

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 1,000-character limit in all open answer fields.

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 \$17 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, 2024 - June 30, 2025) grants to grantees approved through the CoC application process. These grants will be renewable based on performance, compliance, and available funds for a second year of funding (July 1, 2025 – June 30, 2026).

State Housing Opportunities for Persons with AIDS (HOPWA) funds will only support program participants in programs within Virginia's non-eligible metropolitan statistical area. 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 Homeless and Special Needs Housing Guidelines (2024-2026) for program specific eligible activities and requirements.

Minimum Eligibility Requirements:

Provider can be:

- Non-profit organizations (current on 990 filings)
- Units of local government
- Housing Authorities
- Planning District Commissions

Supplemental Application Questions:

1. Sponsor Information

- a. Agency Name: [Click or tap here to enter text.](#)
- b. Responsible Party (name of person completing application):
[Click or tap here to enter text.](#)

2. Homeless Management Information System (HMIS) Participation

- a. Does this agency/organization provide client level data to HMIS (or a comparable data base) that meets HUD HMIS data standards as required by the VHSP Guidelines?
[Choose an item.](#)
- b. Did the agency/organization pass the 2023 HMIS Audit?
[Choose an item.](#)
 - I. If no, describe any findings and corrective actions acknowledged within the last 24 months (if any).
[Click or tap here to enter text.](#)

3. Organizational/Agency Qualifications

- a. 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.](#)
- b. Program Staff Capacity: Provide a description of the program staff capacity to implement VHSP funded activities. Include experience, training certifications, and staff to program participant ratio.
[Click or tap here to enter text.](#)
- c. 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.](#)
- d. Financial Audits: When was the agency's last monitoring/audit visit? This can include HUD and agency financial audits.
[Click or tap here to enter text.](#)
 - I. Describe any findings and corrective actions acknowledged within the last 24 months (if any).
[Click or tap here to enter text.](#)

4. Program Administration

- a. Homeless Participation: Does the organization have representation from a homeless or formerly homeless individual on the board of directors or other equivalent policy-making entity?
[Choose an item.](#)

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- I. If no, does the organization have a plan to consult with homeless or formerly homeless individuals in considering and making policies and decisions regarding any facilities, services, or other assistance that receive funding?

Choose an item.

- b. 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.

- c. 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.

- d. 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.

- e. Are homeless assistance services available to the entire community? Include how the CoC/LPG ensures services for: 1. Households located in all areas of the CoC/LPG service area; 2. Singles/families, men/women, and the following harder to serve populations: sex offenders, large families, medically fragile, LGBTQ+, unaccompanied youth; 3. Households with accessibility concerns including language and mobility; 4. Households with limited or not personal phone or internet access.

Click or tap here to enter text.

- f. Leveraging mainstream resources: Provide a brief description of the services in place to assist persons in the programs with securing mainstream resources and ensuring housing stability.

Click or tap here to enter text.

- g. Diversion: Describe in detail how the program engages households in seeking diversion to identify safe housing options and solutions based on their available resources, not those of the homeless crisis response system.

Click or tap here to enter text.

- h. Client Information: Describe how the agency shares policies and rules with participants regarding confidentiality, client rights and responsibilities, termination, grievances, non-discrimination and equal opportunity, disability accommodations, and fair housing compliance.

Click or tap here to enter text.

5. 2023-2024 VHSP Funding Review

- a. If this agency/organization has a 2023-2024 VHSP funding agreement, provide a brief description of how the funds were used. Description should include the number of households served, program outcomes, expenditure rates, etc.

Click or tap here to enter text.

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- b. How does the project application propose to meet the three VHSP goals:
- 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

Click or tap here to enter text.

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

Click or tap here to enter text.

- d. Funding to Be used for (July 1, 2024 – June 30, 2025):

Base Activity Categories	Current Funding Amount	New Request Amount (B)	New # of Households to be served (C)	Average Cost Per Household (B ÷ C)
Street Outreach	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Coordinated Assessment	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Targeted Prevention	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Shelter Operations	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Rapid Rehousing	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

- a. NEW Request Amount Total = Click or tap here to enter text.

	Current Funding Amount	New Request Amount	
HMIS (limited to 5% of the Base categories)	Click or tap here to enter text.	Click or tap here to enter text.	
Administration (limited to 5% of the Base categories)	Click or tap here to enter text.	Click or tap here to enter text.	

- b. NEW Total DHCD Request Click or tap here to enter text.
- c. Total Match Click or tap here to enter text.
- a. How will match funds be used for this project? Click or tap here to enter text.
- d. Total Amount (Base Totals + HMIS + Admin + Match) = Click or tap here to enter text.

Attachments

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

- a. Annual Performance Report(s) from HMIS or comparable database **for existing VHSP funded programs** for the following date range: January 1, 2023 – December 31, 2023.
- b. Job Descriptions of Case Manager and Housing Locator Positions
- c. MOUs, If applicable, for any programs with sub-grantees
- d. Board Of Director Listing, if applicable
- e. Organizational Certifications and Assurances
- f. Proposed Match Form

Virginia Homeless Solutions Program funds require a 25 percent match. This is based on the total amount of funds requested. 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.

Local Assurances

- a. The Applicant acknowledges that information provided in this application is, to the best of their knowledge, true and correct.
- b. By checking the box, the applicant acknowledges and understands that although the Continuum of Care and the Continuum of Care Program Manager will review each application to be submitted in the 2024-2026 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 permits, the applicant assumes ultimate responsibility for preparing an accurate and complete application.
- c. 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.](#)
- d. Date: (MM/DD/YYYY) [Click or tap here to enter text.](#)