



South Carolina Department of Veterans Affairs

Veteran Homelessness and Transitions Grant Monthly Report Form

The Veteran Homelessness Transition Grant Monthly Report Form is designed to collect accurate and consistent data about program activities, financial expenditures, and outcomes for the grant. Please follow the steps below to ensure proper completion and submission of the form.

Section 1: Grantee Information

1. Name of Organization: Enter the full legal name of your organization.
2. Reporting Month/Year: Specify the reporting period (e.g., January 2024).
3. Prepared By: Enter the full name of the individual completing the form.
4. Contact Information: Provide the phone number and email address of the individual completing the report for follow-up purposes.

Section 2: Demographic and General Statistics

1. Number of Veterans Served:
 - Enter the total number of Veterans served during the reporting month. Who directly benefited from the program during this period.
2. Referrals Made:
 - List any referrals made to partner organizations or external agencies.
 - Include the type and purpose of each referral.

Sections 3a-d

1. Types of Services Provided: Specify the services offered (e.g., housing assistance, job placement, counseling).
2. Total Expenditures:
 - Record all expenditures for the reporting month related to the grant.
 - Ensure accuracy by cross-referencing receipts and financial records.
2. Breakdown of Costs:
 - Itemize expenses by category (e.g., housing, utilities assistance, employment, etc.)
 - Include amounts for each category in the spaces provided.
3. Remaining Funds:
 - Indicate the balance of unspent grant funds at the end of the reporting month.
 - Double-check calculations to ensure they align with the initial grant allocation and expenditures to date.

Section 4 Outcomes and Impact

1. Program Outcomes:
 - Summarize measurable outcomes achieved during the reporting month (e.g., number of veterans housed).
 - Include specific metrics and success stories, if applicable.
2. Challenges Encountered:
 - Note any barriers or issues faced during program implementation.
 - Provide brief descriptions and suggest potential resolutions if relevant.



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3. Planned Activities for Next Month:
 - Outline key activities or goals for the upcoming month.

Section 5: Certification and Submission

1. Certification and Submission:
 - The individual completing the report should sign and date the form to certify the accuracy of the information provided.
 - Submit the completed report by the last Friday of each month
 - Send the form via to SCDVA Housing at Veteranhousing@scdva.sc.gov . Retain a copy for your records.

Additional Notes

- Review the form thoroughly before submission to avoid errors or omissions.
- Maintain copies of all receipts, attendance logs, and supporting documentation for auditing purposes.



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1. Grantee Information

Organization Name:	
Program Name:	
Program Contact Name:	
Title:	Email:
Phone:	
Grant Period:	Reporting Month:
Report Prepared By:	Date Submitted:

2. Demographic and General Statistics

Demographic Information		Age Groups		Race/Ethnicity	
Number of Veterans Served this month		18-29:		African American/Black:	
Gender		30-49:		Hispanic/Latino:	
Male:		50-64:		White/Caucasian:	
Female:		65-75:		Asian/Pacific Islander:	
		75+:		Native American:	
Number of referrals made to partners organizations or external agencies				Other:	

Military Branches		Military Service Era	
Army		Pre-Vietnam:	
Air Force		Vietnam Era:	
Navy		Post-Vietnam:	
Marine		Gulf War:	
Coast Guard		Post-9/11:	
National Guard			
Reserve			



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3a. Homeless Veteran Housing Assistance Services

Programmatic		Financial	
Number of Veterans Housed		Total Expenditures of Veterans Housed	\$
Permanent Housing:		Permanent Housing	
<input type="checkbox"/> Security Deposit _____	<input type="checkbox"/> First Month Rent _____	<input type="checkbox"/> First Month Rent \$ _____	<input type="checkbox"/> First Month Rent \$ _____
Transitional Housing		Transitional Housing	\$
Hotel Assistance		Hotel Assistance	\$
Grocery		Grocery	\$
Total Transportation Assistance			
Bus Passes		Bus Passes	\$
Rideshare		Rideshare	\$

