



**STATE OF COLORADO**

**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
VETERANS ASSISTANCE GRANT GRANTEE GUIDELINES  
JUNE 2022**

Congratulations on your Veterans Assistance Grant.

The Veterans Assistance Grant is administered by the leadership of Colorado Department of Military and Veterans Affairs. This grant is available to both nonprofit and governmental entities that provide services to ensure the health and well-being of Colorado veterans.

Nonprofits must be registered with the Colorado Secretary of State and be recognized by the Internal Revenue Service as a 501(c) tax-exempt organization. Organizations with 501(c)(19) or (23) status are not eligible and should apply for Veterans Trust Fund grants.

Our grants office is available to assist you in the administration and execution of your grant. If you have questions about allowable expenses, reimbursements, reporting requirements, or any other aspects of your grant, please contact us using the information below.

**Colorado Division of Veterans  
Affairs Lisa Stamm, State Grant  
Administrator  
720-628-1480  
[Lisa.Stamm@dmva.state.co.us](mailto:Lisa.Stamm@dmva.state.co.us)**

*This handbook explains important grant policies and procedures.*

*Read it thoroughly and keep it available as a resource.*

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## Initial Steps

### Letter of Instruction

Each grantee (Authorized Representative only) will receive a Letter of Instruction (LOI), Terms and Conditions, and attachments including the Quarterly Report Forms and required Surveys via email. These documents serve as the OFFICIAL Agreement.

This is a legally binding document between the grantee organization and the State. Read the entire document and ensure that you understand the terms and requirements.

This grant is unilateral, meaning that the full terms of the agreement are automatic upon receipt. You do not need to sign or return any copies of the agreement. Services or work covered under the grant agreement shall commence on **July 1, 2022**. Funds spent prior to the agreement start date cannot be reimbursed.

### EFT Authorization Form

All grantees must submit an EFT authorization form if there is not one already on file or if there have been changes on your account. Your reimbursements will be deposited directly into your account. If needed, contact us and you will receive a fillable .pdf version of this form to complete and submit. Payments cannot be sent until this form has been received. The email address you provide on the form will receive a notice when payment is sent. If you are unable to receive funds via EFT, you must submit a letter to that effect stating the reason.

### Authorized Representatives and Program Contacts

If at any time during the grant period the individual(s) noted on your application as the Authorized Representative and/or the Program Contact changes you must notify us immediately.

You will need to send an official signed letter with the changes identified. **Please keep in mind that even if there are changes to these individuals, the grant is to your organization as a whole.** You will need to perform the duties of these individuals in their stead or return the grant to DVA.

## Grant Overview

### Payment Eligibility

Grant funds can be spent only on line items that are listed in the grant application and approved in the LOI and grant agreement. If there is a question regarding whether an expense is allowable, refer to your application budget and grant agreement. If you are still uncertain, contact the Grant Administrator.

Grant funds must be spent within the grant period in order to qualify for reimbursement. The grant period begins on **01 July** and ends on **June 15**. Funds spent before the agreement is fully executed or after June 15 cannot be reimbursed. Funds must be expended and utilized during the grant period. Expenses (utility payments, transportation, etc.) must occur within the grant period to be allowed and bills or invoices must be **current**, showing a due date within the grant period. Depending upon the circumstances, the only exception is if a rent demand letter is served after the grant period begins and may cover unpaid rent prior to the term.

### When to Expect Payment

The best way to ensure prompt reimbursement is to make sure your request is complete and correct before submitting. Once your complete, documented request has been received, you can expect a payment within three weeks. Please keep in mind that some banks hold the funds for up to a week before releasing them into your account. We have no control over your bank's policies. You should contact your bank to find out what the policy is and how long your funds will be held.

### How To Submit

**Email** all reimbursement requests via one pdf. file to [grant.reimbursement@dmva.state.co.us](mailto:grant.reimbursement@dmva.state.co.us). This includes all payment requests and the accompanying documentation. All requests must be sent in pdf. format. Please try to limit it to one pdf. Email is the most expedient and cost - effective method for payment requests. **Please condense the file prior to sending.**

## **Grant Overview (continued)**

### Unallowable Expenses

The only expenses that can be paid are those listed in your line item budget and approved in your agreement. Fundamental policies regarding unallowable payments are below.

