

HVRP Grant Review Checklist

Date: _____

Grantee Name: _____

DVET/GOTR Name: _____

RAVET Name: _____

The grant checklist is to be completed by VETS reviewers with an "X" in the appropriate "yes" or "no" column or an "N/A" in the remarks section for those items that do not apply. The DVET/GOTR is to complete Section A and the RAVET is to complete Section B. A "Remarks" column is provided for comments regarding the answer selected.

The term (REQUIRED) indicates that the information requested must be provided or the request cannot be approved.

<u>Review Items</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
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Section A - DVET/GOTR Review

I. Documentation

Has the Grant Applicant submitted a:

- | | | | |
|---|--------------------------|--------------------------|--|
| a. Grantee transmittal letter indicating individual authorized to sign the SF 424? (REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Standard Form 424 (original signed in blue ink) (REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Standard Form 424A (REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. A budget narrative (REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Direct Cost Description for Applicants and Sub-Applicants (REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. If grantee is charging indirect costs - a copy of the current approved indirect cost rate and methodology used. (REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | |
| g. A new, signed certification page (only required if the authorized representative has changed). | <input type="checkbox"/> | <input type="checkbox"/> | |
| h. Proposed Common Measures Performance Goals (REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | |

II. Grantee Transmittal Letter

- | | | | |
|---|--------------------------|--------------------------|--|
| a. Does the transmittal letter indicate the individual who signed the SF 424 is authorized to enter into this agreement with the USDOL? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Does the letter contain narrative justifications? | <input type="checkbox"/> | <input type="checkbox"/> | |

III. Standard Form 424 Application for Federal Assistance

Note: If there are any errors, omissions, and/or white out on the form, it must be returned to the grantee for correction prior to submittal to the RAVET. VETS staff can make pen and ink changes to the SF 424. Simply draw one (1) horizontal line thru the error, annotate the correct information, and initial.

Note: DVET/GOTR is to enter the date grant application received in Block # 4 of the SF 424.

- | | | | |
|--|--------------------------|--------------------------|--|
| a. Is the date submitted in Item #2? (or date signed on SF 424 Version 02) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Is the legal name and proper mailing address, including the county entered in Item 5? (or Block #8. a thru e on SF 424 Version 02) | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Is the "organizational unit" and the name and telephone number of a contact person included in the space provided in Item 5? (or Block # 8.f on SF 424 Version 02). | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1. If the grant applicant is a non-profit organization, such as 501(c)(3) has IRS documentation been provided and is on file to support this? | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Is the DUNS number indicated in Item 5 and the IRS Employer Identification number in Item 6? (or Block #8. b. and # 8. c. on SF 424 Version 02). | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Is the type of application indicated in Item 7? (or Block # 2 on SF 424 Version 02). | <input type="checkbox"/> | <input type="checkbox"/> | |

f. Is the appropriate { } block checked in Item 8? (Revision, A & C)
(or Block #2 on right hand insert A & C in empty box on SF 424 Version 02).

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g. Is "USDOL, Veterans' Employment and Training Service" entered in Item 9?
(or Block #10 on SF 424 Version 02).

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III. Standard Form 424 Application for Federal Assistance - Continued:

Yes No Remarks

h. Is the appropriate number HVRP=17-805 and VWIP=17-802 entered in blocks in Item 10? CFDA Number and is the name of the Grant Program "Homeless Veterans' Reintegration Program (HVRP)" or Veterans' Workforce Investment Program (VWIP) entered in Item 10 next to "Title"?
(or Block # 11 on SF 424 Version 02).

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i. Does Item 11 have a description of the applicant's project entered? (Block # 15 on SF 424 Version 02)

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j. Does Item 12 contain the "areas affected by the project"? (or Block # 14 on SF 424 Version 02)

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k. Item 13, proposed project "Start Date" entered as 07/01/2006 for E-9-5-6 grants and 07/01/2007 for # HV- grants, and all grants having an "End Date" of 06/30/2009?
(or Block # 17 on SF 424 Version 02).

