

Virginia Department of Housing and Community Development (DHCD)
VIRGINIA HOMELESS SOLUTIONS PROGRAM

SUPPLEMENTAL APPLICATION

2016-2018

Instructions: This form is required of all applicants. Completing this form does not commit the agency to apply for funding but is required for an agency to be considered. Please type responses and submit application electronically. The default for narrative sections is 11pt, Arial font. Please use the default fonts.

Submission Deadline:

March 4, 2016

All Supplemental Applications must be received electronically by the Continuum of Care Program Manager no later than 3:00pm on the submission deadline date.

Submit application to:

Yilla J. Smith

The Planning Council

ysmith@theplanningcouncil.org

SVHC 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 \$15.9 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, 2016 - June 30, 2017) 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, 2017 – June 30, 2018).

State Housing Opportunities for Persons with AIDS (HOPWA) funds will only support program participants in programs within Virginia's non-eligible metropolitan statistical area. Franklin is the only non-eligible metropolitan statistical area eligible for state funding under the SVHC CoC 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 homeless service and prevention programs. Please note there is a minimum contract amount of \$25,000 per grantee. DHCD will not enter into contracts with grantees for less than \$25,000.

Supplemental Applications along with all required attachments must be received electronically by the Continuum of Care Program Manager no later than 3:00pm on **March 4, 2016**.

This form is required of all new project applicants. Completing this form does not commit the agency to apply for funding, but is required for an agency to be considered.

Applicants should reference the Virginia DHCD *Virginia Homeless Solutions Program Guidelines (2016-2018)* for program specific eligible activities and requirements.

1. Sponsor and Project Information		
Project Name:		
DUNS Number:		
Name of Lead Agency/Organization (project sponsor):		
Mailing Address:		
Contact Person:		
Telephone:	Fax:	E-mail:
If you are submitting a project on behalf of a group of agencies/organizations, list below any agencies you are including in your proposal as sub-recipients or sub-contractors:		
Total Project Cost: \$	Total Funds Requested: \$	
Total Agency Budget	\$	
Funding to be used for:	Funding Requested \$	Anticipated # of households served <small>(July 1, 2016 – June 30, 2017)</small>
<input type="checkbox"/> Shelter Operations		
<input type="checkbox"/> Rapid Re-Housing		
<input type="checkbox"/> Veterans Rapid Re-Housing		
<input type="checkbox"/> Prevention/ Diversion		
<input type="checkbox"/> CoC Planning		
<input type="checkbox"/> Centralized/Coordinated Assessment		
Anticipated # of Households Served (By Jurisdiction)	<input type="checkbox"/> Norfolk _____ <input type="checkbox"/> Chesapeake _____ <input type="checkbox"/> Western Tidewater _____	

2. Homeless Management Information System (HMIS) Participation

Victim service providers that are funded under the Department of Housing and Urban Development (HUD) Supportive Housing Program are instructed not to complete this section, 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) 2

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

Yes
 No
 N/A DV Provider

3. 2014-2016 VHSP Funding Review

Does this agency/organization have a 2014-2016 VHSP funding agreement?

Yes
 No

If yes, provide a brief description on how the above 2014-2016 VHSP funds were used. Description should include the amount of funding received, the number of persons served, program outcomes, etc.

4. Local ESG Funds

Does this agency/organization receive local (Norfolk) Emergency Solution Grant (ESG) funding that is administered locally (not by DHCD)?

Yes
 No

If yes, complete the chart below listing funding activity categories, and amounts.

2015-2016 Norfolk Emergency Solution Grant Awards				
PROGRAM NAME	FUNDING CATEGORY	FUNDING ACTIVITY	FUNDED AMOUNT	TOTAL AWARDS

Provide a brief description on how local (Norfolk) Emergency Solution Grant funds were used. Description should include the number of persons served through February 1, 2016.



5. 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 SVHC's Vision that homelessness will be rare, brief and non –recurring.



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



3. **Anticipated number of households served:** Please provide the anticipated number of households served (July 1, 2016 – June 30, 2017) in the community by activity type (shelter, rapid re-housing, and prevention). The numbers served must be based on the spending plan and all anticipated resources.



4. **Average cost to serve a household:** Based on the anticipated number of households served (July 1, 2016- June 30, 2017) in the community by activity type (shelter, rapid re-housing, and prevention), provide the average cost per household served.

A large rectangular grey box used to redact the response to question 4.

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

A large rectangular grey box used to redact the response to question 5.

6. **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.

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7. **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.