- Grant funds cannot pay administrative costs. These are investments in infrastructure or operations, such as capital improvements, salaries, insurance, and equipment. This includes replacing (rather than repairing) appliances or equipment that could improve home value. If the submitted budget contained administrative expenses, they were disallowed in the LOI and the grant agreement.
- Grant funds cannot be used create a credit balance when paying expenses or bills for a veteran. A payment that creates a credit will be disallowed.
- Grant funds cannot be used to pay gratuities and cannot be used to pay taxes on direct purchases made by tax-exempt organizations.
- Reimbursement requests submitted beyond the 90 day period allowed will be denied.
- Budget line items that were not approved and noted in your LOI cannot be paid.
- Grant funds cannot duplicate financial or other assistance provided by another entity, including the VA.
- Use of funds must follow all applicable laws including federal, state and local laws.

### Accounting Requirements For Grant Funds

You are required to keep grant funds segregated from other finances.

This can be easily done by keeping a separate bank account for grant funds or using accounting software that supports distinct cost centers.

### Tracking Requirements for Grant Expenditures

Keep all supporting documentation for grant expenses in a secure file. Include a file for each veteran served. This ensures that all grant documents remain available for potential review by the Grant Administrator or the State Auditor's Office. Details on what documentation to include when submitting a request for payment are in the Documentation section on page ten.

The veteran file should contain a copy of the veteran's DD214, the organization's paperwork determining the need for assistance, and any other important information pertaining to that individual. Do **not** send these documents with requests for payment.

Please make sure that all documents containing private information are locked and secured. Minimize access by others. Keep in mind that a veteran's identity and information should be kept as securely as your own.



## **Legal Notice: Privacy and HIPAA**

### Privacy

The Privacy Act of 1974 forbids the disclosure of information from a system of records without the written consent of the individual whose information is disclosed. To protect your veterans' right to privacy, make sure your submissions NEVER contain:

- Copies of DD-214s
- Copies of photo IDs
- Social security numbers

### Health Information

The Health Insurance Portability and Accountability Act also has a privacy rule. This rule protects individually identifiable health information from being shared without the owner's express permission. You may have seen this type of information referred to as "protected health information," or PHI.

PHI includes any information regarding your veterans' physical or mental health condition or the health care they receive. To protect your veterans' health care privacy, make sure you NEVER send the following connected with a veteran's name:

- Copies of prescription labels.
- Medical or therapy bills that show the condition being treated.
- Reasons for medical transport that disclose the type of appointment.

**If your requests for payment violate these federal  
laws they cannot be processed and payment  
cannot be issued**

**You may need to redact this information PRIOR to submitting it**

## **Additional Guidance**

### Tax Exempt Status

In Colorado, nonprofit organizations that have 501(c)(3) status with the IRS and substantiate a charitable purpose can apply to the State for exemption from state sales tax. If your organization receives a State tax-exemption, grant funds **cannot** be used to pay sales tax on direct purchases made by your organization. You should use your tax exemption when making such purchases.

If your organization is tax-exempt but you have a program that assists veterans with economic support measures such as paying bills, the purchase of those services is done by the veteran and not by the organization providing assistance. It is allowable to pay state, local, and excise taxes in these circumstances.

### Liability Insurance

Your organization or post should have liability insurance, particularly if you sponsor a Stand Down or have a transportation program. Liability insurance protects your organization from the risk of being sued and held legally responsible for something that causes injury or harm. To learn more about liability insurance in Colorado, visit the web site of the Division of Insurance at [www.dora.colorado.gov/insurance](http://www.dora.colorado.gov/insurance) or call them at 1-800-930-3745.

### Membership

You may not require a veteran to become a member of your organization to receive services. This is a violation of the grant agreement and could be deemed a crime. Your grant funds will be pulled immediately should you impose these requirements.