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l. Is the Federal Congressional District # for the capital city (or applicant's headquarters operating city) identified in Item 14a? (or Block # 16 a and b on SF 424 Version 02)

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m. Is the total funding requested identical in Items 15a and 15g (if there are no matching funds)?
(or Block # 18a thru 18F on SF 424 Version 02).

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n. Is the proper entry made in Item 16 for the Single Point of Contact (SPOC) under E.O. 12372?
(or Block # 19 on SF 424 Version 02).

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o. Is Item 17, Certification for Non-Delinquency, checked "No" and, if not, is there an explanation?
(or Block # 20 on SF 424 Version 02).

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p. Is the signature on the SF 424, Item 18d, that of the authorized representative of the Grant Applicant (same as previous year or as indicated in the grantee transmittal letter)? And has the "I Agree" block been checked off in Block 21 of SF 424 Version 02?

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IV. Performance Goals

a. Are enrollment and placement goals equal to or greater than the previous performance period? If not, has the grantee explained the variances and provided written justification for deviations?

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b. Is the cost-per-placement equal to or less than previous performance period? If not, has the grantee explained the variances and provided written justifications for deviations?

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c. Has the grantee submitted a Corrective Action Plan (CAP)? If so, please provide a hard copy of the approved CAP to RAVET and NO Competitive Grants Lead.

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V. Budget Information

SF Form 424A and Budget Narrative:

a. Do the amounts of funding shown in Section A agree with the figures in Box 15 of the SF 424 and the budget narrative? (Block # 18 of SF424 Version 02)

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b. Are the totals in line K and in Column 1 of Section B accurate?

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c. Are the funding amounts as shown in SF 424A, Section B supported by the budget narrative, and do they crosswalk to the SF 424, budget narrative, and Direct Cost Description properly?

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d. Are the line item charges, such as travel and equipment, consistent with services and activities being proposed in the budget narrative?

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e. Does the amount of total indirect charges in line 6j of Section B represent 20% for HVRP or 10% for VWIP or less of the total amount of Federal funds requested? If not, does the grantee provide written justification for indirect (including administrative) expenses that exceed program limitations?

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f. If applicable, are the sources of match funds specified in Section C and do these amounts and sources agree with the amounts and sources in Section A, SF 424A and in Box 15 of the SF 424? (or Block # 18 of the SF 424 Version 02)

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g. If travel expenses exceed 5 percent of the total federal amount requested, have written justifications been provided?

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h. If the acquisition of Automated Data Processing (ADP) hardware and/or software is being proposed, is the grantee justification, to include a detailed description of the equipment, the cost, and it's purpose been identified? (REQUIRED)

i. Has the grantee obligated up to \$10,000 per year to support Stand Down activities? If not, why not? DVETs/GOTRs are to ensure that grantees are aware that they can obligate up to \$10,000 per year to support Stand Down activities.

V. Budget Information - SF 424A and Budget Narrative Continued:

Yes No Remarks

j. Are equipment (or computer related) requests requiring Capital Expenditures equal to or in excess of \$5,000 per unit recommended for Grant Officer approval? (REQUIRED)

k. Based on program design, do these amounts for equipment and capital expenditures appear to be reasonable?

l. Do the amounts requested each quarter appear to be reasonable to support planned programmatic and fiscal objectives through each quarter of the program year?

m. If sub-grantees are proposed, are their Indirect Costs reflected in Line I, Column 3, Section B?

n. If applicable, are matching funds identified by object class categories in Column 2 of Section B, and do these amounts agree with sub-grantee information sheet?

VI. Grantee Past Performance Review

a. Has the DVET/GOTR completed an on-site past performance review/analysis? If yes, please attach a copy of the on-site review report. If not, please explain in the remarks section and on DVET/RAVET memo.

b. Has the grant applicant complied with all of the grant general and special provisions in their previous year's grant? If not, please explain in remarks section.

c. Has the grant applicant complied with the reporting requirements as outlined in the grant special provisions?

d. If the grantee was on a Corrective Action Plan and/or was assigned "high risk", has performance improved to an acceptable level (+/-10% to +/-15% of planned goals)?

