

Application to DHCD Submitted through CAMS

City of Hampton

GVPHC VHSP Renewal 2023-2024

Application ID: 103605112023155354

Application Status: Pending

Program Name: HSNH 2022 - 2024 Renewal Application

Organization Name: City of Hampton

Organization Address: 1320 LASALLE AVE
HAMPTON, VA 23669

Profile Manager Name: Angelique Hill

Profile Manager Phone: (757) 727-1907

Profile Manager Email: angelique.hill@dss.virginia.gov

Project Name: GVPHC VHSP Renewal 2023-2024

Project Contact Name: Angelique Hill

Project Contact Phone: (757) 727-1907

Project Contact Email: angelique.hill@dss.virginia.gov

Project Location: 1320 LaSalle Avenue
Hampton, VA 23669-3801

Project Service Area: James City County, York County, Hampton City, Newport News City, Poquoson City, Williamsburg City

Total Requested Amount:

Required Annual Audit Status: Under Review

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$0.00	\$0.00	\$0.00
Coordinated Entry/Assessment	\$0.00	\$0.00	\$0.00
Prevention	\$0.00	\$0.00	\$0.00
Emergency Shelter Operations	\$0.00	\$0.00	\$0.00
Federal Rapid Re-housing	\$0.00	\$0.00	\$0.00
State Rapid Re-housing	\$0.00	\$0.00	\$0.00
CoC Planning	\$0.00	\$0.00	\$0.00
HMIS	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$0.00	\$0.00

Budget Narrative:

Questions and Responses:

1. Please describe any significant changes in your Continuum of Care/Balance of State local planning group since the FY 20-21 application. Include leadership and/or agency changes, point-in-time count data, trends, and any information you would like to share with DHCD. - Limit response to no more than one page.

Answer:

Since the FY 2023 application, there have been no significant changes for Hampton Department of Social Services. In the upcoming grant year, the sub-grantees under HDHS will include ForKids, Hampton-Newport News Community Services Board, HELP, James City County, LINK of Hampton Roads, Menchville House, Newport News Housing Broker Team, and Transitions Family Violence Services.

The Greater Virginia Peninsula Homelessness Consortium conducted the Point in Time Count the night of January 25, 2023. The GVPHC identified a total of 480 persons, an increase from the total of 419 persons in 2022. While the PIT demonstrates an overall increase in the number of persons identified during the PIT, the number of unsheltered persons decreased from 38 persons in 2022 to 35 persons in 2023. The CoC reported an increase in Emergency Shelter participants between 2022 and 2023. In 2023, 445 persons were in ES, up from 344 in 2022. In 2023, there were no participating Transitional Housing providers due to clarification that one program does not dedicate beds to persons experiencing HUD Category 1 housing as well as one program that closed in 2022.

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2. Funding changes

If the CoC/LPG is requesting to move money between activities and/or agencies please provide details about the process and the rationale for the request.

Answer:

The Continuum of Care solicited renewal applications from each sub-grantee to facilitate the renewal process. The renewal application included asking the provider what their year two budget request is, as well as the rationale with any requested changes.

The GVPHC sub-grantee providers made minor changes to the allocation of funding to increase assistance for Rapid Rehousing due to local funding available for Emergency Shelter.

Attachments:

Year Two Request (proposed grantees and activities)

VA505YearTwoRequest511202340337.xlsx

Organizational Certification and Assurances

HDHSGrantCertificationandAssurance511202340345.pdf

CoC/LPG Certification and Assurances


GVPHCCoCCert512202310101.pdf

Continuum of Care (CoC) Certification

To be completed by the CoC or local planning group (LPG) for the Balance of State CoC.