### Inclusionary Services

Grant services are meant to be inclusive and should be provided to all eligible veterans in a non-discriminatory manner. State law prohibits discrimination in the areas of employment, housing, credit, public accommodations, and education. Under Colorado

law, discrimination and different treatment are illegal if based on race, color, creed, national origin, religion, sex, sexual orientation, gender identity, pregnancy, physical disability, mental disability, retaliation, age (in employment and credit), familial status (in housing and credit) or marital status (in credit).

Discrimination in the provision of services and activities is prohibited.

## **Payment Requests: Reimbursement and Replenishment**

Documentation of expenditures is required with any request for payment. A request for payment is any time you are asking for reimbursement.

Payment requests require a cover letter specifying the amount requested and a spreadsheet detailing expenses. This spreadsheet is a necessary item of documentation. If it is not included your request cannot be processed.

The spreadsheet can be either computer-generated or handwritten. It must link each service to a veteran, but it is not necessary to provide the veteran's name. You can use case or client file numbers, or just the last name of the veteran. This is enough information to connect each expenditure to a veteran without disclosing personal identity. (See page 22 for an example.)

**Send all** of the following as a .pdf file when submitting a request for payment:

- Cover letter with the total amount requested
- Spreadsheet
- Copy of payment method (copy of check or debit/credit card statement)
- Bill or invoice if paying an expense, and/or
- Receipt for payment, and/or
- Lease, rent demand, or detailed receipt if paying for housing, and/or
- Mileage or transportation form

This is all of the documentation that is required. It is designed to clearly show the amount requested, what was paid with the funds, and verification of payment made and received.

If you are documenting that an expense was paid with a check, a cancelled check is not

required. A photocopy of the check is sufficient and can be made at the time the check is issued.

If a check that has been reimbursed is not cashed or is returned within the grant period, that documentation needs to be submitted and the funds accounted for either through documenting and subtracting the amount on a subsequent request, or by submitting a check to DMVA. In cases of a returned security deposit from a previous grant period, you must submit a check to DMVA to reimburse that amount from a previous grant award.

**Do not send** these items when submitting a request for payment:

- Extra copies
- Blank papers
- DD214s or other identification documents

Before sending your request for payment, check to ensure that all the required documents are included. All of the documentation must be legible. The payment request cannot be processed if documents cannot be read. It is very helpful if documents are in the same order as listed on the spreadsheet.

## **Redacting Information**

Bills, receipts, and bank statements that are submitted in support of your payment request must be as intact as possible. Redact **only** the following information:

- Personal identifiers, such as social security or driver's license numbers
- Account numbers
- Health information, such as the purpose of a medical visit or a prescription label

If additional information is redacted or documents appear to be altered, payment cannot be issued.

## Documentation Errors

You will be contacted if your payment request is missing required documents, or if any documents need to be replaced because they are insufficient or illegible.

The remainder of the request will be processed. It is up to you to resubmit those items as a new payment request once proper documents are obtained. Do not forget to keep track of any denied expenses for your records.

## Submitting Payment Requests

Email all requests for reimbursement as a pdf. to:

[Grant.reimbursement@dmva.state.co.us](mailto:Grant.reimbursement@dmva.state.co.us)

You **MUST** submit for payment at least once per month and no more than twice a month and send each request **only once**. If you are re-submitting an item, include it on the next request you submit.

Payment requests must be sent alone, under separate cover. **Do not send them with a quarterly report or other correspondence.**

The final deadline for all payment requests is **June 15**.

## Unique Expenses

### Vehicle Signage

The grant program may pay for specific signage for vehicles and equipment purchased in part or in full through the grant. This signage is required. Its wording is exact and must state: **Purchased with funds provided by the State of Colorado Veterans Assistance Grant.**

Funds cannot pay for any other signage or plaques.

### Stand Downs

Stand Downs are unique events and some different procedures apply. Grantee organizations providing services at a Stand Down do not need to collect and file a DD214 from every veteran served, as long as a veteran's status is determined when

they check in to the event.

