

# VA Grant and Per Diem Program Requesting and Receiving Approval for a Per Diem Rate

The current maximum rates are:

\$71.53 for Per Diem Only grants  
\$8.94/hour for Service Centers  
\$93.30 for Transition In Place  
grants \$124.40 for Special Need  
grants

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## Part I: General Instructions

**IMPORTANT:** It is recommended all providers visit the provider's website monthly 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://www.va.gov/HOMELESS/GPD\\_ProviderWebsite.asp](http://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp)

- All grantees are required to ensure they have qualified staff with a working knowledge of all applicable Federal Regulations (e.g., 2 CFR part 200, 38 CFR part 61). Current GPD regulations are posted on the VA GPD website <http://www.va.gov/HOMELESS/GPD.asp>.
- Read the entire contents contained herein before any forms are submitted to the VA GPD Program Office.
- Direct any questions via e-mail to [GPDFiscal@va.gov](mailto:GPDFiscal@va.gov). Please be sure to include the FAIN(s) in the subject line of the email.
- Organizations may submit a request to modify their per diem rate at any time through GPD's electronic grants management system (eGMS).
- Requests must be based on the accrual basis of accounting and generally accepted accounting principles (GAAP).

## Part II: Complete the Per Diem Rate Request Worksheet in eGMS

- All fields are required to be completed.
- Any worksheet that is received with invalid or omitted entries in the required fields will prolong the processing time or result in a denial of the request.

**Fields in eGMS:**

- Recipient Account Number - this is an identifier created by your organization in your accounting system to segregate the costs related to this grant; GPD does not issue this number.

- Enter the fiscal year you are estimating costs for. Grantees are required to follow the Federal fiscal year (October – September) for reporting purposes.

**Note:** Organizations are required to submit OMB SF425 –Federal Financial Report within 120 days from the end of the financial reporting year. Organizations that fail to submit the required SF425 will not be eligible for per diem rate increases and may have their funding withheld.

### Items within the Worksheet:

#### 1. Project Expenditures

##### 1a. Total Estimated Cost of Veteran Care

This item is automatically calculated and equals 1b + 1c

##### 1b. Total Estimated direct costs of Veteran care

Direct costs are those that can be identified specifically with a particular final cost objective (i.e., a particular award, project, service, or other direct activity of your organization). Your agency's accounting system should properly segregate and allocate costs (e.g., 2 CFR part 200).

This amount represents the allowable direct costs associated with the project number you referenced.

##### 1c. Total Estimated indirect costs of Veteran care

Indirect costs, as defined in 2 C.F.R. § 200.412-415, are allowable if supported by a Federally Negotiated Indirect Cost Rate Agreement (NICRA) or if supported by a De Minimis Indirect Cost Rate Certification declaring a rate of up to 15% of modified total direct costs as described in 2 C.F.R. § 200.414. Otherwise, all requested costs must be direct costs. Costs must be clearly segregated and defined in your accounting system to facilitate fiscal reviews and reconciliations. To charge indirect costs your signed NICRA or De Minimis Certification must be uploaded to the Organization Profile section of eGMS. Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. After direct costs have been determined and assigned directly to awards or other work as appropriate, indirect costs are those remaining to be allocated to benefiting cost objectives. This amount represents the allowable indirect costs associated with the project number referenced in the request.

#### **B1 & C1. Personnel**

Enter funds required for compensation of personnel for this grant award (including executive director salary, as applicable). Costs of employee salaries and wages engaged in activities under the program. See applicable regulations (e.g., 2 CFR §200.430) for more information on allowable compensation personnel costs. Do not include the personnel costs of consultants, contractors and subrecipients under this category. If not applicable, enter "0" zero.

#### **B2 & C2. Fringe Benefits**

Enter funds required for compensation of fringe benefits for this grant award. Costs of employee fringe benefits are allowances and services provided by employers to their employees in addition to regular salaries and wages. See applicable regulations regarding

compensation fringe benefits (e.g., 2 CFR §200.431). Do not include the fringe benefits of consultants, contractors, and subrecipients, because those costs should be listed under the "Contractual" category as part of the total value of the contract or agreement. Typically, fringe benefit amounts are determined by applying a calculated rate for a particular class of employee (full-time or part time) to the salary and wages requested. Fringe rates are often specified in the approved indirect cost rate agreement. Fringe benefits may be treated as a direct cost or indirect cost in accordance with the applicant's accounting practices. Only fringe benefits as a direct cost should be entered under this category. If not applicable, enter "0" zero.

### **B3. Travel for Personnel**

Enter funds required for travel for this grant award. Costs of project-related travel (i.e., transportation, lodging, subsistence, and other related items) by employees who are in travel status on official business of the non-Federal entity (NFE). Travel by non-employees such as consultants, contractors or subrecipients should be included under the "Contractual" category. Local travel for employees in non-travel status should be listed in "Transportation" category. Travel costs should be developed in accordance with the applicant's travel policies and applicable regulations (e.g., 2 CFR §200.474). If not applicable, enter "0" zero.

