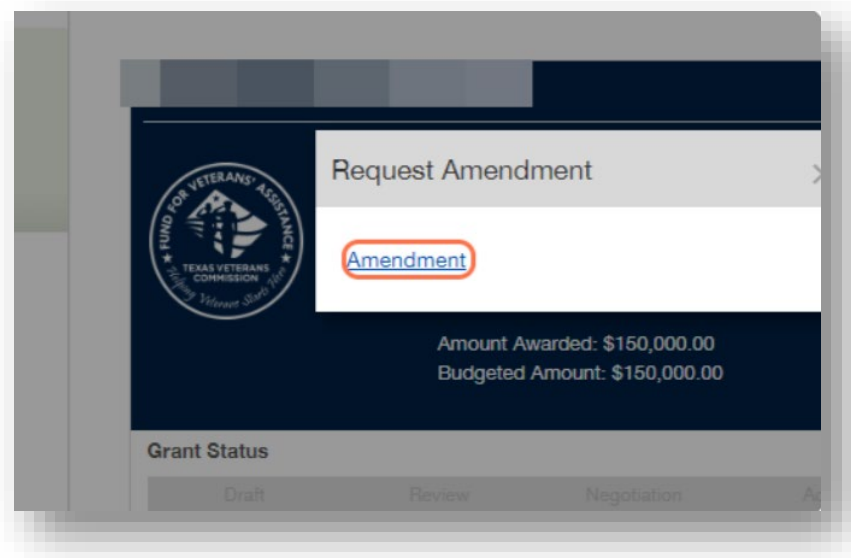
I hereby confirm that I have the authority to enter this organization into a contract with Texas Veteran's Commission. (Delegation of Authority letter has been uploaded as

1 - 1 of 1

# 4) Click Request Amendment



# 5) Click Amendment



Request Amendment

What is being amended?

Time  
Scope  
Budget

>

<

For what purpose is the amendment being requested?

What impact will the amendment have on the grant project?

Save

**6) Select applicable amendment category and click on arrow**



**You can include more than one proposed change, and/or amendment category on a single amendment request.**



**Amendment sections will vary depending on amendment type.**

**Refer to example amendment forms on your slides to help you complete all sections applicable to your amendment request**



**Remember to periodically **Save** the amendment record as you proceed to complete all applicable sections of amendment request.**

▼ Supporting Documents

Documents	
	+

Buttons: Delete, Cancel, **Save**, Save and Close





Request Amendment

**For what purpose is the amendment being requested?**

Prepare to provide purpose, impact and justification for ALL requested changes. Reviewers should be able to easily identify the purpose of all requested changes.

**What impact will the amendment have on the grant project?**

Reviewers are looking for a clear, complete, and succinct summary of all changes requested. Remember to describe what aspects of the grant project will be impacted by each of the requested changes.

**What is the justification for the amendment?**

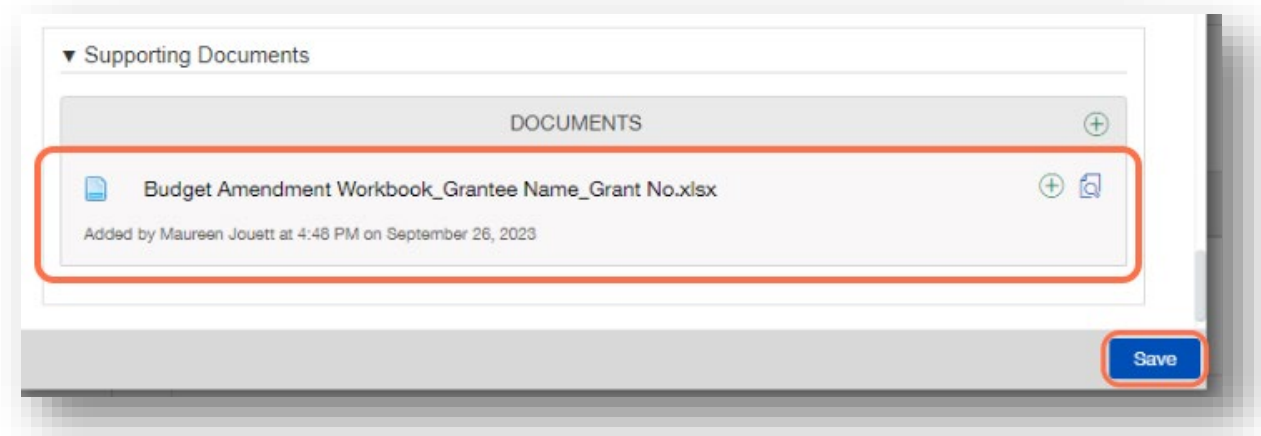
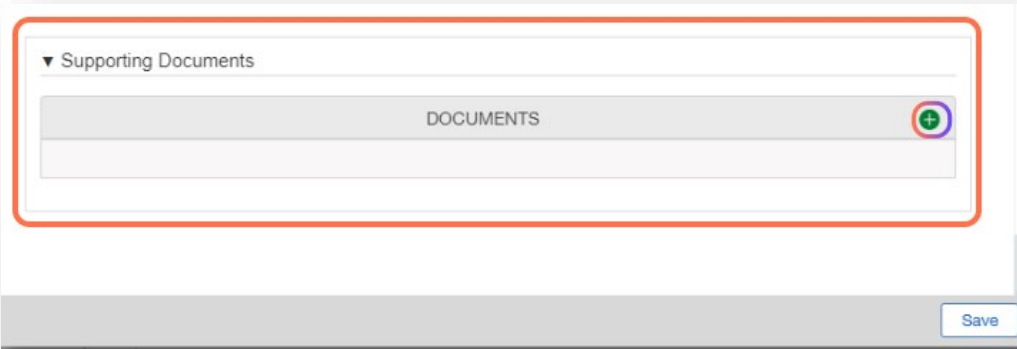
Remember that all reviewers should be able to easily identify the purpose, what aspects of the grant project will be impacted and how the justification supports the changes requested. Make sure to provide justification for each of the requested changes.