At a Stand Down, grantee organizations need to maintain a sign-in list or a log of each veteran to whom they provide service. This log can be compared to the master log maintained at check-in.

Satisfaction surveys should be provided on the spot so they can be completed on site, with a confidential return method available so the surveys can be left at the event and don't need to be sent back.

## **Program-Specific Guidance**

Below please find examples of the documentation required for different types of veterans assistance. This is not a comprehensive list. It provides guidance regarding programs that are frequently utilized. If you have specific questions about your program, please contact the Grant Administrator. Veteran assistance expenditures are required to help veterans in need. Establish and be prepared to demonstrate need when providing emergency or incidental assistance.

Veteran assistance payments that fail to demonstrate need risk not qualifying for grant funds.

### Bills

Assistance with a veteran's bills requires either

- a copy of a current bill being paid that documents the amount being paid, **or**
- a **detailed** receipt for payment, **and**
- a copy of the payment method used

The bill or receipt must have the veteran's name on it, be within the current grant period, be dated within 30 days of the payment and not show a credit balance. The bill must not indicate autopayments exist on the account as that might result in double payment. **Estimates** are not accepted as documentation for any expense. For lodging, the actual **folio** print out showing each day of the stay must be submitted. Accepted documentation does NOT include a reservation confirmation.

## Rent Assistance

Rent assistance requires:

- the pertinent portions of lease agreement,
- a rent demand, **or**
- a receipt from the landlord, **and**
- a copy of the payment method used

If a lease is used as documentation, it must include the name of the veteran, the rent amount, the lease term, and the signature page. If the lease is not current or does not state a lease term then it must specify that the term of the lease is month-to-month. Any additional charges such as utilities should also be noted in the documentation. If the veteran receives a discounted rate (such as through HUD/VASH) you must also submit the current paperwork noting the amount the veteran must pay. Do not submit additional lease pages or addenda. If paying for a security deposit, you must notify the landlord that the deposit must be returned to your organization, not the veteran.

If a receipt for rent is submitted, it is preferred that the receipt is an official printout or receipt with the property name or letterhead/ logo on the receipt. At a minimum it must include the name of the veteran, the name of the property (if applicable), the address of the rental, and provide the name and telephone number for the landlord or property manager. It must also state the amount of rent due, the amount paid, and the period of time for which payment is made. It must be signed by the landlord. All information must be verifiable. The receipt must be from the landlord/property manager not from you.

**Standardized forms will not be accepted as an official receipt.**

## **Program-Specific Guidance (continued)**

### Transportation

Requirements for **ALL** transportation programs are:

- A copy of your transportation program policy must be on file with the Grant Administrator
- Veterans cannot be reimbursed for transportation if they receive travel reimbursement through the VA



- Mileage reimbursement is \$.53 a mile

If a volunteer uses a vehicle owned by state, federal, county government, or by any other private entity, mileage or gas reimbursement is not permitted.

If a veteran drives his/her personal vehicle to medical appointments and is being reimbursed for fuel or paid mileage, submit

- an identifier for the veteran
- the distance travelled for mileage reimbursement, **or**
- receipts if fuel reimbursement is requested, **and**
- a copy of the payment method

PLEASE NOTE: If a veteran uses a gift card to pay for fuel, s/he will not be reimbursed. We cannot be assured that the gift card being used is not provided through you or another entity. This could result in double dipping, so it can't be reimbursed.

See the sample transportation form provided on page 23. You may use your own version, but include all required categories.

If a veteran is renting a car for medical transportation purposes, submit

- an identifier for the veteran
- a copy of the invoice, **or**
- receipt for payment, **and**
- a copy of the payment method

If a volunteer drives his/her personal vehicle to transport other veterans to medical appointments, submit:

- the name of the driver
- an identifier for the veteran(s)
- the distance travelled
- receipts if fuel reimbursement is requested, **and**
- a copy of the payment method.

