

**Grant and Per Diem Program
Capital Grant Project Development
Quarterly Report**

Date: _____

Agency Name: _____

Project #: _____

This quarterly report will assist the GPD Program in monitoring the status of your capital grant project development. Please respond to the questions below. If there are any deviations from what was stated in the original grant application you must comment below. An updated Quarterly Report is due every January 1st, April 1st, July 1st, and October 1st until project is operational.

Yes	No	N/A	Date of completion or expected completion	Milestone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. Have any of your matching fund resources/amounts changed from what was reported in your Second Submission package?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2. Are all matching funds required for project completion currently available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3. Has your project costs increased or decreased from what was reported in your Second Submission?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4. Does your agency have Facilities Management approval from Dennis Hancher?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5. Has the local VA Fire/Safety Officer visited the proposed site or reviewed the architectural drawings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6. Have you begun to draw your VA capital grant funds?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7. Does your agency currently own the property that is proposed for use with this project or have you closed on the purchase of the property or executed a lease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8. Has renovation begun?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9. Are renovations complete?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10. Has new construction begun?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11. Is new construction complete?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12. Has operations staff been hired?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		13. Is your facility ready for the initial inspection for per diem by the local VA medical center? If yes, date inspection was requested _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		14. Have there been any changes to your key personnel and/or board of directors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		15. Have there been any changes to the program design as stated in your original grant application?

Comments:

Signature: _____

Phone: _____

Title: _____

Email: _____

Email to Susan.Langer@VA.Gov _____