

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2024 CoC Program grant competition.
  - Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program Competition NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2024 CoC Program NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/03/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Portsmouth Department of Social Services
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 54-6001512
- c. Unique Entity Identifier:** M3T9A4Y69L33

### d. Address

- Street 1:** 1701 High Street
- Street 2:**
- City:** Portsmouth
- County:** Portsmouth
- State:** Virginia
- Country:** United States
- Zip / Postal Code:** 23704

### e. Organizational Unit (optional)

- Department Name:** Director
- Division Name:** Director

### f. Name and contact information of person to be contacted on matters involving this application

- Prefix:** Dr.
- First Name:** Darlene
- Middle Name:**
- Last Name:** Washington
- Suffix:**
- Title:** Executive Director
- Organizational Affiliation:** Portsmouth Volunteers for the Homeless, Inc.
- Telephone Number:** (757) 399-0200
- Extension:**
- Fax Number:** (757) 399-3331

**Email:** [pvh.executivedirector@gmail.com](mailto:pvh.executivedirector@gmail.com)

## 1C. SF-424 Application Details

**9. Type of Applicant:** C. City or Township Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6800-N-25

**Title:** Continuum of Care Homeless Assistance  
Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Virginia  
(for multiple selections hold CTRL+Key)

**15. Descriptive Title of Applicant's Project:** FY2024 PHAC Planning Project

**16. Congressional District(s):**

**a. Applicant:** VA-003

**b. Project:** VA-003

(for multiple selections hold CTRL+Key)

**17. Proposed Project**

**a. Start Date:** 10/01/2025

**b. End Date:** 09/30/2026

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** B'Onka

**Middle Name:**

**Last Name:** Hill

**Suffix:**

**Title:** Director

**Telephone Number:** (757) 405-1800  
(Format: 123-456-7890)

**Fax Number:** (757) 465-2951  
(Format: 123-456-7890)

**Email:** bonka.hill@dss.virginia.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/03/2024



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Portsmouth Department of Social Services  
**Prefix:** Ms.  
**First Name:** B'Onka  
**Middle Name:**  
**Last Name:** Hill  
**Suffix:**  
**Title:** Director  
**Organizational Affiliation:** Portsmouth Department of Social Services  
**Telephone Number:** (757) 405-1800  
**Extension:** 8409  
**Email:** bonka.hill@dss.virginia.gov  
**City:** Portsmouth  
**County:** Portsmouth  
**State:** Virginia  
**Country:** United States  
**Zip/Postal Code:** 23704

**2. Employer ID Number (EIN):** 54-6001512

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received: \$95,199.00**

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

1. Are you applying for assistance for a specific project or activity? **Yes**  
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. **No**

**Certification**

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X
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**Name / Title of Authorized Official:** B'Onka Hill, Director

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/03/2024

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Portsmouth Department of Social Services

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)  
 Workplaces, including addresses, entered in the attached project application.  
 Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** B'Onka

**Middle Name**

**Last Name:** Hill

**Suffix:**

**Title:** Director

**Telephone Number:** (757) 405-1800  
**(Format: 123-456-7890)**

**Fax Number:** (757) 465-2951  
**(Format: 123-456-7890)**

**Email:** bonka.hill@dss.virginia.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/03/2024

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** Portsmouth Department of Social Services

**Name / Title of Authorized Official:** B'Onka Hill, Director

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/03/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Portsmouth Department of Social Services

**Street 1:** 1701 High Street

**Street 2:**

**City:** Portsmouth

**County:** Portsmouth

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 23704

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** Ms.

**First Name:** B'Onka

**Middle Name:**

**Last Name:** Hill

**Suffix:**

**Title:** Director

**Telephone Number:** (757) 405-1800  
**(Format: 123-456-7890)**

**Fax Number:** (757) 465-2951  
**(Format: 123-456-7890)**

**Email:** bonka.hill@dss.virginia.gov

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/03/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** Portsmouth Department of Social Services  
**Prefix:** Ms.  
**First Name:** B'Onka

**Middle Name:**

**Last Name:** Hill

**Suffix:**

**Title:** Director

**Signature of Authorized Certifying Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/03/2024

## 2A. Project Detail

1. **CoC Number and Name:** VA-507 - Portsmouth CoC
2. **Collaborative Applicant Name:** Portsmouth Department of Social Services
3. **Project Name:** FY2024 PHAC Planning Project
4. **Component Type:** CoC Planning Project Application

## 2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:

CoC Planning funds are coordinated by the Collaborative Applicant, the Portsmouth Department of Social Services (PDSS), which is the CoC Lead Agency for VA-507. PDSS is responsible for developing and coordinating the Continuum of Care and all required activities for the Portsmouth Homeless Action Consortium, which incorporates the City of Portsmouth.