### Transportation (continued)

Per diem compensation is available to volunteer drivers who transport veterans to medical appointments. This per diem payment can be provided in addition to mileage payment **or** fuel reimbursement. To be eligible for reimbursement of per diem payments, you must submit a copy of your per diem payment policy to the Grant Administrator before submitting your payment request. Per diem should follow the guidelines below, and vary depending upon length of travel time.

The purpose of per diem compensation is to help volunteers pay for meals. Thus mealtimes need to fall within the period of transit in order to qualify for per diem payment. All per diem rates for Colorado can be found at [www.perdiem101.com/conus/2022/colorado](http://www.perdiem101.com/conus/2022/colorado)

### Mental Health Services or Alternative Health Services

Only therapists licensed by the state may receive payment through grant funds. You must verify (and provide documentation to the Grant Administrator) that the therapist is licensed without restrictions and is not on probation by DOLA. If you use a licensed mental health program for therapeutic services, you do not have to provide this documentation. You must ensure that the services provided do not duplicate those provided by the VA or a Vet Center. In some cases, you may be required to limit the number of sessions available through grant funding.

For professional mental or alternative health services, submit:

- A copy of the invoice from the therapist
- A copy of the payment method

## Other Professional Services

If you are paying an invoice for professional services, include:

- a copy of the invoice from the billing entity
- a copy of the payment method used

It is important to include the invoice received for the services. An internal check request is insufficient documentation.

## **Program-Specific Guidance (continued)**

### Incidental Needs

Some assistance programs help veterans with incidental needs such as gas, groceries, or public transportation assistance. If your program offers this assistance it will be specifically listed in your line item budget.

Incidental needs **cannot** be met by providing veterans with:

- cash assistance, **or**
- checks written directly to veterans

Neither of these types of expenditures can be reimbursed.

Incidental needs **can** be met by providing veterans with:

- bus passes or tokens
- gift cards or certificates
- the purchase of specific necessary items.

### Gift Cards and Gift Certificates

Gift certificates and gift cards are limited **to no more than \$50.00 per** certificate or card.

The use of gift cards issued by major retailers is discouraged. These cards can be sold for cash or exchanged at a variety of check cashing stores, vending machines, kiosks, and web sites.

Gift cards and gift certificates should be tailored as closely as possible to a specific need.

The veteran should be notified that the gift cards **cannot** be used to purchase tobacco or alcohol.

If your organization offers bus passes, bus tokens, gift cards, or gift certificates, you

must maintain a log that includes:

- an identifier for the veteran who received the item(s)
- the unique identifier for the gift card
- distribution date
- the veteran's signature indicating receipt
- a witness's signature for each disbursement

Do not submit your logs with your payment requests. Keep them on file for future inspection. For reimbursement for the purchase of gift cards or gift certificates, please provide:

- A copy of the method of payment
- A copy of the receipt for the purchase **AND**
- A copy of the card (front and back) or certificate with the unique identifier number

## **Additional Requirements**

### DMVA Satisfaction Survey

The DMVA Satisfaction Survey is a mandatory assessment tool provided by the State. It is available as an attachment to your agreement and as an addendum to this handbook. Use the following guidelines regarding your satisfaction surveys:

- Provide a survey to each unduplicated(new) veteran served
- Provide a method for participants to return surveys anonymously
- Keep your surveys on file

Do not send your surveys or copies of surveys to the Grant Administrator. These are your responsibility to file. Survey results will be compiled and included in your regular quarterly reports. Please do feel free to include significant statements made by the veterans in the comments section.

### DMVA Required Reporting

Quarterly progress reports and a final closeout report must be submitted to the Grant Administrator.

The quarterly reports are due on 15th of October, January, and April, and July. A cumulative closeout report is also due on July 15. This final report should reconcile all grant funds and include **cumulative numbers** for the entire grant year.

You are required to use the current, published report form. Reports submitted in any format other than the required form will not be accepted.

A missing or incomplete report is untimely. If reports are untimely you are out of compliance, and a hold will be placed on payments until the report is received or completed. Problems with compliance are a factor in the evaluation of future grant applications.