A large rectangular grey box used to redact the response to question 7.

8. **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.

9. **Barriers:** Describe how the organization plans to address barriers to program entry and exit, including the removal of barriers for: large households of five or more children, LGBTQ households, two parent or single father households; and, persons with mobility limitations.

10. **Housing Locator:** Does the organization have a housing locator? If so, describe the job duties of this 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.)*

11. **Organizational Capacity:** Provide a description of the organizational capacity, to include governance, leadership, experience, and financial management.

12. **Program Staff Capacity:** Provide a description of the program staff capacity to include experience, training, and staff to program participant ratio.



6. Project Budget & Cost Efficiency

Cost Activity	DHCD Request	Match	Total
Shelter Operations	\$	\$	\$
Rapid Re-Housing	\$	\$	\$
Veterans Rapid Re-Housing	\$	\$	\$
Prevention	\$	\$	\$
Centralized/Coordinated Assessment	\$	\$	\$
CoC Planning (request limited to a maximum of 7% of the total request, CoC Lead Only)			
	\$	\$	\$
HMIS (request limited to a maximum of 5% of the total request)			
	\$	\$	\$
Administration (request limited to a maximum of 3% of the total request)			
	\$	\$	\$
TOTAL	\$	\$	\$

7. 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.

Proposed Match Source	Proposed Match Amount
* If using volunteer hours, please specify # of hours	** Multiply volunteer hours by \$5.00 per hour
Total	\$0.00

8. Attachments

There are a number of attachments required for this application. Please review the list of attachments below along with the Virginia DHCD Virginia Homeless Solutions Program Guidelines for more information.

Name of Attachment	Requirement	Attached
SVHC Funding Detail Request Sheet (available online at www.shrhomeless.org)	Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grantee Certification of Assurances	Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Descriptions (Case Managers and Housing Locator positions)	<i>If Applicable</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
M.O.U. (s)	<i>If Applicable</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Letter from Current Audit	Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Board of Directors List (with contact information)	Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
DHCD or HUD Monitoring Letter (in past 24 months)	<i>If Applicable</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Local Assurances

1. The applicant acknowledges that information provided in this application is, to the best of his/her knowledge, is true and correct.
2. 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 2016-2018 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.
3. If awarded funds, agency agrees to meet the minimum 75% participation requirement of the SVHC Program Monitoring Committee: Yes No
4. If awarded funds, agency agrees to meet the minimum 75% participation requirement of the SVHC General Membership: Yes No

A minimum of 75% meeting participation is required of every agency receiving state and federal funds for homeless assistance in order to ensure maximum performance, share resources and knowledge, and improve the efficiency of homeless services within the Continuum of Care. Agencies are required to report on outcomes, rate of expenditures and meet deadlines imposed by the funding agencies to complete annual applications.

Signature, Chief Executive Officer

Printed name and title

Date

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CERTIFICATIONS AND ASSURANCES

I, _____ (enter name), authorized representative of _____ (enter name of organization) 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 for the 2014-16 program years, 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:

Please check all applicable.

1.	<input type="checkbox"/>	The programs 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 type="checkbox"/>	The organization will provide all activities under the program in a manner that is free from religious influence.
3.	<input type="checkbox"/>	The organization will not require a fee or donation as a condition for receiving assistance.
4.	<input 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 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 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 type="checkbox"/>	The organization will maintain and operate under a standardized conflict of interest procedure for employees and members of the board.
8.	<input type="checkbox"/>	The organization will ensure the confidentiality of program participants.
9.	<input type="checkbox"/>	The organization will follow a board approved grievance policy.
10.	<input type="checkbox"/>	The organization will implement a plan to maximize mainstream resources toward meeting program participant needs.
11.	<input type="checkbox"/>	The organization will adhere to generally accepted accounting principles, generally accepted auditing standards, State and Local laws. Adhering to OMB Circulars A-87 and A-133.
12.	<input type="checkbox"/>	The organization will participate in the local CoC (or local planning group) centralized or coordinated assessment system.
13.	<input type="checkbox"/>	The organization has current HIMS licenses.
14.	<input type="checkbox"/>	The organization will meet all HIMS data standards.
	<input type="checkbox"/>	The organization agrees to participate in state data collection efforts.
14.	<input type="checkbox"/>	The organization is free of outstanding DHCD or other findings or issues.
15.	<input type="checkbox"/>	The organization has no unresolved IRS findings/issues.

Signature of Authorized Representative

Date

Title of Authorized Representative (print or type)

Last revised February 2014