The CoC Planning funds support the following work of the Collaborative Applicant:

1. Preparing and overseeing the process for all collaborative applications in conjunction with CoC members. The application process includes coordinating year-round data and activities such as Priority Setting and Strategic Planning, and completing and submitting the Point in Time Count, Housing Inventory Chart, Grant Inventory Worksheet, Longitudinal System Analysis, and System Performance Measures.
2. Submitting accurate, competitive CoC applications to both the U.S. Department of Housing and Urban Development and the Virginia Department of Housing and Community Development in a timely manner in order to receive approximately \$2 million in homeless assistance funds. This includes ensuring an open and inclusive process for all eligible applicants to secure community funds.
3. Designing a collaborative process for the implementation of a Coordinated Entry System that facilitates program participant intake, standardized assessment, and provision of referrals for housing and support services. Policies, standards and tools around eligibility, assessment, prioritization, managing grievances and access are approved by the CoC leadership and updated every two years, or on an as needed basis.
4. Facilitating ongoing evaluation and peer monitoring of projects for which federal, state, and local government funding is awarded to homeless services. This includes conducting an annual HMIS audit and on-site visit of agencies and programs, as well as developing objective tools in collaboration with service providers.
5. Facilitating activities to identify the prioritized needs within the homeless delivery system, including data collection and analysis.
6. Monitoring and reporting on implementation activities related to plans to end homelessness and other related community efforts.
7. Conducting system-wide analysis of the homeless population, housing, and support services, and demonstrating outcomes in reports and data dashboards.
8. Monitoring and responding to changes to federal, state, and local programs and guidelines.
9. Participating in local, state, and national working committees and events.
10. Collaborating with local jurisdictions to develop and implement Consolidated Plans, as well as report outcomes.
11. Developing performance targets and reviewing project-level and CoC-wide data.
12. Updating documents that provide structure for the CoC, such as Bylaws, HMIS Governance, and Written Standards.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

Portsmouth Department of Social Services was voted by the VA-507 membership to be the CoC Lead Agency as of July 1, 2019. All outlined actions are duties and responsibilities of Portsmouth Department of Social Services, who works with Executive Committee members to assign the work through PHAC committee work. Collaboration and work activities are already established and ongoing to implement CoC and HMIS requirements. Currently, a mix of federal, local, and state governmental funds support the work of CoC coordination. HMIS Administration is funded with local funds along with license fees.

The Executive Committee, working closely with the Chairs of the Policy & Planning Committee, ensure that CoC activities and applications are completed timely, accurately, and professionally. Reports to funding agencies on the performance of these positions and projects are completed by contract with outside consultants. Within subcommittees, regular meetings take place between the CoC partners to ensure all CoC and HMIS activities are completed and submitted in a timely manner. The Policy & Planning Committee develops timelines for grant development and submission that clearly demonstrate the responsibilities and deadlines of each agency and person. All business of the CoC is guided and approved by the Executive Committee. In addition, the Ranking Committee of non-funded, non-conflicted CoC members approve the final ranking for submission of federal grants.

PHAC members utilize the calendar and information on their website at: <https://www.hamptonroadsendhomelessness.org/phac.html> to adhere to deadlines and planned activities.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**



ESG funding is awarded through the Virginia Department of Housing and Community Development (DHCD), primarily through the Virginia Homeless Solutions Program (VHSP), but also recently includes additional funds available through the CARES Act. CoC members, including those that are ESG recipients, participate in the annual DHCD Input Session to offer input into ESG programs and allocations. Annually, a collaborative application is submitted for the VHSP funding to CoC agencies to support ES, RRH, Outreach, Coordinated Assessment, HMIS, CoC Planning, and Prevention. Virginia DHCD requires local CoCs to determine funding allocations through a review/evaluation process. The CoC monitors performance of all projects is reported and reviewed, including how each project is meeting its targets, outcomes, barriers and challenges that affect the projects, and expenditure rates quarterly through the Policy & Planning Committee. The CoC continues to refine the process to increase performance.

