



**Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program  
(SSG Fox SPGP)  
RENEWAL APPLICATION FOR SUICIDE PREVENTION  
GRANT PROGRAM**

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with Section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 10 hours per response, including the time to review instructions, search existing data sources, gather and maintain data needed, and complete and review the collection of information. Respondents should be aware that we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. This collection of information is intended to assist the SSVF Program Office to determine eligibility to receive renewal suicide prevention services grants under the SSVF Program. Response to this grant renewal application is voluntary, and failure to participate will have no adverse effect on benefits to which you might otherwise be entitled.

**Privacy Act Statement:** VA is asking you to provide the information requested in this form under the authority of 38 U.S.C. section 2044 in order for VA to determine your eligibility to receive a renewal suicide prevention services grant under the SSG Fox SPGP Program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA grant programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide the requested information to VA; but if you do not, VA may be unable to process your request for consideration in this program. If you provide VA with your Employer Identification Number (EIN), VA will use it to obtain information relevant to determining whether to award a renewal grant and to administer your grant, if awarded. This information also may be used for other purposes as authorized or required by law.

**Background:**

This form is to be completed by grantees applying for renewal of a suicide prevention services grant. VA will use the collected information to evaluate and select recipients to renew their suicide prevention services grants. Applicants may be asked to provide additional supporting evidence or to quantify details during the review process.

**Definitions and SSG Fox SPGP Information:**

Definitions and SSG FOX SPGP Program information can be found in both the regulations (38 CFR Part 78) and the Notice of Funding Opportunity (NOFO) under which you are submitting this application. Both documents are posted on the SSG FOX SPGP Program web page (<https://www.mentalhealth.va.gov/ssgfox-grants/>). Please note that to be eligible for a renewal grant under the SSG FOX SPGP Program, the applicant must have received a suicide prevention services grant award in the previous fiscal year. See 38 CFR 78.5 and section 201(q) of [Public Law 116-171](#) for definitions of these and other terms contained throughout the application.

**Instructions:**

Please answer the application questions in the space provided on each page of the form.

**Submission:**

The application must be submitted in accordance with the NOFO. The NOFO specifies the format in which the application must be submitted. Only timely and complete renewal applications will be considered for funding; applications will not be reviewed if incomplete. To be considered timely, the number of required copies of the renewal application must be received at the address and by the time and date specified in the NOFO. Applications received after that time and date will not be accepted past the deadline date. Following the renewal application deadline, applicants will be notified that their applications have been received. To be considered complete, all items requested in this grant application must arrive as a single application package. Materials arriving separately will not be considered and may result in the application being rejected or not funded.

**Documentation and Public Access Requirements:**

VA will ensure that documentation and other information regarding each application submitted are sufficient to indicate the basis upon which assistance was provided or denied. This material will be made available for public inspection for a five-year period beginning not less than 30 days after the grant award. Material will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552).

**Warning:**

It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include a fine and imprisonment. For details see [18 USC 1001](#). Misrepresentation of material facts may also be the basis for denial of grant assistance by VA.

**For Further Information:**

If you have any questions regarding the SSG FOX SPGP Program or this application, please contact the SSG Fox SPGP Team via e-mail at [VASSGFoxGrants@va.gov](mailto:VASSGFoxGrants@va.gov) or via telephone at (202) 502-0002.

**RENEWAL APPLICATION CHECKLIST**

**Executive Summary**

**Section A: SSG FOX SPGP Program Outcomes (55 maximum points)**

- Suicide Prevention Service and Program Evaluation
- Participant Satisfaction
- Program implementation timeline
- Collaboration and communication with the VA

**Section B: Cost Effectiveness (20 maximum points)**

- Average Total Grant Cost Per Participant Household
- Program Budget and Expenditures

**Section C: Compliance with Program Goals and Requirements (25 maximum points)**

- Program implementation timeline
- SSG Fox SPGP Program Goals
- Applicable laws, Regulations, Guidelines and Grant Agreement