Save

**7) Describe purpose, impact and justification for all requested changes.**

**Purpose, impact, and justification responses are required for all amendment types.**





**8) Attach Budget Amendment Workbook (template) (if applicable) and click Save**

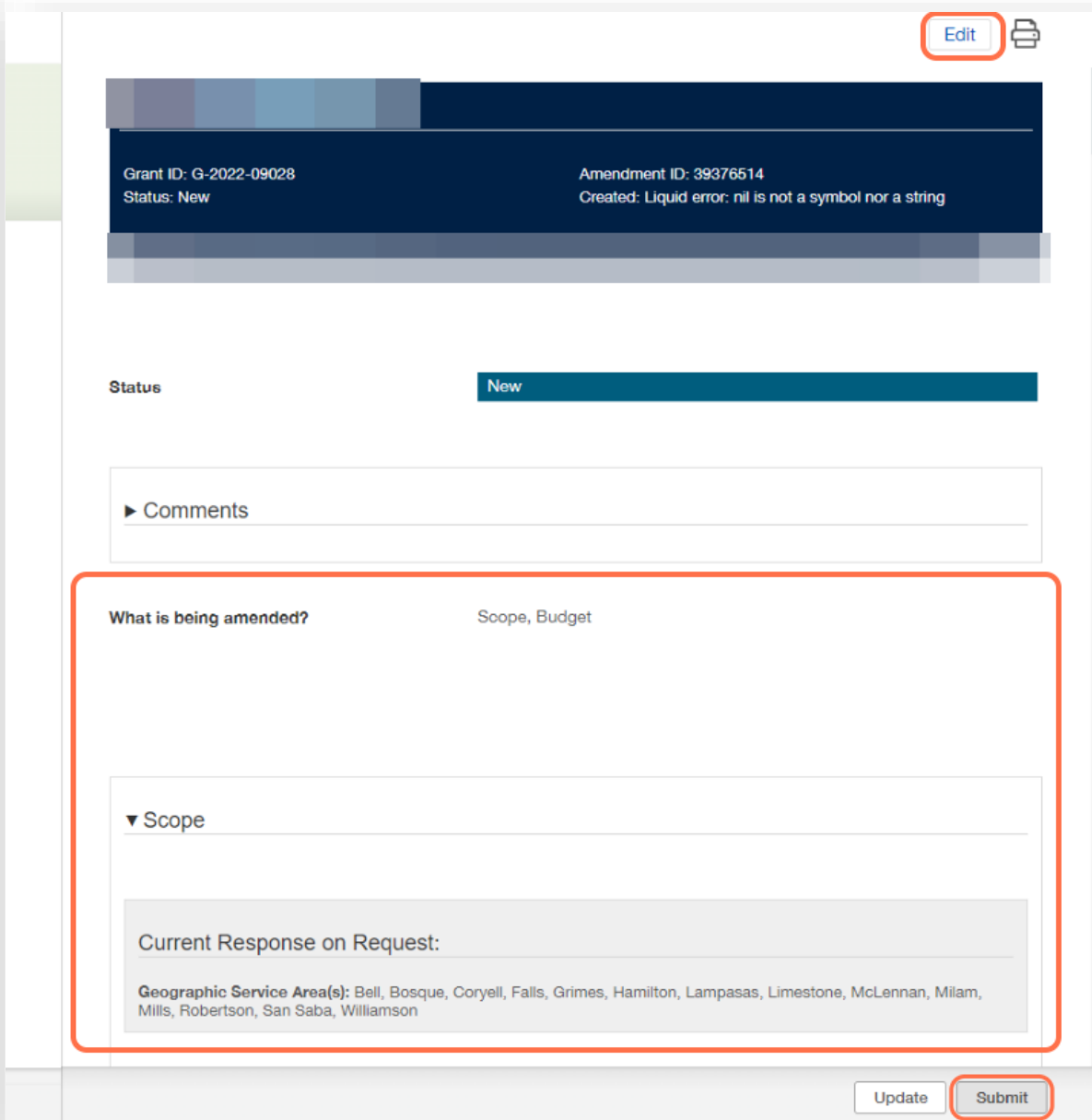
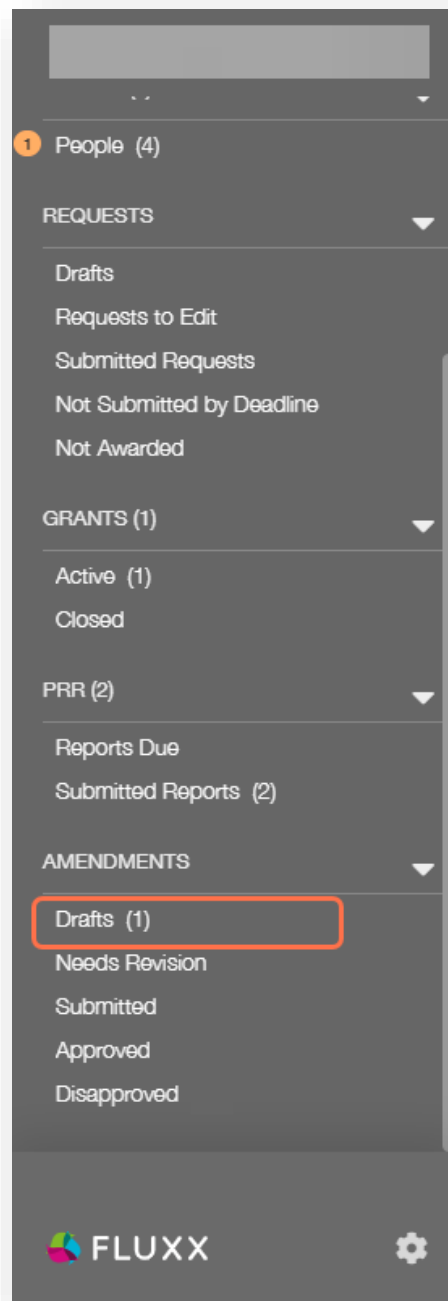