By supporting dedicated staff that coordinates and supports the CoC activities, outcomes and data, the Lead Agency facilitates the ongoing review process of each project with a committee of federally funded and non-federally funded member agencies. Each agency presents progress on funded programs and discusses areas for improvement. The Performance Scorecard review tool is customized annually and run based on a standard year of APR data for all HUD projects and summarizes outcomes of approximately 20 indicators that evaluate each housing program. In addition, the APRs and HMIS data quality of each project is presented and reviewed on a monthly basis as a requirement under the CoC's Data Quality Plan. Custom reports that provide a CoC-wide analysis for certain outcomes are also developed in HMIS so that they can be used to guide priority setting discussions where service gaps are identified. PHAC also reports on additional indicators that demonstrate CoC progress towards achieving the vision of "Homelessness will be rare, brief and non-recurring". Additional data analysis, reporting and presentations are conducted due to the supported personnel dedicated to CoC work.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? No

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input type="checkbox"/>
Votes, including electing Coc Board:	<input type="checkbox"/>
Sits on CoC Board:	<input type="checkbox"/>
None:	<input checked="" type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No



### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Executive Committee	Conducts the business of the Consortium, propose general policies and guidance of the affairs of the Consortium, meet with committee chairs on a monthly basis to provide support/guidance to assist committees in accomplishing their goals, respond to public inquiries and any grievances when necessary.	Monthly	Social Services, Behavioral Health, Portsmouth Area Resource Coalition, Sheriff's Office, Portsmouth Volunteers for the Homeless, Virginia Supportive Housing, Portsmouth Community Outreach Ministries, ForKids, HER Shelter, STOP
Policy & Planning	Conduct performance, monitoring and evaluation of projects. Coordinates ranking and review. Update relevant data and services for CoC planning purposes. Review and analyze APR's, PIT Data, and mainstream resources. Coordinate priorities including ranking. Raise match funding for CoC projects. Coordinate other collaborative activities. Review newly identified gaps in services. Develop action plans for the CoC group.	Monthly	Social Services, Sheriff's Office, PVH, PARC, VSH, PCOM, Eggleston Services, STOP Inc., HER Shelter, Behavioral Health,
Coordinated Entry Committee	Providers meet (in-person or virtually) to coordinate the housing referrals and connection to supportive services for all households assessed through the Coordinated Entry System utilizing the VI-SPDAT. Efficiently and effectively leverages community resources to assist households with transitioning from emergency housing or other places not meant for habitation into transitional or permanent housing while addressing barriers to self-sufficiency. Committee monitors required case management, successful connection to providers, and need for additional supports or to bridge households to higher-level services once stabilized in housing.	Bi-Monthly	Social Services, Behavioral Health, Portsmouth Area Resource Coalition, Sheriff's Office, Portsmouth Volunteers for the Homeless, Virginia Supportive Housing, Portsmouth Community Outreach Ministries, ForKids, HER Shelter, STOP
HMIS Committee	A platform for continued education and training related to the use of the HMIS to include data entry and other software features. Ensures that HMIS users share a common understanding of the Hampton Roads Policies and Procedures, and the HUD HMIS Data Standards to include all federal partner programs. Provides oversight and guidance on the implementation of the Data Quality Plan. Reviews data quality reports on a quarterly basis and focuses efforts on continuously improving data quality.	Bi-Monthly	Social Services, Behavioral Health, Portsmouth Area Resource Coalition, Sheriff's Office, Portsmouth Volunteers for the Homeless, Virginia Supportive Housing, Portsmouth Community Outreach Ministries, ForKids, HER Shelter, STOP

