

VA Grant and Per Diem Program Per Diem Only (PDO) Payment Voucher

The Per Diem Payment Voucher is to be used after the recipient is determined eligible for per diem payments and should be submitted monthly to the VA Liaison. Who in turn will forward it to the GPD National Program Office at GPDvouchers@va.gov.

PROGRAM NAME AND ADDRESS:

DATE:

FAIN / PROJECT NUMBER:

PO NUMBER:

BILLING PERIOD: (mm/dd/yy to mm/dd/yy)

BILLING AMOUNTS - Complete the appropriate sections below

Supportive Housing: The rate of per diem payments for each veteran in supportive housing shall be the lesser of (i) The daily cost of care estimated by the per diem recipient minus other sources of payments to the per diem recipient for furnishing services to homeless veterans that the per diem recipient certifies to be correct (other sources include 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), or (ii) The current VA State Home Program per diem rate for domiciliary care.

HOUSING MODEL	TOTAL BED DAYS OF CARE PROVIDED, BY MODEL	Per the FY 2020 NOFA, applicants funded for multiple models are authorized, without a change of scope, to flex between the applicant's authorized models up to five (5) beds per grant award at the same VAMC.	BEDS AWARDED
Bridge Housing			
Clinical Treatment			
Hospital to Housing			
Low Demand			
Service-Intensive			

	TOTAL BED DAYS OF CARE PROVIDED	MULTIPLIED BY PER DIEM RATE	EQUALS	TOTAL AMOUNT REQUESTED	AMOUNT PAID BY VAMC
GPD VETERANS			=		
MINOR DEPENDENTS (≤ 50% Per Diem)			=		
GRAND TOTAL					

VALIDATION - Complete the appropriate sections below:

GPD GRANTEE AUTHORIZED AGENT SIGNATURE: To the best of my ability I certify the billing requested is accurate, based on actual costs, and when divided does not exceed 100% of the daily cost of care, per veteran, per day.

NAME	TITLE	DATE
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SIGNATURE	
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VA GPD LIAISON VALIDATION SIGNATURE: To the best of my ability I certify the billing is accurate and the funds paid are for the bed days of care that have been provided.

NAME	TITLE	DATE
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SIGNATURE	
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After completion, email to: Grant and Per Diem Program Office @ GPDVouchers@va.gov
NOTE: Liaisons, when sending completed voucher to GPD Office, the daily census should not be included.