**9) Click Drafts to find amendment record; click the Edit button to review and make changes**

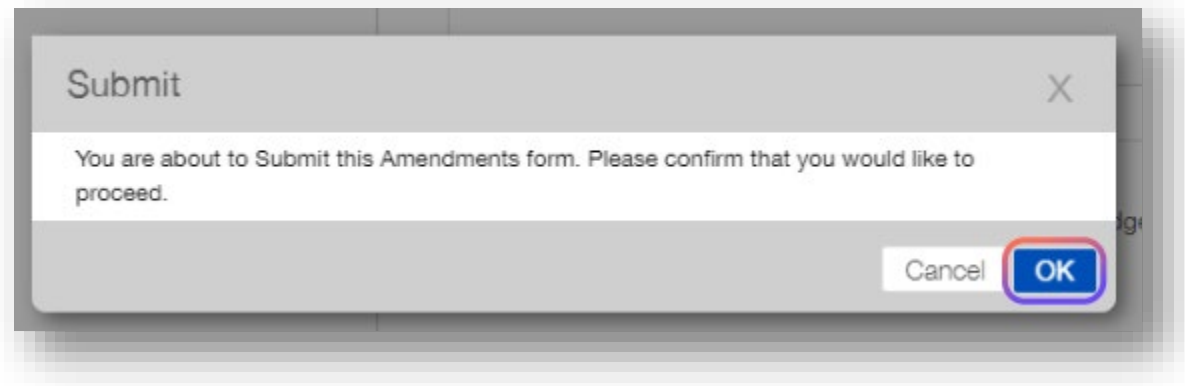
**10) Click Submit to finalize amendment request submission**



3/8/2024



**11) Click OK to confirm submission**



**Congratulations!**  
**You just submitted your amendment request!**



# Amendment Form Examples



3/8/2024

# Budget Amendments

▼ Budget

Which Budget categories are being amended?

