

CALIFORNIA DEPARTMENT of VETERANS AFFAIRS
Veterans Services Division
Transmittal Information Sheet

COUNTY: _____

ATTACHMENTS

- _____ Claim for Subvention Funds (JANUARY – JUNE 30, 2015)
- _____ Net County Cost Form (JANUARY –JUNE 30, 2015)
- _____ DVS 16 Semi Annual Report (JANUARY –JUNE 30, 2015)
Print a copy from VetPro, sign and submit.
- _____ Subvention Certificate of Compliance (FY 2015/2016)
- _____ Medi-Cal Certificate of Compliance (FY 2015/2016)

I hereby certify that the above listed CVSO budget data is true and correct to the best of my knowledge, and that any changes to the CVSO budget will be reported to CDVA promptly.

(Typed/Printed Name) (Title) (Phone #)

(Signature) (Date) (FAX #)

(E-MAIL ADDRESS)