### **B4. Transportation**

Enter funds required for transportation of Veterans (when treated as a direct cost) and/or program personnel for this grant award. This includes costs such as lease, insurance, gas, maintenance, bus tokens and/or depreciation costs for vehicles to transport program participants or to outreach and engage Veterans in services. Local travel for employees in non-travel status should be listed in this category. If not applicable, enter "0" zero.

### **B5 & C3. Equipment**

Enter funds required for equipment for this grant award. "Equipment" means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$10,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in, or excluded from, acquisition cost in accordance with the NFE's regular written accounting practices.) For more information, please see applicable regulations (e.g., 2 CFR §§200.2, 200.313, and 200.439). If not applicable, enter "0" zero.

### **B6 & C4. Supplies**

Enter funds required for supplies for this grant award. Tangible personal property other than those included in the Equipment category. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the NFE for financial statement purposes or \$10,000, regardless of the length of its useful life. For more information, please see applicable regulations (e.g., 2 CFR §§200.2, 200.314, and 200.453). If not applicable, enter "0" zero.

**B7 & C5. Contractual**

Enter funds required for contractual costs for this grant award. Cost of all contracts except those that should be placed under other categories such as transportation, equipment, or supplies. In accordance with applicable regulations, procurement standards (e.g., 2 CFR §§200.317 - 200.327) and subaward requirements (e.g., 2 CFR §§200.331 - 200.333) must be followed. Include third-party evaluation contracts, procurement contracts, and subawards. Costs related to individual consultants should be listed in the "Other" category. If applicable and charged as a direct cost, include third-party renting or leasing agreements for equipment. Do not include real property owned or leased/rented by the recipient or are arrangements considered "less-than-arms-length", "sale and lease back", "finance lease" per Financial Accounting Standards Board (FASB), "financed purchase" per Government Accounting Standards Board (GASB) standards because if charged as: 1) a direct cost, costs should be listed under the "Real Property Facility Space" category and are allowable only up to the amount that would have been allowed had the recipient owned the property or purchased the property on the date the agreement was executed; or 2) as an indirect cost, costs should be included under the "Indirect" category for "Real Property Facility Space". These costs must be treated as either direct or indirect costs, not both. For more information, see applicable regulations (e.g., 2 CFR 200.2, 200.414, 200.430 - 200.431, 200.434, 200.436, and 200.439; 45 CFR §75.2, 75.414, 75.430-75.431, 75.434, 75.436, and 75.439). If not applicable, enter "0" zero.

**B8 & C6. Real Property Facility Space**

Enter the total of all real property costs including third-party renting or leasing agreements for real property (building, facility, administrative office, space, structure, land, and other real property) used specifically for the program. This also includes depreciation costs for this grant award (when treated as a direct cost and not identified elsewhere on this worksheet). Purchase costs, including principal and interest, for real property are unallowable in the absence of specific statutory authority. If N/A or unallowable under the program do not include. Any real property owned by the recipient or arrangements considered "less-than-arms-length", "sale and lease back", "finance lease" per the FASB, "financed purchase" per GASB standards intended to be proposed or claimed for use, if applicable and allowed under the program, and in accordance with grantor agency regulations may be included in this category. However, the justification for these costs must include: the allocable percentage and total dollar amount; the depreciation amount with type of method and calculation used; tax amount (if applicable); insurance amount and what it covers; maintenance and repair with details on each type of expense proposed and its associated cost; minor A&R (if any) with specifics for each type of proposed expense and its associated cost; the ownership type (own, lease); clearly show the computation, and provide any info to support the amount requested. Any cost above the allowed amount, per regulations, is the responsibility of the NFE. If not applicable, enter "0" zero.

**B9. Utilities**

Enter funds required for utilities (e.g., electric, water, gas) for this grant award. If not applicable, enter "0" zero.

**B10. Food**

Enter funds required for food provided to participants for this grant award. Grantees are required to facilitate the provision of meals for participants (i.e., 38 CFR §61.80 (b)(12)). If meals are donated, provided through in-kind, or third-party source, enter "0" zero.

**B11 & C7. Accounting / Audit Fees**

Enter funds required for accounting or audit fees for this grant award. If not applicable, enter "0" zero.

**B12 & C8. HMIS**

Enter the total allowable and allocable funds required for the Homeless Management Information System (HMIS) for this grant award (when treated as a direct cost). If not applicable, enter "0" zero.

**B13 & C9. Other Costs: Direct / Indirect**

Enter the total of all other costs for this grant award not listed elsewhere in this worksheet. Such costs, where applicable and allowed under the program, may include individual consultant costs; insurance; professional service costs; depreciation of equipment, printing and publications, training costs (tuition and stipends), staff development costs, and administrative costs. If not applicable, enter "0" zero.

**Approved indirect cost rate**

Enter the amount of indirect cost rate percentage in accordance with the program requirements, negotiated indirect cost rate agreement, or the 15% de minimis rate (see above). Costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. For more information, please see the grantor agency requirements (e.g., 2 CFR §§200.2, 200.403 - 200.405, and 200.412 - 200.414;). If not applicable, enter "0" zero.

**2. Project Income****2a. Total estimated sources of income**

This item is automatically calculated and equals 2b + 2c.