Only veterans served through grant funds should be included on the reports. You may serve additional veterans through other funding, but those should not be included in the numbers reported.

All of the information requested on the report is required. Please see the following page for detailed instructions on completing each information item.

## Quarterly Report Instructions

Please use this as guidance when completing the information fields in your quarterly report.

### Report Field

Name of Grantee

### What To Include

This is the name of the organization receiving the grant, not the name of the person completing the report. Please don't forget this line, as you will be out of compliance if we don't know you sent it.

Quarter ended.

The reporting period is the quarter that just ended.

Final from entire grant year.

The final report should include information

Number of new (unduplicated) veterans

This is the number of veterans served during the quarter that just ended who were being served for the first time this grant year. This should only include veterans who received services due to the use of your grant funds. Please provide the number of new veterans that identify as male and the number that identify as females.

*NOTE: During the 1<sup>st</sup> quarter, **all** veterans served are considered "new"*

Total number of veterans (new and returning) This is the total number of veterans served (including new and returning or ongoing) during the quarter. This should only include veterans who received services due to the use of your grant funds.

Number of service contacts A service contact is each time a veteran requests and receives assistance. If a veteran receives more than one type of assistance simultaneously, count it as one service contact.

Average number of service contacts per individual      Divide the total number of service contacts by the number of veterans. *Hint: If you come up with a number that is less than 1, it is incorrect. Reverse your numbers and then divide*

Number receiving specific services      Use the categories provided. If you have a service type that does not fit into the categories, use the “other” option and then specify

Satisfaction surveys distributed      How many surveys did you give out?

Satisfaction surveys returned  
receive?      How many completed surveys did you

Satisfaction survey results  
in each response category.      Count and report the number of responses

Program Specific Results or Outcomes	Count and report the number of responses in each response category
Are there any events or factors that have impacted your spending?	Answer yes or no. If yes, explain exactly what those events or factors were. This could be something as simple as increased or decreased contacts, time of year, delays, etc.
Are you on track to expend your grant funds?	Answer yes or no regarding whether you are on track to expend all of your grant funds. If no, fully explain your projection as to how much you will spend.
Comments	Feel free to include comments from your surveys and well as your feedback regarding your grant and the overall grant program.

If you have any questions about your quarterly or final report, please contact the Grant Administrator prior to the due date.

By the second quarter, if spending is slow, or you don't think you will expend all funds by year end, PLEASE contact the Grant Administrator or expect to be contacted. Grant Agreements modifications may be done so that you fully expend the funds allocated to you, keeping you in compliance. It also will allow for those funds to be redirected to an area that is need of additional funds.



## **ADDENDA**

<b><i>Form</i></b>	<b><i>Page</i></b>
Veterans Assistance Grant Quarterly Report Form	18
DMVA Grant Satisfaction Survey	20
Veterans Assistance Grant Sample Expenditure Spreadsheet	22
Veterans Assistance Grant Sample Mileage/Per Diem Spreadsheet	23

**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

**Division of Veterans Affairs**

6848 S. Revere Parkway

Centennial, CO 80112

Phone 720-628-1480



**Veterans Assistance Grant 2020-2021 Quarterly Report**

**Name of Grantee** \_\_\_\_\_

\_\_\_ **1<sup>st</sup> Quarter** \_\_\_ **2nd Quarter** \_\_\_ **3rd Quarter** \_\_\_ **4th Quarter** \_\_\_\_\_ **Final**  
 July-Sept.      Oct.-Dec.      Jan.-March      April-June      July-June

Male    Female

Number of new (unduplicated) Veterans served      \_\_\_\_\_

Total number of Veterans served (new and returning)      \_\_\_\_\_

Number of service contacts      \_\_\_\_\_

Average number of service contacts per individual      \_\_\_\_\_

**Number Receiving Specific Services**

**Total expended this quarter**

Emergency (car repair, insurance, utilities, etc.)      \_\_\_\_\_      \$ \_\_\_\_\_