Community Meeting	Public forum to bring awareness of homeless issues for discussion. Networking for advocates, service providers, governmental agencies. Conducts the business of the CoC with final approval of policies, guidelines and funding.	Bi-Monthly	Social Services, Sheriff's Office, PVH, PARC, VSH, PCOM, Eggleston Services, The Firm Foundation, STOP Inc., HER Shelter, Behavioral Health, VBCDC, VAMC, Endependence Center
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## 4A. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

### Summary for Match

Total Value of Cash Commitments:	\$23,800
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$23,800

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	Portsmouth Depart...	\$23,800

## Sources of Match Details

1. **Type of commitment:** Cash
2. **Source:** Government
3. **Name of source:** Portsmouth Department of Social Services  
(Be as specific as possible and include the office or grant program as applicable)
4. **Value of Written Commitment:** \$23,800

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	CoC Coordination-conduct/facilitate/participate in committee meetings, participate in community/CoC-related events, regulations and guidelines, communication and marketing, telephone/cell phone, computer equipment, occupancy, duplication, travel/training/conference, mileage reimbursement, tunnel tolls	\$17,280
2. Project Evaluation	CoC Coordination-review of APRs and Quarterly Reports, Performance Scorecards, data reports and other program outcomes, telephone/cell phone, computer equipment, occupancy, duplication, travel/training/conference, mileage reimbursement, tunnel tolls	\$15,424
3. Project Monitoring Activities	CoC Coordination-site visits, project and annual reports, quarterly review, scorecards, review/ranking, Policy & Planning committee, telephone/cell phone, computer equipment, occupancy, duplication, travel/training/conference, mileage reimbursement, tunnel tolls	\$19,040
4. Participation in the Consolidated Plan	CoC Coordination-participation in planning meetings, writing/review and feedback for annual plans, telephone/cell phone, computer equipment, occupancy, duplication, travel/training/conference, mileage reimbursement, tunnel tolls	\$1,519
5. CoC Application Activities	CoC Coordination-develop and submit PIT Count, HIC, LSA, SPMs, GIW and annual funding application, CoC-related committee meetings and events, telephone/cell phone, computer equipment, occupancy, duplication, travel/training/conference, mileage reimbursement, tunnel tolls	\$17,136
6. Determining Geographical Area to Be Served by the CoC		\$0
7. Developing a CoC System	CoC Coordination-strategic planning, priority setting, agency presentations, networking, public relations, grant applications, community forums, implementing proven practices, telephone/cell phone, computer equipment, occupancy, duplication, travel/training/conference, mileage reimbursement, tunnel tolls	\$10,520
8. HUD Compliance Activities	CoC Coordination-communication with HUD Field Office, CoC training, evaluation activities, Coordinated Entry System development and implementation, HMIS audits, agency site visits, telephone/cell phone, computer equipment, occupancy, duplication, travel/training/conference, mileage reimbursement, tunnel tolls	\$14,280
<b>Total Costs Requested</b>		<b>\$95,199</b>
<b>Cash Match</b>		<b>\$23,800</b>
<b>In-Kind Match</b>		<b>\$0</b>
<b>Total Match</b>		<b>\$23,800</b>
<b>Total Budget</b>		<b>\$118,999</b>

**Click the 'Save' button to automatically calculate the Total Assistance**



## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 5B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** B'Onka Hill

**Date:** 09/03/2024

**Title:** Director

**Applicant Organization:** Portsmouth Department of Social Services

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.**(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X
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## 6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/29/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/03/2024
1E. SF-424 Compliance	08/29/2024
1F. SF-424 Declaration	09/03/2024
1G. HUD 2880	09/03/2024
1H. HUD 50070	09/03/2024
1I. Cert. Lobbying	09/03/2024
1J. SF-LLL	09/03/2024

<b>IK. SF-424B</b>	09/03/2024
<b>2A. Project Detail</b>	09/03/2024
<b>2B. Description</b>	09/03/2024
<b>3A. Governance and Operations</b>	09/03/2024
<b>3B. Committees</b>	09/03/2024
<b>4A. Match</b>	09/03/2024
<b>4B. Funding Request</b>	09/03/2024
<b>5A. Attachment(s)</b>	No Input Required
<b>5B. Certification</b>	09/03/2024