Travel  
Supplies  
Other Direct Cost  
Indirect Cost

>

Salary & Fringe  
Direct Client Services

<

Salary & Fringe Group

Name	Job Title	Annual Salary	% Time to TVC Grant	Total Grant Funded
------	-----------	---------------	---------------------	--------------------

Save

**If requesting a Budget amendment, only select budget categories applicable to amendment request**



# Budget Amendments

**Describe changes  
pertaining to each  
applicable budget category  
directly impacted by  
amendment**

Request Amendment

Total Salary + Fringe:		Fringe % of Salary: 7.65%		
	ED-Trng&ResMgr/Coord	\$67,820.00	40%	\$27,128.00
Total Fringe: \$5,188.23		Total Grant Funded Fringe: \$2,075.29		
Social Security: \$4,204.84 Medicare: \$983.39 FICA: \$5,188.23	Health: Dental: Vision:	Life: Disability: Worker's Comp:	Unemployment: Retirement:	Parking: Phone:
Total Salary + Fringe: \$29,203.29		Fringe % of Salary: 7.65%		
Total Salary				\$53,290.63

Changes to Salary & Fringe Group:

Describe changes to Salaries & Fringe. In our example, we are moving excess funds in Salaries & Fringe to Client Services.

Save



# Budget Amendments

**Make sure that the proposed change, and amounts described coincide with proposed changes as described in the Budget Amendment Workbook (template)**

Request Amendment

Direct Client Services Group

Category	Unit Cost	Quantity	Amount Requested
Mortgage	\$303.00	17	\$5,151.00
Transportation Beneficiary Vehicle	\$700.00	6	\$4,200.00
Utilities	\$111.00	265	\$29,415.00
Rent	\$303.00	150	\$45,450.00
Total			\$84,216.00

Changes to Direct Client Services Group:

In our example we are adding funds to Client Services from Salaries & Fringe.]

Save





# Award Total

<b>Grantee:</b>	<b>GRANTEE Name</b>		
<b>Date:</b>			
<b>Budget Category</b>	<b>Award Amount</b>	<b>Adjustment Request</b>	<b>New Amount</b>
Salaries and Wages	\$42,438.00	\$49.50	\$42,487.50
Fringe Benefits	\$14,024.67	(\$1,975.59)	\$12,049.08
Travel	\$2,501.84	(\$500.00)	\$2,001.84
Supplies	\$1,983.49	\$0.00	\$1,983.49
Client Services	\$396,960.00	\$0.00	\$396,960.00
Other Direct Costs	\$0.00	\$0.00	\$0.00
<b>Total Direct Costs :</b>	<b>\$457,908.00</b>	<b>(\$2,426.09)</b>	<b>\$455,481.91</b>
Indirect Costs	\$42,092.00	\$2,426.09	\$44,518.09
<b>Grand Total (Direct + Indirect Cost):</b>	<b>\$500,000.00</b>	<b>(\$0.00)</b>	<b>\$500,000.00</b>
		<b>Note: Cell C13 should equal \$0</b>	

Please highlight all proposed changes in RED FONT

**Instructions:**

Complete ALL applicable tabs including Award Total tab - make requested adjustments in red font, use N/A on subsequent tabs if NO changes to a specific budget item.

**Recommendations:**

Send this completed spreadsheet to your Grant Officer prior to attaching to your amendment request

<https://www.tvc.texas.gov/2023-2024grantees-2/>



# Salaries

G	H	I	J	K	L	M
Amendment Request Salaries						
Title	Name	Annual Salary	Amendment % of Time Allocated to the Grant	Amendment Salary (some already spent)		Amendment Request
Case Manager	John Smith	\$ 56,650.00	33%	\$ 18,694.50		
Project Manager	Jane Doe	\$ 72,100.00	33%	\$ 23,793.00		
				\$ 0.00		
				\$ 0.00		
				\$ 0.00		
				<b>Total</b>	<b>\$42,487.50</b>	<b>\$49.50</b>

Requested Changes: John Smith's annual salary should be \$56,650.00 not \$56,500.00. We would like to pull \$49.50 from the fringe benefits to add here.



# Salaries By Month

E	F	G	H	I	J	K	L	M	N	O
Approved Salary	Expended Cost for July	Expended Cost for Aug	Expended Cost for Sept	Expended Cost for Oct	Expended Cost for Nov	Expended Cost for Dec	Expended Cost for Jan	Expended Cost for Feb	Expended Cost for Mar	Total Funds Expended to Date
\$ 18,645.00	\$1,438.04	\$1,438.04	\$1,438.04	\$1,434.24	\$1,434.24	\$1,434.24	\$1,434.24	\$1,434.24	\$1,434.24	\$12,919.50
\$ 23,793.00	\$1,830.24	\$1,830.24	\$1,830.24	\$1,830.24	\$1,830.24	\$1,830.24	\$1,830.24	\$1,830.24	\$1,830.24	\$16,472.10
\$ 0.00										\$0.00
\$ 0.00										\$0.00
\$ 0.00										\$0.00
<b>\$42,438.00</b>	<b>\$3,268.28</b>	<b>\$3,268.28</b>	<b>\$3,268.28</b>	<b>\$3,264.48</b>	<b>\$3,264.48</b>	<b>\$3,264.48</b>	<b>\$3,264.48</b>	<b>\$3,264.48</b>	<b>\$3,264.48</b>	<b>\$29,391.70</b>