VII. DVET/GOTR Recommendation

a. Do you recommend approval of this grant modification request? (Address pertinent comments in your transmittal memo to RAVET.)

b. Do you recommend this grant be approved "at high risk"? If yes, please provide documentation of extensive technical assistance provided, Corrective Action Plan, and any other relative documentation or information to support this recommendation.

DVET/GOTR Signature and Date

Section B - RAVET Review

I. DVET Analysis and Transmittal Memo

a. Is there a statement certifying the signatory's status as an authorized rep of the Applicant?

b. Did DVET/GOTR approve/disapprove grantee request for capital expenditures with a unit cost equal to or in excess of \$5,000? (REQUIRED)

c. If the acquisition of ADP hardware and/or software is being proposed, is the grantee justification, to include a detailed description of the equipment, the cost, and it's purpose been identified?(REQUIRED)

d. Has the DVET/GOTR made a recommendation for approval/disapproval on the checklist and in the transmittal memo?

- e. Did the DVET/GOTR note any problems or variances that were not corrected or adequately explained when completing his/her review?
- f. Are there any omissions, discrepancies, or pen and ink changes on the grant application? If so, briefly explain in your transmittal memo.
- g. If the grantee was on a Corrective Action Plan and/or was assigned "high risk", has performance improved to an acceptable level (+/-10% to +/-15% of planned goals)?
- h. Do you concur with the DVET/GOTR recommendation to approve/disapprove the grant modification request?

Grantee Name:

II. RAVET Recommendation

Yes No Remarks

- a. Do you recommend approval of this grant modification request?
- b. Do you recommend this grant be awarded "at high risk"? If yes, please provide documentation of the extensive technical assistance provided, Corrective Action Plan, and any other pertinent documentation or information that supports this recommendation.

Please address pertinent comments in your transmittal memo to NO.

Please sign and date below in blue ink.

Signature of RAVET and Date

III. Distribution

Grant Modification Packages are to include:

- a. Original Grant Modification Request Package:
 1. Grantee Transmittal Memo (original signed)
 2. SF 424 (original signed in blue ink)
 3. SF 424A
 4. Budget Narrative (with SF 424A object class categories line by line explanation).
 5. Direct Cost Descriptions for Applicants and Sub-Applicants
 6. Approval of Indirect Cost Rate and methodology used (current dates to coincide with grant mod period 07/01/08 to 06/30/09)
 7. Original Signed Certification and Assurances (if grantee representative changed from last year)
 8. Planned Quarterly Technical Performance Goals
- b. Grantee Technical and Financial Quarterly Reports for period ending 03/31/08.
- c. Approved Corrective Action Plan (if appropriate).
- d. Current On-Site or Desk- Audit Monitoring Report
- e. DVET Goals Comparison spreadsheet (Grantee goals for last year vs. this year with differences justified)
- f. Original signed DVET transmittal memo
- g. Original signed RAVET transmittal memo.

Please send all grant modification request packages via federal express mail to:

U.S. Department of Labor
 Veterans' Employment and Training Service
 200 Constitution Avenue, NW, Room S-1312
 Attn: Competitive Grants Lead
 Washington, D.C. 20210
 Phone: (202) 693-4756

3/4/08 - km

HVRP and VWIP Grantee Pertinent Goals Comparison

E X A M P L E

	Final Goal PY 2007	Final Goal PY 2008	Deviation
Performance Goals:			
# of Assessments	125	125	0
# of Participants Enrolled	100	106	6
# Placed in Trans. or Perm Housing	80	82	2
# Number Referred to VA for Benefits	75	79	4
# Placed into Employment	85	88	3
Placement Rate	85%	83%	-2%
Cost Per Placement	\$3,529	\$3,409	-\$120
# of Participants 90-Day Retention	65	69	4
# of Participants 180-day Retention	45	48	3
Average Hourly Wages @ Placement	\$9.50	\$9.75	\$9.75

	Final Goal PY 2007	Final Goal PY 2008	Deviation
Training Activities:			
Class Room Training	75	80	5
On-the-Job Training	15	10	-5
Occupational Skills Training	25	25	0
Apprenticeship Training	1	1	0
Upgrading and Retraining	10	15	5
Life Skills and Money Management	100	106	6
Other Training	0	0	0

