**Instructions: This form is required of all applicants for consideration. Completing this form does not commit the agency to apply for funding or guarantee funding will be awarded. All fields are required. There is a 1,500 character limit in all open answer fields.**

**Submission Deadline: February 21, 2020.** All Applications must be submitted via email no later than 3:00 pm on the submission deadline date.

Guidelines: The Department of Housing and Community Development administers the Commonwealth of Virginia’s homeless services resources through the Virginia Homeless Solutions Program (VHSP). These resources include approximately $15.4 million in state and federal annual funding:

* To reduce the number of individuals/households who become homeless;
* To shorten the length of time an individual or household is homeless; and
* To reduce the number of individuals/households that return to homelessness

DHCD will support Continuum of Care (CoC) strategies and homeless service and prevention programs that align with these goals.

Virginia Homeless Solutions Program funding will be administered based on a two-year funding cycle. DHCD will issue one-year (July 1, 2020 - June 30, 2021) grants to grantees as a result of an application process. These grants will be renewable based on performance, compliance and available funds for a second year of funding (July 1, 2021 – June 30, 2022).

State Housing Opportunities for Persons with AIDS (HOPWA) funds will only support program participants in programs within Virginia’s non-eligible metropolitan statistical area. The city of Franklin is the only non-eligible metropolitan statistical area eligible for state funding under this Application. HOPWA eligible metropolitan areas receive their HOPWA allocations directly from HUD.

Each project will be assessed for its impact on the community’s Continuum of Care in relationship to the other projects seeking funding.

While applications are community-based, grants are provided to specific organizations for eligible projects. Please note there is a minimum contract amount of $25,000 per grantee; however, DHCD reserves the right to enter into contracts with grantees for less than $25,000. Applicants should reference the [Virginia DHCD Virginia Homeless Solutions Program Guidelines (2020-2022](https://www.dhcd.virginia.gov/sites/default/files/Docx/vhsp/homeless-and-special-needs-housing-guidelines-2018-2020.pdf)) for program specific eligible activities and requirements.

1. Sponsor and Project Information
	1. Project Name(s): Click or tap here to enter text.
	2. CoC Code: Click or tap here to enter text.
	3. Responsible Party (name of person completing application): Click or tap here to enter text.
2. Homeless Management Information System (HMIS) Participation

Victim Service Providers (VSPs) that are funded under the Department of Housing and Urban Development (HUD) Supportive Housing Program are instructed to choose “N/A (DV Provider),” as HUD prohibits the disclosure of personally identifying data about any client for purposes of HMIS per the requirements of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA).

* 1. Does this agency/organization provide client level data to HMIS as required by the Standards of Care?

Choose an item.

1. 2018-2018 VHSP Funding Review
	1. Does this agency/organization have a 2018-2020 VHSP funding agreement?

Choose an item.

* 1. If yes, provide a brief description on how the above 2018-2020 VHSP funds were used. Description should include the amount of funding received, the number of persons served, program outcomes, etc.

Click or tap here to enter text.

1. Project Summary
	1. Funding Request Summary: Please summarize the funding request. The Summary must specifically list the total requests for each budget/activity category and should include details on how the proposed program will align with the CoC’s Vision that homelessness will be rare, brief, and non-recurring. (See attached budget example if needed)

Click or tap here to enter text.

* 1. Requested Amount: If your request represents a ten percent difference lesser from awards from prior years (DHCD funds only), please explain why.

Click or tap here to enter text.

* 1. Local Needs: Please describe the local needs in the CoC for the proposed activity type (shelter, rapid-rehousing, and prevention). Use program-specific data to demonstrate the gap and/or demand in homeless services and how the proposed project(s) will address the needs.

Click or tap here to enter text.

* 1. Leveraging mainstream resources: Provide a brief description of the services in place to assist persons in the program with securing mainstream resources and ensuring housing stability.

Click or tap here to enter text.

* 1. Housing Stability: What measures will be taken to assure that households experiencing homelessness are moved quickly to permanent housing and remain stably housed? The answer should include information on the collaborations currently in place with other homeless service provider agencies to more effectively provide housing and support services.

Click or tap here to enter text.

* 1. Central/Coordinated Assessment: Provide a brief description of your organization’s participation in the CoC Central/Coordinated Assessment system and the method used to select participants for the program.

Click or tap here to enter text.

* 1. Shelter: Describe in detail how the Shelter Program will meet the Prohibition Against Involuntary Family Separation and Equal Access and Prohibited Inquires (see 24 CFR 576.102).

Click or tap here to enter text.

* 1. RRH/Prevention: How is the length of financial and supportive service provision for households in Rapid Re-Housing and Targeted Prevention determined?

Click or tap here to enter text.

* 1. Barriers: Describe how the organization plans to ensure services for: Single or Family households located in all areas of the CoC service area, sex offenders, LGBTQ+ households, large families, medically fragile households, unaccompanied youth, households with accessibility concerns including language and mobility, and households with limited or no personal phone or internet access.

Click or tap here to enter text.

* 1. Barriers: Does the agency/organization as a whole or specific program for which funding is requested have any rules or requirements for assistance that could act as a barrier to services (i.e. birth certificate or photo ID, residency requirement, participation requirement)? What is the purpose of the requirement(s) and what efforts is the organization making to assist households in need of services that do not or cannot meet the requirement(s)?

Click or tap here to enter text.

* 1. Housing First: Describe in detail how the agency/organization implements a Housing First approach. Include specific examples of how the organization implements a Housing First approach, such as organizational or programmatic policies, procedures, guidelines, etc.