# Benefits (Fringe) Cost Breakdown

**Benefits Cost Breakdown by Category per Month (33% TVC Allocation)**

Name: John Smith Title: Case Manager	Expended Cost for July 2023	Expended Cost for Aug 2023	Expended Cost for Sept 2023	Expended Cost for Oct 2023	Expended Cost for Nov 2023	Expended Cost for Dec 2023	Expended Cost for Jan 2024	Expended Cost for Feb 2024	March 2024 (Projected)	TOTAL EXPENDED FUNDS to Date	April 2024 (Projected)	May 2024 (Projected)	June 2024 (Projected)	Total needed for remaining 3 months	Amendment-TOTAL FRINGE FUNDS REQUESTED
SS	\$76.14	\$76.14	\$76.16	\$76.16	\$76.15	\$76.16	\$81.50	\$81.50	\$81.55	\$701.46	\$81.55	\$81.55	\$163.10	\$326.20	\$1,027.66
Medicare	\$17.82	\$17.82	\$17.81	\$17.81	\$17.80	\$17.81	\$19.06	\$19.06	\$19.10	\$164.09	\$19.10	\$19.10	\$38.20	\$76.40	\$240.49
Health Insurance	\$385.22	\$385.22	\$385.22	\$385.22	\$385.22	\$385.22	\$464.04	\$464.04	\$464.04	\$3,703.44	\$464.04	\$464.04	\$928.16	\$1,856.24	\$5,559.68
Dental Insurance	\$7.62	\$7.62	\$7.62	\$7.62	\$7.62	\$7.62	\$7.62	\$7.62	\$7.62	\$68.58	\$7.62	\$7.62	\$15.24	\$30.48	\$99.06
Life Insurance	\$3.12	\$3.12	\$3.12	\$3.12	\$3.12	\$3.12	\$3.02	\$3.02	\$3.02	\$27.78	\$3.02	\$3.02	\$6.04	\$12.08	\$39.86
Disability	\$8.10	\$8.10	\$8.10	\$8.10	\$8.10	\$8.10	\$9.74	\$9.74	\$9.74	\$77.82	\$9.74	\$9.74	\$19.48	\$38.96	\$116.78
Workers Compensation										\$0.00				\$0.00	\$0.00
Unemployment Insurance										\$0.00				\$0.00	\$0.00
Retirement										\$0.00				\$0.00	\$0.00
Stipend Parking										\$0.00				\$0.00	\$0.00
Stipend Phone										\$0.00				\$0.00	\$0.00
Other										\$0.00				\$0.00	\$0.00
<b>***John Smith (33% Allocation) Totals per Month***</b>	<b>\$498.02</b>	<b>\$498.02</b>	<b>\$498.03</b>	<b>\$498.03</b>	<b>\$498.01</b>	<b>\$498.03</b>	<b>\$584.98</b>	<b>\$584.98</b>	<b>\$585.07</b>	<b>\$4,743.17</b>	<b>\$585.07</b>	<b>\$585.07</b>	<b>\$1,170.22</b>	<b>\$2,340.36</b>	<b>\$7,083.53</b>