**Exhibits:**

- Applicant Budget Template Instructions (Microsoft Excel File)

**SECTION 1. EXECUTIVE SUMMARY**

**A. ADMINISTRATIVE INFORMATION**

Provide the following information for the applicant:

1. APPLICANT'S LEGAL NAME:

2. OTHER NAMES UNDER WHICH APPLICANT DOES BUSINESS:

3. EMPLOYER IDENTIFICATION NUMBER (EIN) THAT CORRESPONDS TO THE APPLICANT'S IRS RULING CERTIFYING TAX-EXEMPT STATUS UNDER THE IRS CODE OF 1986 *(Note: EIN will be used to determine whether applicant is delinquent or in default on any Federal debt, in accordance with 31 U.S.C. 3701, et seq. and 5 U.S.C.552a at note):*

4. UNIQUE ENTITY IDENTIFIER (UEI)

5. BUSINESS ADDRESS:

6. MAILING ADDRESS *(if different from above) (include both U.S.mailing address and courier (i.e., no P.O. Box) address):*

7. CONTACT PERSON NAME:

8. CONTACT PERSON TITLE:

9. MAILING ADDRESS FOR CONTACT PERSON *(if different from above):*

10. TELEPHONE FOR CONTACT PERSON *(where the person can be reached during business hours):*

11. EMAIL FOR CONTACT PERSON:

12. OPTIONAL: IF THE APPLICANT WOULD LIKE VA TO CONSIDER ANY COMMUNITY PARTNER WHEN SCORING THE APPLICANT, IDENTIFY FOR EACH COMMUNITY PARTNER THE FOLLOWING INFORMATION: NAME, EIN, BUSINESS ADDRESS, MAILING ADDRESS, CONTACT PERSON *(name title, mailing address, telephone, email)*. IDENTIFY THE PERCENTAGE OF WORK EXPECTED TO BE PERFORMED BY IDENTIFIED COMMUNITY PARTNER.

**B. COMPLIANCE WITH THRESHOLD REQUIREMENTS**

Check the appropriate box for each of the following questions.

1. **APPLICATION COMPLETENESS:** APPLICATION IS COMPLETE. IT CONTAINS EACH OF REQUIRED APPLICATION SECTIONS

*(see pg. 2 of application for a checklist):*

YES  NO

2. **ELIGIBLE ENTITY:** CONFIRM THAT APPLICANT REMAINS EITHER A:

INCORPORATED PRIVATE INSTITUTION OR FOUNDATION THAT HAS NO PART OF THE NET EARNINGS OF WHICH INCURS TO THE BENEFIT OF ANY MEMBER, FOUNDER, CONTRIBUTOR, OR INDIVIDUAL, AND HAS A GOVERNING BOARD THAT WOULD BE RESPONSIBLE FOR THE OPERATION OF THE SUICIDE PREVENTION SERVICES

A CORPORATION WHOLLY OWNED AND CONTROLLED BY AN ORGANIZATION THAT HAS NO PART OF THE NET EARNINGS OF WHICH INCURS TO THE BENEFIT OF ANY MEMBER, FOUNDER, CONTRIBUTOR, OR INDIVIDUAL, AND HAS A GOVERNING BOARD THAT WOULD BE RESPONSIBLE FOR THE OPERATION OF THE SUICIDE PREVENTION SERVICES

INDIAN TRIBE

COMMUNITY-BASED ORGANIZATION THAT CAN EFFECTIVELY NETWORK WITH LOCAL CIVIC ORGANIZATIONS, REGIONAL HEALTH SYSTEMS, AND OTHER SETTINGS WHERE ELIGIBLE INDIVIDUALS AND THEIR FAMILIES ARE LIKELY TO HAVE CONTACT.

STATE OR LOCAL GOVERNMENT

3. **COMPLIANCE WITH FINAL RULE:** APPLICANT AGREES TO COMPLY WITH FINAL RULE:

YES  NO

4. **OUTSTANDING OBLIGATIONS:** APPLICANT EITHER:

DOES NOT HAVE AN OUTSTANDING OBLIGATION TO THE FEDERAL GOVERNMENT THAT IS IN ARREARS AND DOES NOT HAVE AN OVERDUE OR UNSATISFACTORY RESPONSE TO AN AUDIT.

