

CALIFORNIA DEPARTMENT of VETERANS AFFAIRS
Veterans Services Division
Transmittal Information Sheet

COUNTY: _____

ATTACHMENTS

**Requirements for 2nd payment FY 2015-2016 Subvention & Medi-Cal Cost Avoidance
and Annual Certificates of Compliance for Fiscal Year 2016-2017**

_____ Claim for Subvention Funds and Net County Cost Form
(JANUARY – JUNE 30, 2016). **Due no later than 7/31/16**

_____ DVS 16 Semi Annual Report
(JANUARY – JUNE 30, 2016). **Due no later than 7/31/16**

_____ Subvention Certificate of Compliance (FY 2016/2017)
(Provide if you have not submitted). **Due no later than 1/31/17**

_____ Medi-Cal Certificate of Compliance (FY 2016/2017)
(Provide if you have not submitted). **Due no later than 1/31/17**

(Type or Print CVSO or Designee Name)

(Title)

(Phone #)

E-MAIL ADDRESS

**NOTE: Please upload ALL audit reports via Agency
Attachments in VetPro**

If you are having difficulties using VetPro, please:

- 1. Review User Guide**
- 2. Contact Chris Bingham (707) 565-5960**
- 3. Contact Panoramic Software (877) 558-8526**