



## SFY26 South Carolina Department of Veterans Affairs Veteran Homelessness and Transitions Grant Quarterly Report Form

The Veteran Homelessness Transition Grant Quarterly Report Form is designed to collect accurate and consistent data about demographics of participants served, program activities, and outcomes for the grant. Please ensure proper completion and submission of the form by the deadline along with the following:

1. Case Manager Log (if case management is an approved service for your program)
2. Quarterly Expenditure Report (actual expenses from previous quarter)

Please email all completed forms to [VeteranHousing@scdva.sc.gov](mailto:VeteranHousing@scdva.sc.gov). Please use the same email for any questions or concerns you may have about the reporting requirements or deadlines.

### Deadlines for Quarterly Reporting:

1. Q1 (Jul–Sep): Due October 15
2. Q2 (Oct–Dec): Due January 15
3. Q3 (Jan–Mar): Due April 15
4. Q4 (Apr–Jun): Due July 15

### 1. Grantee Information

|                              |                    |
|------------------------------|--------------------|
| Organization Name:           |                    |
| Grant Number:                |                    |
| Program Contact Name:        |                    |
| Title:                       | Email:             |
| Phone:                       |                    |
| Grant Period: 7/1/25-6/30/26 | Reporting Quarter: |
| Report Prepared By:          | Date Submitted:    |

### 2. Demographic and General Statistics

| Totals for the Quarter  |  |
|---|--|
| a. Number of NEW Veterans Served (new, unduplicated Veteran over the course of the grant year)                                      |  |
| b. Number of NEW Widows Served (new, unduplicated Widow over the course of the grant year)  |  |
| c. Total Number of Veterans Served including NEW (may be counted on another QTR report if receiving assistance in other categories) |  |



**SFY26 South Carolina Department of Veterans Affairs  
Veteran Homelessness and Transitions Grant Quarterly Report Form**

|   |  |
|---|--|
| d. Total Number of Widows Served including NEW (may be counted on another QTR report if receiving assistance in other categories) |  |
| e. Number of Entries made in SCVC   |  |

| <b>Gender</b><br>(Should equal the sum of 2c and 2d) |  |
|--|--|
| a. Number of Male                                    |  |
| b. Number of Female                                  |  |

| <b>Age Group</b><br>(Should equal the sum of 2c and 2d) |  |
|---|--|
| a. 18-29  |  |
| b. 30-49  |  |
| c. 50-64  |  |
| d. 65-75  |  |
| e. 75+  |  |

| <b>Race/Ethnicity</b><br>(Should equal the sum of 2c and 2d) |  |
|--|--|
| a. African American/Black                                    |  |
| b. Hispanic/Latino   |  |
| c. White/Caucasian   |  |
| d. Asian/Pacific Islander                                    |  |
| e. Other   |  |



## SFY26 South Carolina Department of Veterans Affairs Veteran Homelessness and Transitions Grant Quarterly Report Form

| Military Branches<br>(Should equal the sum of 2c and 2d unless a Veteran served more than once) |  | Military Service Era<br>(Should equal the sum of 2c and 2d unless a Veteran served more than once) |  |
|---|--|--|--|
| a. Army   |  | a. Pre-Vietnam   |  |
| b. Air Force  |  | b. Vietnam Era   |  |
| c. Navy   |  | c. Post-Vietnam  |  |
| d. Marine   |  | d. Gulf War  |  |
| e. Coast Guard  |  | e. Post-9/11   |  |
| f. National Guard   |  |  |  |
| g. Reserve  |  |  |  |

| Years of Service<br>(Should equal the sum of 2c and 2d) |  |
|---|--|
| a. 0-4  |  |
| b. 5-8  |  |
| c. 9-14   |  |
| d. 15-19  |  |
| e. 20+  |  |

### 3. Services

| Permanent Housing  |  |
|--|--|
| Number of Veterans Served  |  |
| Number of Widows Served  |  |
| <b>Number of Services Provided</b><br>*Note: This is just the counted number of services charged to the grant and not included in case management. Dollar amounts need to be reported on Quarterly Expenditure Report. Total of all services may be more than total of participants for each category because one participant may receive multiple services. |  |
| Security Deposit   |  |



## SFY26 South Carolina Department of Veterans Affairs Veteran Homelessness and Transitions Grant Quarterly Report Form

|  |  |
|--|--|
| Three Month's Rent with ISP  |  |
| Limited Hotel Assistance   |  |
| Essential Goods  |  |
| Financial Counseling (services charged to the grant not included in case management) |  |
| Legal Fees associated with housing and employment                                    |  |

| Rental Assistance  |  |
|--|--|
| Number of Veterans Served  |  |
| Number of Widows Served  |  |
| <b>Number of Services Provided</b><br>*Please see Note in permanent housing category |  |
| Arears + late fees   |  |

| Utility Assistance   |  |
|--|--|
| Number of Veterans Served  |  |
| Number of Widows Served  |  |
| <b>Number of Services Provided</b><br>*Please see Note in permanent housing category |  |
| Electric (re-connection, arears, deposit)  |  |
| Water/Sewer (re-connection, arears, deposit)   |  |
| Gas (re-connection, arears, deposit)   |  |
| Primary Phone (re-connection, arears, deposit)                                       |  |

| Transitional Housing & Wellness Services |  |
|--|--|
| Number of Veterans Served                |  |
| Number of Widows Served                  |  |
| <b>Number of Services Provided</b>       |  |



## SFY26 South Carolina Department of Veterans Affairs Veteran Homelessness and Transitions Grant Quarterly Report Form

|  |  |
|--|--|
| <b>*Please see Note in permanent housing category</b>  |  |
| Transitional Housing related substance abuse recovery  |  |
| Number who completed successfully  |  |
| Number who withdrew  |  |
| Reason why they withdrew   |  |
| Other transitional housing   |  |
| Number who increased income  |  |
| Number who transitioned into permanent housing   |  |
| Supportive and Counseling services (services charged to the grant not included in case management) |  |

| Transportation Assistance                             |  |
|---|--|
| Number of Veterans Served                             |  |
| Number of Widows Served                               |  |
| Number of Services Provided                           |  |
| <b>*Please see Note in permanent housing category</b> |  |
| Bus Pass  |  |
| Ride Share  |  |
| Nonprofit Transportation                              |  |
| Car Repair  |  |
| Gas Card  |  |

| Employment Assistance                                 |  |
|---|--|
| Number of Veterans Served                             |  |
| Number of Widows Served                               |  |
| Number of Services Provided                           |  |
| <b>*Please see Note in permanent housing category</b> |  |



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|   |  |
|---|--|
| Vocational Training                                   |  |
| Professional Certification & Training                 |  |
| Tools, Uniforms, Equipment (reasonable and essential) |  |
| Internet (re-connection, arrears, deposit)            |  |
| Basic Hygiene Services                                |  |

### 4. Challenges and Successes

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

### 5. Certification

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_