

**CALIFORNIA DEPARTMENT of VETERANS AFFAIRS**  
**Veterans Services Division**  
**Transmittal Information Sheet**

COUNTY: \_\_\_\_\_

**ATTACHMENTS**

**Requirements for 1<sup>st</sup> payment FY 2015-2016 Subvention & Medi-Cal Cost Avoidance**

\_\_\_\_\_ Claim for Subvention Funds and Net County Cost Form  
(JULY – DECEMBER 31, 2015). **Due no later than 1/31/16**

\_\_\_\_\_ DVS 16 Semi Annual Report  
(JULY – DECEMBER 31, 2015). **Due no later than 1/31/16**

\_\_\_\_\_ Subvention Certificate of Compliance (FY 2015/2016)  
(Provide if you have not submitted). **Due no later than 1/31/16**

\_\_\_\_\_ Medi-Cal Certificate of Compliance (FY 2015/2016)  
(Provide if you have not submitted). **Due no later than 1/31/16**

\_\_\_\_\_  
(Type or Print CVSO or Designee Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone #)

**E-MAIL ADDRESS**

**NOTE: Please upload the audit reports to VetPro**

**If you are having difficulties using VetPro, please:**

- 1. Review User Guide**
- 2. Contact Mike McManus (805) 477-5480**
- 3. Contact Panoramic Software (877) 558-8526**