Answer the following:

1.	Name of CoC/LPG: Greater Virginia Peninsula Homelessness Consortium VA-505
2.	Authorized lead CoC/LPG organization: Hampton Department of Social Services
3.	Does your CoC/LPG have a written governance structure in place that specifies roles and responsibilities including decision making processes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain: Click or tap here to enter text.
4.	Does your CoC/LPG have a currently operational centralized or coordinated homeless services assessment system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain: Click or tap here to enter text.
5.	Verify that your CoC's/LPG's centralized or coordinated assessment system: <input checked="" type="checkbox"/> Provides coordinated program participant intakes, assessments, and referrals <input checked="" type="checkbox"/> Covers the CoC or planning group geographic area <input checked="" type="checkbox"/> Provides easy access for individuals and families seeking housing or services <input checked="" type="checkbox"/> Provides a comprehensive and standardized assessment tool <input checked="" type="checkbox"/> Has written standards for determining eligibility, prioritization, and a standard for determining the level of assistance If any of the above mentioned items are in the development stages, please explain: Click or tap here to enter text.
6.	Does your CoC (or local planning group) have a Ten Year Plan to end homelessness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In development, please explain: Click or tap here to enter text.
7.	The CoC/LPG agrees to coordinate with statewide data collection efforts including conducting the annual point-in-time count on the day designated by DHCD and providing state-level HMIS data for planning purposes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	The CoC/LPG agrees to have a HMIS system in place that aligns with HUD and state data standards and facilitates maximum participation by CoC service providers. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	The CoC/LPG has adopted HMIS policies and procedures that include the following: (check all that apply). <input checked="" type="checkbox"/> Service provider participation, service coordination, and service coverage requirements <input checked="" type="checkbox"/> A data quality plan <input checked="" type="checkbox"/> A confidentiality and security plan
10.	Other comments: Click or tap here to enter text.



 Signature of Continuum of Care Chairperson
 (or local planning group lead)

05/12/23

 Date

Charvella West, COO + Dir. of Community Impact

 Printed Name, Title

United Way of the VA Peninsula

 Agency

For questions or guidance, contact: Kendall Cloeter, Kendall.Cloeter@dhcd.virginia.gov



GRANTEE CERTIFICATIONS AND ASSURANCES

I, Tamara Temoney-Porter, authorized representative of Hampton Department of Human Services, on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application, in the grant agreement, and in the program guidelines while conducting grant activities for the program funded.

To this end, I certify/assure the following: (check all applicable)

1.	<input checked="" type="checkbox"/>	The program supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law.
2.	<input checked="" type="checkbox"/>	The organization will provide all activities under the program in a manner that is free from religious influence.
3.	<input checked="" type="checkbox"/>	The organization will not require a fee or donation as a condition for receiving assistance.
4.	<input checked="" type="checkbox"/>	The organization operates in a facility that is in compliance with applicable state and local health, building, and fire safety codes, or agrees to make necessary improvements/repairs for code compliance.
5.	<input checked="" type="checkbox"/>	The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds.
6.	<input checked="" type="checkbox"/>	The organization will administer a policy to ensure a workplace that is free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries.
7.	<input checked="" type="checkbox"/>	The organization will maintain and operate under a standardized conflict of interest procedure for employees and members of the board.
8.	<input checked="" type="checkbox"/>	The organization will insure the confidentiality of program participants.
9.	<input checked="" type="checkbox"/>	The organization will follow a board approved grievance and termination policy.
10.	<input checked="" type="checkbox"/>	The organization will implement a plan to maximize mainstream resources toward meeting program participant needs.
11.	<input checked="" type="checkbox"/>	The organization will adhere to generally accepted accounting principles, generally accepted auditing standards, State and Local laws.
12.	<input checked="" type="checkbox"/>	The organization will participate in the local CoC (or local planning group) centralized or coordinated assessment system.
13.	<input checked="" type="checkbox"/>	The organization has current HMIS licenses.
14.	<input checked="" type="checkbox"/>	The organization will meet all HMIS data standards.
15.	<input checked="" type="checkbox"/>	The organization agrees to participate in state data collection efforts.
16.	<input checked="" type="checkbox"/>	The organization is free of outstanding DHCD or other findings or issues.
17.	<input checked="" type="checkbox"/>	The organization has no unresolved IRS findings/issues.

Tamara P. Porter
Signature of Authorized Representative

Date 5/10/23

Director
Title of Authorized Representative