	Final Goal PY 2007	Final Goal PY 2008	Deviation
Supportive Services:			
Job Search Assistance	88	95	7
Counseling/Vocational Guidance	88	95	7
Job Club Workshops	55	65	10
Compensated Work Therapy	15	20	5
Tools/Fees/Specific Work Clothing	15	22	7
Other Supportive Service	0	0	0

	Final Goal PY 2007	Final Goal PY 2008	Deviation
Planned Expenditures:			
Participant Services	\$267,500	\$267,500	\$0
Administrative Costs (NTE 20% HVRP & 10% VWIP)	\$25,000	\$25,000	\$0
Stand Down (Not to Exceed \$10K per year)	\$7,500	\$7,500	\$0
Total Expenditures	\$300,000	\$300,000	\$0

Note: Some goals may have been added and/or revised since last year.

Some goals are not applicable to all grantees. Please use your best judgement when identifying deviations as some deviations are positive (where we get more performance for less money).

Also, please pay particular attention to deviations in enrollments, placed into employment, training activities, and the # of participants with 90- and 180- day retention as these are considered pertinent reporting data elements for Congress.

Items in blue are automatically calculated - please be careful to not type over or delete these equations as the example form is not locked.

E X A M P L E

Recommended Format for Common Measures Quarterly Technical Performance Report

PLEASE NOTE: If the entry shows as a red strikethrough figure, it is incorrect.
Please refer to directions and if there are still questions, please contact your DYET/GOTB.

Grantee Name:

Period of Performance: July 1, 2007 - June 30, 2008

Total Grant Award Amount:

Grant #:

Enter All Data NON-Cumulatively

Actual Performance:	Quarters				90 day Final	180 day F/U	270 day F/U	Total
	1st	2nd	3rd	4th				
# of Assessments								0
# of Participants Enrolled (Auto Calc)	0	0	0	0				0
# Placed in Trans or Perm Housing								0
# Referred to VA for Benefits								0
# Placed into Employment (Auto Calc)	0	0	0	0				0
Average Hourly Wage at Placement (Auto Calc)	\$0.00	\$0.00	\$0.00	\$0.00				\$0.00
Placement Rate (Auto Calc)								0%
Cost Per Placement (Auto Calc)								\$0.00
# of Exits (Common Measures) <small>*Retro from Prev Qtr ALL must be exited by end of 4th qtr</small>		0	0	0	0			0
Entered Employment (Common Measures) <small>*Same as old 90 day retention (Auto entered from Spreadsheets)</small>		0	0	0	0			0
Entered Employment Rate (Auto Calc)		0%	0%	0%	0%			0%
# of Participants 90 Day Retention <small>*Same as old 180 day retention</small>			0	0	0	0		0
Employment Retention (Common Measures) <small>Number Employed during 1st, 2nd and 3rd Qtr after Exit</small>				0	0	0	0	0
Employment Retention Rate (Auto Calc)				0%	0%	0%	0%	0%
AVG EARNINGS (Common Measures - AUTO CALC)				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AVG HOURLY WAGE AT RETENTION (AUTO CALC)				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Actual Training Activities

Enter NON-Cumulatively

Unduplicated Count of All Participants Trained								0
% of Participants Trained (Minimum 80%)								0%
Class-Room-Training								0
On-the-Job Training								0
Occupational Skills Training								0
Apprenticeship Training								0
Upgrading and Retraining								0
Life Skills and Money Management								0
Other Training								0

Actual Supportive Services

Enter NON-Cumulatively, NON-Duplicative

Job Search Assistance								0
Counseling/Vocational Guidance								0
Job Club Workshops								0
Compensated Work Therapy								0
Tools/Fees/Specific Work Clothing/Boots								0
Other Supportive Services								0

Actual Expenditures:

Enter NON-Cumulatively

Participant Services								\$0.00
Admin Costs (NTE 20% HVRP and 10% VWIP)								\$0.00
Stand Down (NTE \$10K per year)								\$0.00
Total Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Revised: 10/12/07