**Benefits Cost Breakdown by Category per Month (33% TVC Allocation)**

Name: Jane Doe Title: Project Manager	Expended Cost for July 2023	Expended Cost for Aug 2023	Expended Cost for Sept 2023	Expended Cost for Oct 2023	Expended Cost for Nov 2023	Expended Cost for Dec 2023	Expended Cost for Jan 2024	Expended Cost for Feb 2024	March 2024 (Projected)	TOTAL EXPENDED FUNDS to Date	April 2024 (Projected)	May 2024 (Projected)	June 2024 (Projected)	Total needed for remaining 3 months	Amendment-TOTAL FRINGE FUNDS REQUESTED
SS	\$109.04	\$109.06	\$109.06	\$109.06	\$109.06	\$109.06	\$107.54	\$107.54	\$107.60	\$977.02	\$107.60	\$107.60	\$215.20	\$430.40	\$1,407.42
Medicare	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.14	\$25.14	\$25.20	\$228.48	\$25.20	\$25.20	\$50.40	\$100.80	\$329.28
Health Insurance	\$225.44	\$225.44	\$225.44	\$225.44	\$225.44	\$225.44	\$232.16	\$232.16	\$232.16	\$2,049.12	\$232.16	\$232.16	\$464.15	\$928.47	\$2,977.59
Dental Insurance	\$4.70	\$4.70	\$4.70	\$4.70	\$4.70	\$4.70	\$4.70	\$4.70	\$4.70	\$42.30	\$4.70	\$4.70	\$9.40	\$18.80	\$61.10
Life Insurance	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$3.86	\$3.86	\$3.86	\$35.58	\$3.86	\$3.86	\$7.72	\$15.44	\$51.02
Disability	\$9.82	\$9.82	\$9.82	\$9.82	\$9.82	\$9.82	\$11.46	\$11.46	\$11.46	\$93.30	\$11.46	\$11.46	\$22.92	\$45.84	\$139.14
Workers Compensation										\$0.00				\$0.00	\$0.00
Unemployment Insurance										\$0.00				\$0.00	\$0.00
Retirement										\$0.00				\$0.00	\$0.00
Stipend Parking										\$0.00				\$0.00	\$0.00
Stipend Phone										\$0.00				\$0.00	\$0.00
Other										\$0.00				\$0.00	\$0.00
<b>***Jane Doe (33% Allocation) Totals per Month***</b>	<b>\$498.02</b>	<b>\$498.02</b>	<b>\$498.03</b>	<b>\$498.03</b>	<b>\$498.01</b>	<b>\$498.03</b>	<b>\$584.98</b>	<b>\$584.98</b>	<b>\$585.07</b>	<b>\$4,743.17</b>	<b>\$585.07</b>	<b>\$585.07</b>	<b>\$1,170.22</b>	<b>\$2,340.36</b>	<b>\$7,083.53</b>



## Benefits (Fringe)

G	H	I	J	K	L	M
<b>Amendment Request Benefits</b>						
			<b>Amendment % of Time Allocated to the</b>	<b>Amendment Benefits (some already spent)</b>		<b>Amendment Request</b>
<b>Title</b>	<b>Name</b>	<b>Annual Benefits</b>				
Case Manager	John Smith	\$ 21,465.22	33%	\$ 7,083.52		
Project Manager	Jane Doe	\$ 15,047.13	33%	\$ 4,965.55		
			<b>Total</b>	<b>\$ 12,049.08</b>		<b>(\$1,975.59)</b>
<p><b>Requested Changes:</b>            We over-budgeted for Jane Doe's fringe benefits, but we under-budgeted for John Smith's fringe benefits &amp; annual salary. The net change requested is \$1,975.59 reduction in fringe benefits as illustrated above.</p>						











# Direct Client Services

G	H	I	J	K	L	M
<b>Amendment Request Client Services</b>						
Name	Budget Sub-Category	Average Unit Price	Quantity	Total		Amendment Request
			<b>Total</b>	<b>\$0.00</b>		<b>\$0.00</b>
Requested Changes: N/A						





# Indirect Costs

B	C	D	E	F	G	H	I	J	K	L	M
	<b>Amendment Request Indirect Costs</b>										
	<b>Indirect Costs</b>	<b>Amendment Request</b>									
	<b>\$44,518.09</b>	<b>\$2,426.09</b>									
	<p>List of Requested Changes: We would like to move \$1,926.09 from fringe benefits overage plus \$500.00 from travel expense overage to indirect costs (grand total to move to indirect cost: \$2,426.09).</p>			<p><b>Note: Amended Indirect Costs cannot exceed 10% of Total Direct Costs</b></p>							



# Scope Amendments

If not requesting changes to a particular section of a **Scope Amendment**, leave it blank

Request Amendment

Current Response on Request:

**Geographic Service Area(s):** Bell, Bosque, Coryell, Falls, Grimes, Hamilton, Lampasas, Limestone, McLennan, Milam, Mills, Robertson, San Saba, Williamson

**Geographic Service Area(s):**

Anderson  
Andrews  
Angelina  
Aransas  
Archer

Current Response on Request:

Who will the organization provide direct services to under the proposed project? Check boxes below.

- Veterans
- Dependents
- Surviving Spouses

<b>Number of Veterans</b>	168
<b>Number of Dependents</b>	266
<b>Number of Surviving Spouses</b>	6
<b>Total Number of Clients to be Served:</b>	440

Save



# Scope Amendments

If requesting to expand on current counties served, for example, make sure to include all existing counties served + additional counties proposed. System will override previous list with new selections