Employment      \_\_\_\_\_      \$ \_\_\_\_\_

Food/Gas      \_\_\_\_\_      \$ \_\_\_\_\_

Health and Well-Being      \_\_\_\_\_      \$ \_\_\_\_\_

Housing      \_\_\_\_\_      \$ \_\_\_\_\_

Mental Health      \_\_\_\_\_      \$ \_\_\_\_\_

Transportation      \_\_\_\_\_      \$ \_\_\_\_\_

Other (be specific on the line below)      \_\_\_\_\_      \$ \_\_\_\_\_

## Satisfaction Surveys

Number distributed \_\_\_\_\_ Number returned \_\_\_\_\_

Results (number reported for each category):

*1. The program provides assistance in a timely fashion:*

*Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_*

*2. The program was able to address a majority of my needs either directly or via referral to other programs:*

*Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_*

*3. The program staff was helpful and courteous:*

*Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_*

*4. The services I received made a difference in my overall well-being:*

*Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_*

*5. I would recommend this organization to other veterans:*

*Strongly Agree \_\_\_ Agree \_\_\_ Neutral \_\_\_ Disagree \_\_\_ Strongly Disagree \_\_\_*

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**Program Specific Outcomes as reported in surveys**

<i>Outcome</i>	<i>Number Reported</i>	<i>Outcome</i>	<i>Number Reported</i>
Decreased urgent need	_____	Increased health/well-being	-
Increased job stability or skills	_____	Increased family well-being	-
Decreased food or gas need	_____	Increased housing stability	-
Increased mental health support	_____	Increased access to health care	-

**Are there any events or factors that have impacted your spending?**

\_\_\_\_ Yes \_\_\_\_ No

**If yes, please explain:**

**Are you currently on track to expend all of your grant funds?**

\_\_\_\_ Yes \_\_\_\_ No

**If no, please explain:**

**Comments:**

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**Colorado Department of Military and Veterans  
Affairs Grant Satisfaction Survey**

*Your feedback regarding the services you received will help us continue to improve our grant program. All responses will remain anonymous. Thank you for your assistance.*

**1. The program provided assistance in a timely fashion.**

Strongly Agree      Agree                      Neutral                      Disagree                      Strongly Disagree

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**2. The program was able to address a majority of my needs either directly or via referral to other programs.**

Strongly Agree      Agree                      Neutral                      Disagree                      Strongly Disagree

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**3. The program staff was helpful and courteous.**

Strongly Agree      Agree                      Neutral                      Disagree                      Strongly Disagree

--	--	--	--	--

**4. The services I received made a difference in my overall well-being.**

Strongly Agree      Agree                      Neutral                      Disagree                      Strongly Disagree

--	--	--	--	--

**5. I would recommend this organization to other veterans.**

Strongly Agree      Agree                      Neutral                      Disagree                      Strongly Disagree

--	--	--	--	--

**Did the services you received provide any of the following? Please check all that apply.**

Decreased urgent need <input type="checkbox"/>	Increased health or well-being <input type="checkbox"/>
Increased job stability or skills <input type="checkbox"/>	Increased family well-being <input type="checkbox"/>
Decreased food or gas need <input type="checkbox"/>	Increased housing stability <input type="checkbox"/>
Increased mental health support <input type="checkbox"/>	Increased access to health care <input type="checkbox"/>

**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

**Division of Veterans Affairs**

6848 S. Revere Parkway

Centennial, CO 80112

Phone 720-628-1480



**Comments:**

**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

**Division of Veterans Affairs**

6848 S. Revere Parkway

Centennial, CO 80112

Phone 720-250-1526



*\*SAMPLE\*SAMPLE\*SAMPLE\*SAMPLE\*SAMPLE*

**VETERANS ASSISTANCE GRANT EXPENDITURE  
SPREADSHEET**

DATE	CHECK NUMBER/ PAYMENT METHOD	AMOUNT	PAID TO	PURPOSE	VETERAN

**TOTAL \$ \_\_\_\_\_**