**2b. Rent and/or fees charged to Veterans (does not apply to Service Centers)**

Any fee (including rent) charged to a Veteran under this program must be reported as another source of income and is considered Program Income (e.g., 2 CFR §200.307). Any fee (including rent) charged to a Veteran under this program cannot be used to fund any unallowable costs (e.g., 2 CFR §200.410).

**2c. All 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 in Item 1a. (Excluding items listed under 2b). 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 another 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 another source of income.

### **3. Total Costs of Project**

#### **3a. Total Estimated VA GPD project costs**

This item is automatically calculated and equals Items 1a - 2a.

#### **3b. Total Cost incurred from Oct. 1 through end of most recent quarter**

Enter the total cost incurred starting from the beginning of the current fiscal year (Oct. 1) through the end of the most recent quarter. For example, if the request is submitted on May 4<sup>th</sup>, you will be reporting costs incurred for Oct. 1<sup>st</sup> through March 31<sup>st</sup>.

**Note:** New grantees submitting Initial Per Diem Rate Requests can enter zero.

#### **3c. Through what Quarter(s) are you submitting for question 3b?**

Enter the Quarter you are submitting through for question 3b above.

### **4. GPD Beds**

#### **4a. Total number of GPD beds under this EIN (does not apply to Service Centers)**

Enter the total number of beds for the FAIN.

#### **4b. Maximum annual bed days that may be billed annually (does not apply to Service Centers)**

This item is automatically calculated and equals Item 6a times 365 days.

#### **4c. Estimated number of bed days to be provided annually (or 4a for estimated annual service hours)**

Enter the most current and accurate number of bed days the Recipient expects to provide during the 12-month period budgeted under Item 6a. Example: If you have a 20-bed project and expect to be at 100% occupancy you would enter (20\*365) 7300.

Estimated occupancy rate (does not apply to Service Centers)

This item is automatically calculated and equals 6c divided by 6b (Percentage).

### **5. Base Per Diem Rate**

#### **Base Per Diem Rate**

Auto-calculated base rate = 3a (Estimated project costs) divided by 4c (Estimated bed days) or 4a (Estimated service hours) for Service Centers.

### **6. HMIS Costs**

#### **6a. Total allowable and allocable HMIS expenses**

This field is automatically calculated and equals b12 + c8.

**6b. Supplemental HMIS Per Diem Rate**

This number is auto-calculated. It is the calculation is 6a divided by 4c (Estimated bed days) or 4a (Estimated service hours) for Service Centers.

**6c. Maximum supplemental HMIS rate**

This number is auto-calculated. The calculation is 10,000 divided by 4c (Estimated bed days) or 4a (Estimated service hours) for Service Centers.

**7. Supplementary Information**

**7a. Executive Director (or comparable) total compensation**

Enter the total compensation (salary + fringe benefits) of your organizations Executive Director/CEO or comparable position within your organization if there is no Executive Director/CEO designation (e.g., Divisional Commander). See Personnel and Fringe Benefits definitions.

**Note:** this field is requested for reference purposes and is not factored into any other calculations on this form.

**7b. Executive Director (or comparable) compensation attributable to this grant**

Enter funds required that are attributable to this grant for the compensation (either director or indirect allocation) of your organizations Executive Director/CEO or comparable position within your organization if there is no Executive Director/CEO designation (e.g., Divisional Commander). See Personnel and Fringe Benefits definitions.

**Note:** this field is requested for reference purposes and is not factored into any other calculations on this form.

**7c. From the most recent SF-425, report the Total Federal Share amount (question 10g)**

All current GPD grantees must provide, from their most recent Federal Financial Report (SF-425), the Total Federal Share amount (question 10g) or Cash Disbursements (question 11) – depending on which form you submitted. If this amount differs significantly (more than 10%) from the Total Estimated Cost of Veteran Care referenced in 6a of this form, provide a detailed explanation of the reason for the increased costs.

**Note:** this field is requested for reference purposes and is not factored into any other calculations on this form.

## Items outside of the Worksheet:

### 8. Per Diem Rate

#### **Requested per diem rate (base + supplemental HMIS)**

This number is auto-calculated. This is your Supplemental HMIS rate plus your base per diem rate.

### 9. Minor Dependents

#### **9a. Approved to serve minor dependents (does not apply to Service Centers)**

If your project has been approved to serve minor dependents, enter Yes. Otherwise, enter No.

#### **9b. Calculated minor per diem rate**

This field will auto-calculate to 50% of your approved per diem rate.

## Part III: Transmit Worksheet

Submit the completed worksheet in the [Grants Management System](#) (eGMS). A How-to guide is available on our [GPD Provider Website](#).

## Part IV: Approval

In general, all request determinations will occur within 30 days of a properly submitted rate modification request through eGMS. 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.

Once a determination is made, the Recipient Authorized Certifying Official will be notified via email. 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.

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 organizations per diem payments are being withheld or suspended.
- The organization has an outstanding debt to the VA.
- The organization has not submitted the SF 425 Federal Financial Report for the preceding fiscal year(s).