The screenshot shows a 'Request Amendment' window. At the top, a red box highlights the 'CURRENT RESPONSE ON REQUEST' section, which lists 'Geographic Service Area(s): Bell, Bosque, Coryell, Falls, Grimes, Hamilton, Lampasas, Limestone, McLennan, Milam, Mills, Robertson, San Saba, Williamson'. Below this, there are two lists of counties. The left list includes 'Cochran', 'Young', 'Zapata', 'Zavala', 'Guadalupe', and 'Williamson' (highlighted in blue). The right list includes 'Limestone', 'McLennan', 'Milam', 'Mills', 'Robertson', and 'San Saba'. An orange arrow points to the right list. Below the county lists is a section titled 'Current Response on Request' with the question 'Who will the organization provide direct services to under the proposed project? Check boxes below.' and three options: '- Veterans', '- Dependents', and '- Surviving Spouses'. A table below shows the following data:

Number of Veterans	168
Number of Dependents	266
Number of Surviving Spouses	6
Total Number of Clients to be Served:	440

A 'Save' button is located at the bottom right of the form.

\* Reducing number of originally approved counties served is not advised.



# Scope Amendments

If requesting to reduce discharge statuses served, for example, only include proposed discharge statuses. System will override previous list with new selections

The screenshot shows a 'Request Amendment' window with the following sections:

- Current Response on Request:** A text field containing the instruction: "Choose the veteran discharge status(es) (Characterization of Service) that your organization will serve with TVC grant funding? (select all that apply)".
- Discharge Statuses List:** A list of options: "Bad Conduct, Dismissed, General Under Honorable Conditions, Honorable, Other Than Honorable Conditions, Uncharacterized". This list is circled in red.
- Selection Interface:** A list of options on the left: "Uncharacterized", "Dishonorable", "Bad Conduct", "Dismissed", "N/A. This grant project will only serve eligible". A right arrow button (>) is between the lists. On the right, a list shows "Honorable" and "General Under Honorable Conditions", which is circled in red. A red arrow points to this list.
- Current Response on Request (bottom):** A text field containing the instruction: "Describe any other restrictions on eligibility, if applicable (example: income level, VA disability rating, etc)". The current value is "None".
- Bottom Section:** A text field with the same instruction as above, currently empty.
- Save Button:** A blue button labeled "Save" at the bottom right.



## Scope Amendments

Request Amendment

Current Response on Request:

Describe the services that your project will provide with this funding, and the specific veteran beneficiaries who will receive the services.

Financial assistance to support VDS including: Housing (includes rent, mortgage, deposit and late fees not to exceed 6 months arrears or \$6000 per Veteran household); utilities (include bills for electric, gas, water, deposit, late fees, reconnect fees not to exceed 6 months per Veteran household); transportation (includes car payments, late fees, car repairs, purchase of bicycle, cost not to exceed 3 month period or repairs not to exceed \$3000 per Veteran household or 25% of vehicle value).

Describe the services that your project will provide with this funding, and the specific veteran beneficiaries who will receive the services.

Current Response on Request

What types of eligible beneficiaries from the United States military components will your organization serve with TVC grant funding? (select all that apply)

Veteran

Save

If requesting to make changes to any of the available text box fields, first copy and paste **Current Response on Request**, and then add to or modify accordingly.



# Grant Period (Extension) Amendments

**New End Date cannot exceed 6 months from old end date.**

What is being amended?

Scope  
Budget

Time

▼ Time

Old Start Date  
7/1/2023

Old End Date  
6/30/2024

**New Start Date**  
7/1/2023

**New End Date**  
12/31/2024

If the area to change is not identified in the Time section above, input the changes in this narrative box.