HAS AN OUTSTANDING OBLIGATION TO THE FEDERAL GOVERNMENT THAT IS IN ARREARS AND/OR AN OVERDUE OR UNSATISFACTORY RESPONSE TO AN AUDIT. DESCRIBE BELOW:

5. **DEFAULT:** APPLICANT EITHER:

- IS NOT IN DEFAULT BY FAILING TO MEET THE REQUIREMENTS FOR ANY PREVIOUS FEDERAL ASSISTANCE  
 IS IN DEFAULT BY FAILING TO MEET THE REQUIREMENTS FOR PREVIOUS FEDERAL ASSISTANCE

**C. SUICIDE PREVENTION SERVICES GRANT FUNDS**

1. AMOUNT OF SUICIDE PREVENTION SERVICES GRANT FUNDS REQUESTED: \$

**D. CHANGES TO PROPOSED PROGRAM**

1. PLEASE DESCRIBE ANY CHANGES THAT YOU WOULD LIKE TO MAKE TO YOUR PROPOSED PROGRAM. *(Note: In order to be eligible for renewal, your program must remain substantially the same as the program concept you proposed during the initial application. Please refer to the NOFO for additional details. You are not required to make any changes to your proposed program.)*:

**E. BUDGET**

1. **QUARTERLY BUDGET:** ATTACH AS EXHIBIT I TO THIS APPLICATION A PROPOSED QUARTERLY BUDGET FOR THE RENEWAL PERIOD USING THE MICROSOFT EXCEL TEMPLATE INCLUDE AS AN ATTACHMENT TO THIS APPLICATION.

2. **BUDGET NARRATIVE:** PROVIDE A DESCRIPTION OF EACH OF THE LINE ITEMS CONTAINED IN YOUR BUDGET AND UNDERLYING ASSUMPTIONS ASSOCIATED WITH EACH LINE-ITEM AMOUNT WITHIN THE BUDGET TEMPLATE:

**F. PARTICIPANTS**

1. NUMBER OF UNIQUE VETERAN HOUSEHOLDS ESTIMATED TO BE SERVED:

2. AVERAGE TOTAL SUICIDE PREVENTION SERVICES GRANT AMOUNT REQUEST PER VETERAN HOUSEHOLD: \$

**G. CERTIFICATION**

**By submitting this application, the applicant certifies that the facts stated and the certifications and representations made in this application are true, to the best of the applicant's knowledge and belief after due inquiry, and that the applicant has not omitted any material facts. The undersigned is an authorized representative of the applicant.**

APPLICANT:

SIGNATURE:

DATE (MM/DD/YYYY)

NAME AND TITLE:

Please attach responses to Sections II-IV . Total narrative for these sections cannot exceed 8 pages. Responses must be typed in 12 point, Times New Roman font. All pages must have 1 inch margins. Attached responses must include question number and heading, for example the response to the first question would begin with the heading:

## SECTION II: SSG FOX SPGP PROGRAM OUTCOMES

The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring this section of the application, VA will award up to 55 points.

### A. SUICIDE PREVENTION

1. DESCRIBE HOW YOUR PROGRAM'S PARTICIPANTS MADE PROGRESS IN ACHIEVING STABILITY DURING THE GRANT AWARD PERIOD:

2. PLEASE PROVIDE BOTH SPECIFIC EXAMPLES AND DATA USING THE MEASURES AND METRICS PROVIDED BY VA FOR THE PURPOSES OF MEASURING THE EFFECTIVENESS OF THE PROGRAMMING TO BE PROVIDED IN IMPROVING MENTAL HEALTH STATUS, WELLBEING, AND REDUCING SUICIDE RISK AND SUICIDE DEATHS OF ELIGIBLE INDIVIDUALS AND THEIR FAMILIES:

3. ADDITIONALLY, DESCRIBE HOW ANY PROPOSED PROGRAM MODIFICATIONS WILL IMPACT PARTICIPANTS STABILITY:

### B. PARTICIPANT SATISFACTION

1. DESCRIBE HOW YOU RECEIVE AND RESPOND TO FEEDBACK FROM PARTICIPANTS IN YOUR PROGRAM (*e.g., VA participant survey, exit interviews, internal surveys, etc.*):

2. PROVIDE NUMBER OF PARTICIPANT SURVEYS ADMINISTERED AND WHAT IS YOUR AVERAGE NUMBER OF RESPONSES FROM VA PARTICIPANT SURVEY?

3. DESCRIBE ANY CHANGES YOU HAVE MADE AS RESULT PARTICIPANT FEEDBACK:

**C. PROGRAM IMPLEMENTATION AND PROGRESS**

1. SPECIFY THE AVERAGE TIME BETWEEN CLIENT INTAKE AND START OF SERVICE DELIVERY, AND AVERAGE LENGTH OF STAY (*enrollment to exit*):

2. DESCRIBE ANY PROGRAMMATIC OR ORGANIZATIONAL DELAYS ASSOCIATED WITH ONSET OF SUICIDE PREVENTION SERVICES DELIVERY:

3. DESCRIBE THE TIMELINE FOR ANY PROPOSED PROGRAM MODIFICATIONS:

**D. COLLABORATION AND COMMUNICATION WITH THE VA AND AREA SERVED**

1. HOW HAVE YOU COORDINATED SSG FOX SPGP SERVICES WITH OTHER SUICIDE PREVENTIONS PROGRAMS/INITIATIVES OFFERED IN THE AREA YOU CURRENTLY SERVE?

2. DESCRIBE YOUR DIRECT INVOLVEMENT IN THE CO-ORDINATION WITH THE LOCAL VA:

**SECTION III: COST-EFFECTIVENESS**

The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring this section of the application, VA will award up to 20-points.

**A. COST PER PARTICIPANT HOUSEHOLD**

1. AVERAGE TOTAL GRANT COST PER PARTICIPANT HOUSEHOLD: \$

2. PLEASE PROVIDE AN EXPLANATION OF THIS FIGURE (including number of households served) AND JUSTIFY ITS REASONABLENESS. (Note: This figure relates to your previous grant award period and not the proposed renewal period.)

**B. PROGRAM BUDGET AND EXPENDITURES**

1. PLEASE COMPLETE THE TABLE BELOW SPECIFYING LAST YEAR'S BUDGETED VS. ACTUAL SPENDING:

CATEGORY	APPROVED BUDGET AMOUNT	ACTUAL AMOUNT SPENT	% VARIANCE
PERSONNEL	\$	\$	
TEMPORARY FINANCIAL ASSISTANCE	\$	\$	
NON-PERSONNEL	\$	\$	
VEHICLES	\$	\$	
ADMINISTRATIVE	\$	\$	
TOTAL	\$	\$	

2. PLEASE EXPLAIN WHETHER YOUR PROGRAM WAS IMPLEMENTED CONSISTENT WITH YOUR APPROVED BUDGET IN YOUR PREVIOUS YEAR OF OPERATION. EXPLAIN ANY MAJOR DEVIATIONS OR VARIANCES FROM ORIGINAL BUDGET:

3. PLEASE PROVIDE INFORMATION ON WHETHER YOUR PROGRAM:

- A) REQUIRED AN EXTENSION IN ORDER TO EXPEND FULLY, AND/OR
- B) RETURN FUNDS.

IF YOU HAVE RETURNED FUNDS, EXPLAIN YOUR PLAN TO FULLY EXPEND YOUR CURRENT GRANT AMOUNT.

**SECTION IV: COMPLIANCE WITH SSG FOX SPGP PROGRAM GOALS AND REQUIREMENTS**

The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring this section of the application, VA will award up to 25 points.