Challenges and Successes

Describe any challenges faced during the reporting month:
Describe any successes or positive outcomes:
Additional Comments or Notes:
Provide any additional information that may be relevant to the report:

Certification

I certify that the information provided in this report is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____



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3b. Veteran Rental and Utility Financial Assistance

Programmatic		Financial	
Number of Veterans Assisted:		Total Expenditures for Veterans Receiving Financial Assistance:	\$
Number of Veterans Assisted Per Service Category		Total Cost Financial Assistance Per Service Category	
Rent Payments: <input type="checkbox"/> Late Fees _____ <input type="checkbox"/> Payment Arrears/ Eviction _____		Rent Payments: <input type="checkbox"/> Security Deposit \$ _____ <input type="checkbox"/> First Month Rent \$ _____ <input type="checkbox"/> Late Fees \$ _____ <input type="checkbox"/> Payment Arrears/Eviction \$ _____	
Utility Payments			
<input type="checkbox"/> Electricity		<input type="checkbox"/> Electricity	
Connection \$		Connection \$	
Reconnection \$		Reconnection \$	
Payments in Arrear \$		Payments in Arrear \$	
<input type="checkbox"/> Water		<input type="checkbox"/> Water	
Connection		Connection \$	
Reconnection		Reconnection \$	
Payments in Arrear		Payments in Arrears \$	
<input type="checkbox"/> Gas		<input type="checkbox"/> Gas	
Connection		Connection \$	
Reconnection		Reconnection \$	
Payments in Arrears		Payments in Arrears \$	
<input type="checkbox"/> Internet		<input type="checkbox"/> Internet	
Connection		Connection \$	
Reconnection		Reconnection \$	
Payments in Arrears		Payments in Arrears \$	
<input type="checkbox"/> Veteran Primary Cell Phone		<input type="checkbox"/> Veteran Primary Cell Phone	
Connection		Connection \$	
Reconnection		Reconnection \$	
Payments in Arrears		Payments in Arrears \$	
Average Financial Assistance per Veteran:		\$	



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Challenges and Successes

Describe any challenges faced during the reporting month:

Describe any successes or positive outcomes:

Additional Comments or Notes:

Provide any additional information that may be relevant to the report:

Certification

I certify that the information provided in this report is accurate and complete to the best of my knowledge.

Signature:

Date:



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3c. Veteran Employment Services

Programmatic		Financial	
Total Number of Veterans Served:		Total Expenditures for Veterans Employment Services:	\$
Types of Employment Services Provided			
Job Training and Skills:		Job Training and Skills:	\$
Job Placement:		Job Placement:	\$
Resume Assistance:		Resume Assistance:	\$
Interview Preparation:		Interview Preparation:	\$
Professional Certifications provided		Professional Certifications provided	\$
Tools and uniforms required to perform the job tasks assigned by the employee:		Tools and uniforms required to perform the job tasks assigned by the employee:	\$
Number of Veterans Successfully Employed:			

Challenges and Successes

Describe any challenges faced during the reporting month:
Describe any successes or positive outcomes:
Additional Comments or Notes:
Provide any additional information that may be relevant to the report:

Certification

I certify that the information provided in this report is accurate and complete to the best of my knowledge.

Signature:

Date



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3d. Veterans' Substance Abuse and Transitional Housing Assistance

Number of Veterans Housed:	
Types of Substance Abuse Services Provided:	
Number of Veterans Successfully Completing Treatment:	
Number of New Veterans Enrolled This Month	
Total Number of Veterans Enrolled in Program to Date	
Number of Veterans Exiting the Program:	
Reason for Exit (Specify):	
Average Length of Stay in Program:	
Outcomes Achieved (Specify):	
Number of Veterans Transitioning to Permanent Housing:	

Challenges and Successes

Describe any challenges faced during the reporting month:
Describe any successes or positive outcomes:
Additional Comments or Notes:
Provide any additional information that may be relevant to the report:

Certification

I certify that the information provided in this report is accurate and complete to the best of my knowledge.

Signature: _____

Date _____