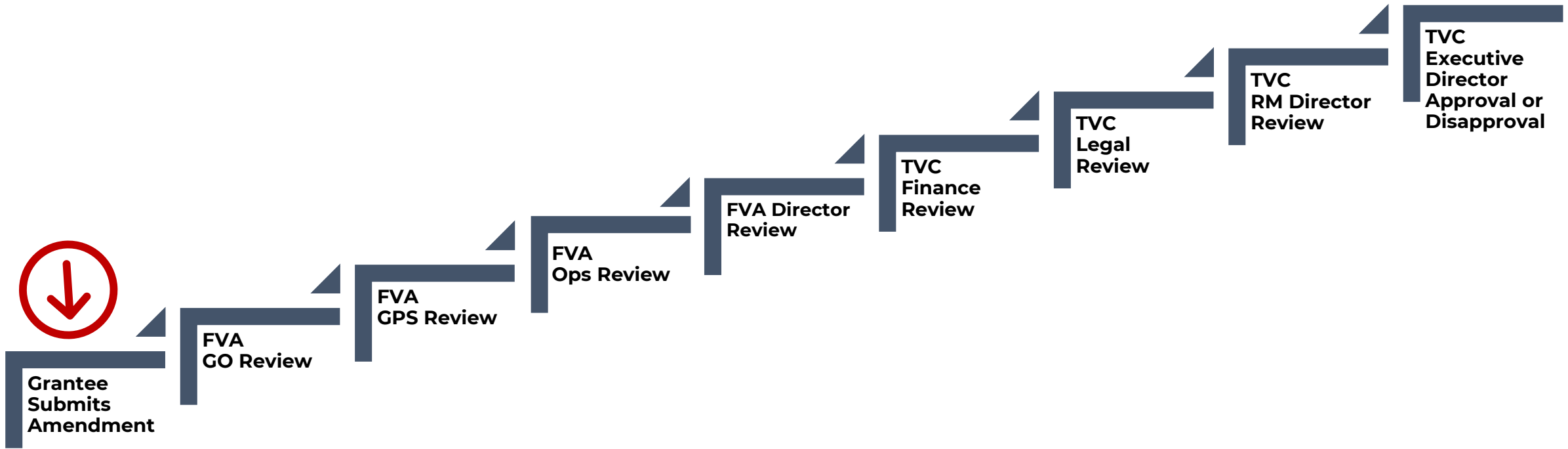






# What to Expect After Amendment Submission





# Submission to Final Determination



# Final Determination

- Amendment request will result in one of two possible outcomes
  - **Approved**
  - **Disapproved**
- Amendments are effective upon date of TVC's Executive Director's decision; this decision is final and non-appealable
- No cost or service may be retroactive



# Amendment Best Practices

- Make sure to reach out to your GO if you need to submit an amendment
- Provide a clear and succinct description of all changes requested
- Don't wait until the last minute to submit an amendment request





**Last day to submit  
Amendment Request  
SUNDAY, MARCH 31, 2024 @  
11:59 PM**



3/8/2024



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**FVA Grants**

 **(512) 463-1157**

 **[grants@tvc.texas.gov](mailto:grants@tvc.texas.gov)**



**Please contact your GO if you wish to submit an amendment request, or if you have program-specific amendment questions unique to your organization.**



## Update to Reporting Beneficiary Information





# Required Beneficiary Information in Fluxx

- Effective April 1, 2024, Direct Client Services (DCS) grantees will no longer be able to submit monthly expenditure claims in Fluxx without providing required beneficiary data.
- Grantees must correspond with their Grant Officer to explain the reason for incomplete beneficiary information before monthly claims can be submitted.



# Required Beneficiary Information in Fluxx


Only DCS grantees will not be able to submit if they do not have beneficiary information, in the process of submitting PRR.




# Required Beneficiary Information in Fluxx

Edit Claim ✕

▼ Claim Duration

Claim Period - Start  
10/1/2023 

Claim Period - End  
10/31/2023 

**IMPORTANT: Click the green plus (+) sign to enter beneficiary(ies) served for this claim.**

Beneficiary(ies) Information ⊕

Beneficiary Information (This area below has been replaced by the above BENEFICIARY(IES) INFORMATION AREA and is visible only for historical reference on earlier PRR Claims).

Has the client previously been served by this grant since July 1st?  
Yes ▼

First Name (or Patient ID)  
Leo

Last Name  
vinci

Client Status  
Veteran ▼



**If beneficiaries are being served, beneficiary information data required cannot be left blank in Fluxx. A “yes” or “no” response must be entered.**

Add a **Beneficiary(ies)** Inform... ✕

Multiple Clients Information

---

Has this client been served previously ?



**Unduplicated: When beneficiary served before question is “No” – this is a new client, therefore all data fields will be mandatory before claims can be submitted.**

Add a Beneficiary(ies) Inform... ×

Multiple Clients Information

Has this client been served previously ?  
No ▼

First Name  
  
can't be blank

Last Name  
  
can't be blank

Status  
  
can't be blank

County  
  
can't be blank

Zip  
  
can't be blank



**Duplicated: When beneficiary served before question is “Yes” all associated fields must be completed before PRR can be submitted – first name, last name, county, client type, zip code etc.**

Add a **Beneficiary(ies)** Inform... ×

Multiple Clients Information

Has this client been served previously ?  
Yes ▼

First Name  
  
can't be blank

Last Name

Status  
 ▼  
can't be blank

County  
 ▼  
can't be blank

Zip  
  
can't be blank



# Dependents: Veteran spouse and dependent data entry fields must also be provided before claims can be submitted in Fluxx.

Add a **Beneficiary(ies)** Inform... ×

Multiple Clients Information

Has this client been served previously ?

Yes ▼

First Name

can't be blank

Last Name

Status

▼

Veteran

Dependent

Surviving Spouse

can't be blank

Zip

can't be blank

Save



# Beneficiaries Included: “N” indicates information is needed.



Beneficiaries Included: N

Grantee will see this on the Portal :





# Required Beneficiary Information in Fluxx

**Stay tuned for more information.**



# Thank You!



3/8/2024