**A. SSG FOX SPGP PROGRAM GOALS**

1. DESCRIBE HOW YOUR PROGRAM WAS IMPLEMENTED IN ACCORDANCE WITH VA'S GOALS (*as described in the Final Rule and NOFO*) FOR THE SSG FOX SPGP PROGRAM:

**B. APPLICABLE LAWS, REGULATIONS AND GUIDANCE**

1. CERTIFY THAT YOUR PROGRAM WAS ADMINISTERED ACCORDANCE WITH ALL APPLICABLE LAWS, REGULATIONS, AND GUIDANCE. PROVIDE THE RESULTS OF YOUR MOST RECENT MONITORING VISIT AND REMEDIATION PLAN FOR ANY FINDINGS/CONCERNS IDENTIFIED IN THE REPORT:

**C. GRANT AGREEMENT**

1. CERTIFY THAT YOUR PROGRAM WAS ADMINISTERED IN ACCORDANCE WITH YOUR SUICIDE PREVENTION SERVICES GRANT AGREEMENT. IF NOT, EXPLAIN THE CIRCUMSTANCES:



**EXHIBIT I: APPLICANT BUDGET TEMPLATE (Microsoft Excel File)**

The one-year program budget must be completed in the Microsoft Excel template provided. Instructions on the use of this template are as follows:

**Overview**

The Microsoft Excel Applicant Budget Template contains two separate “worksheets” or “tabs.” Applicants are required to complete both tabs. Tab 1 consists of a quarterly break down of projected use of SSG Fox SPGP grant funds. Tab 2 consists of a narrative of total program costs.

**Applicant Quarterly SSG Fox SPGP Grant Funds Budget**

General

- a. Applicant is responsible for filling in yellow cells only.
- b. All non-yellow cells are locked and populate automatically.

Provision and Coordination of Suicide Prevention Services (Total must be a minimum of 90% of the total SSG Fox SPGP Grant Amount)

- a. Personnel/Labor (Note: The spreadsheet will spread these costs evenly across all quarters. If the applicant does not anticipate an even spread of costs, this should be explained in the narrative.):
  - Title and Organization - input the titles of all SSG Fox SPGP-funded personnel (e.g., Program Director, Case Manager, Peer Specialist, etc.) and the organization at which they are or will be employed (i.e., list applicant organization or team member organization name as applicable).Add additional lines to the spreadsheet as necessary.
  - # of Full-Time Employees (FTE) - input the number of FTE who will hold the specified title at the specified organization
  - % FTE - input the percentage of time the staff member will devote to the SSG Fox SPGP-funded program (e.g., full-time staff would be shown at 100%,while part time specified by relevant percent)
  - Base Annual Salary / Wage - input the annual salary of the specified personnel, assuming full-time employment
  - Fringe Benefits - cost of fringe benefits as a percentage of annual salary (if any)
- b. Temporary Financial Assistance: Input the estimated cost of temporary financial assistance, which includes time-limited payments to third parties for child care, transportation and suicide prevention stability funds .
- c. Other Non-Personnel Provision and Coordination of Suicide Prevention Services Expenses: List any other expenses related to the provision and coordination of suicide prevention services expenses in this section and the quarterly costs associated with those expenses.
- d. Lease & Maintenance of Vehicle(s): Per 38 CFR 78.70 (d) (2), if public transportation options are not sufficient within an area or community, costs related to the lease of vehicle(s) may be included in the application. Specify the number of vehicles to be leased and the cost per quarter associated with these vehicles.

Administrative Expenses (Total cannot exceed 10% of total SSG Fox SPGP Grant Amount)

List all administrative expenses and the monthly costs associated with each expense. Per 38 CFR 78.140(d) administrative expenses are defined as all direct and indirect costs associated with the management of the program. These costs will include the administrative costs, both direct and indirect, of community partners.

**Applicant Budget Narrative**

The budget workbook includes a budget narrative template linked to the budget. Applicants are expected to provide a detailed narrative justification/explanation for all line items listed in budget.