Click or tap here to enter text.

* 1. Describe in detail how each program for which you are requesting funding will comply with Equal Access in Accordance With and Individual’s Gender Identity in Community Planning and Development Programs (81 FR 64763).

Click or tap here to enter text.

* 1. Housing Locator: Does the organization have a housing locator? If so, describe the job duties of the position(s). If not, describe the process for locating housing for program participants. Please note, you must attach job descriptions for case managers and housing locators to meet the requirements of this application.

Click or tap here to enter text.

* 1. Organizational Capacity: Does your agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? If any portion of the funding request is to pay for a new staff position, how will the agency ensure the position is filled in a timely manner? Include governance, leadership, experience, and financial management.

Click or tap here to enter text.

* 1. Program Staff Capacity: Provide a description of the program staff capacity to implement VHSP or HOPWA funded activities. Include experience, training certifications, and staff to program participant ratio.

Click or tap here to enter text.

1. Project Budget & Cost Efficiency
	1. Are you submitting a project on behalf of a group of agencies/organizations (sub-grantees)?
		* Choose an item.
	2. Funding to Be used for (July 1, 2020 – June 30, 2021):
		* Shelter Operations
			1. Funding requested Click or tap here to enter text.
			2. Anticipated # of households served Click or tap here to enter text.
			3. Average Cost per Households served Click or tap here to enter text.
			4. Match Click or tap here to enter text.
			5. Total Click or tap here to enter text.
		* Rapid Re-Housing
			1. Funding requested Click or tap here to enter text.
			2. Anticipated # of households served Click or tap here to enter text.
			3. Average Cost per Households served Click or tap here to enter text.
			4. Match Click or tap here to enter text.
			5. Total Click or tap here to enter text.
		* Veterans Rapid Re-Housing
			1. Funding requested Click or tap here to enter text.
			2. Anticipated # of households served Click or tap here to enter text.
			3. Average Cost per Households served Click or tap here to enter text.
			4. Match Click or tap here to enter text.
			5. Total Click or tap here to enter text.
		* Targeted Prevention
			1. Funding requested Click or tap here to enter text.
			2. Anticipated # of households served Click or tap here to enter text.
			3. Average Cost per Households served Click or tap here to enter text.
			4. Match Click or tap here to enter text.
			5. Total Click or tap here to enter text.
		* Centralized/Coordinated Assessment
			1. Funding requested Click or tap here to enter text.
			2. Anticipated # of Households Served Click or tap here to enter text.
			3. Average Cost per Household Served Click or tap here to enter text.
			4. Match Click or tap here to enter text.
			5. Total Click or tap here to enter text.
		* Outreach
			1. Funding requested Click or tap here to enter text.
			2. Anticipated # of Households Served Click or tap here to enter text.
			3. Average Cost per Household Served Click or tap here to enter text.
			4. Match Click or tap here to enter text.
			5. Total Click or tap here to enter text.
	3. HMIS (request limited to a maximum of 5% of the total request) Click or tap here to enter text.
	4. Administration (request limited to a maximum of 3% of the total request) Click or tap here to enter text.
	5. Total DHCD Request Click or tap here to enter text.
	6. Total Match Click or tap here to enter text.
	7. Total DHCD Request plus Total Match Click or tap here to enter text.
	8. Total Agency Budget Click or tap here to enter text.
2. Proposed Match

Virginia Homeless Solutions Program funds require a 25 percent match. This is based on the total amount of funds requested. The match must be used to meet the VHSP goals: to reduce the number of persons who become homeless, to shorten the length of time persons are homeless, and to reduce the number of persons that return to homelessness. Match must be received and expended within the grant year and may not be used to meet multiple match requirements. Allowable sources of match are cash, the fair rental value of any donated material or space and any salary paid from local or private sources which, have not otherwise been charged to VHSP. Match resources also may include in-kind donations, and volunteer labor. The worth of in-kind donations and labor are based on the value at the time of the donation or service rendered. Please list the match source and match amount in the chart below.

\*\*\* If using volunteer hours, please specify # of hours. Multiply volunteer hours by $5.00 per hour.

|  |  |
| --- | --- |
| Match Source | Match Amount |
| Click or tap here to enter text. | Click or tap here to enter text. |
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1. Attachments

Please include the documents below as an attachment when returning the Supplemental Application.

* 1. Annual Performance Report(s) from HMIS or comparable database for existing VHSP funded programs for the following date range: January 1, 2019 – December 31, 2019.
	2. Job Descriptions of Case Manager and Housing Locator Positions
	3. MOUs, If applicable
	4. Board Of Director Listing, if applicable
	5. Letter of Support from Organization Board Chair
1. Local Assurances
	1. [ ]  The Applicant acknowledges that information provided in this application is, t the best of their knowledge, true and correct.
	2. [ ]  By checking the box, the applicant acknowledges and understands that although the Program Monitoring Committee and the Continuum of Care Program Manager will review each application to be submitted in the 2020-2022 Continuum of Care Application, and the Continuum of Care Program Manager will provide technical assistance to applicants and advise applicants of obvious errors and omissions as time permit, the applicant assumes ultimate responsibility for preparing an accurate and complete application.
	3. Chief Executive Officer’s Digital Signature: By typing in your name, you certify that the above assurances are true and correct. Click or tap here to enter text.
	4. Date:­­­­­­­­­­­­­­ (MM/DD/YYYY) Click or tap here to enter text.