Central Virginia Continuum of Care (CVCoC)

Homeless and Special Needs Housing (HSNH) Application for

Housing Opportunities for Persons with AIDS (HOPWA)

2020-2022

**Please respond to the following questions completely and attach all requested documentation, as incomplete applications will NOT be considered for funding.** It is possible that an addendum will be provided to this application once DHCD releases the HSNH Program Guidelines for 2020-2022.

All applications should be emailed to Sarah Francis at francis@miriamshouseprogram.org by *Friday, February 28th at 5pm*. The application with addendums should be attached to one email with the subject line of, “CVCoC HSNH Application.” Applications late or incomplete will not be considered for submittal. Projects will be selected by the CoC Board on March 4, 2020 and will be notified within 48 hours of application decisions.

Please review the CVCoC [funding grievance procedure](https://static1.squarespace.com/static/5980d3fce58c621b60cca61f/t/5d67f88ee0d47900019e8643/1567094932553/CVCoC%2BPolicies%2Band%2BProcedures%2BFINAL%2B2.6.2019.pdf) if your organization wishes to file a grievance.

Organization: Click here to enter text.

Project Name: Click here to enter text.

Person submitting proposal: Click here to enter text.

HSNH Organizational Requirements:

1. My organization complies with program guidelines and applicable state and federal policies and procedures including compliance with non-discrimination laws. □ yes □ no
2. My organization does not engage in inherently religious activities such as worship, religious instruction or proselytization. □ yes □ no
3. My organization has established standard accounting practices including internal controls, fiscal accounting procedures and cost allocating plans and tracks agency and program budgets by revenue sources and expenses. □ yes □ no
4. My organization does not have outstanding audit findings, IRS findings, DHCD monitoring findings or other compliance issues. □ yes □ no
5. My organization has received DHCD funding since July 1, 2018 and if not is willing to undergo an organizational assessment by DHCD. □ yes □ no □ n/a
6. My organization is registered in CAMS and the financial management documentation is current. □ yes □ no

1. Provide evidence of your organization’s capacity to include governance, leadership, experience and financial management. Click here to enter text.
2. Provide a description of the program staff capacity to include experience, training and staff-to-program participant ratio. Click here to enter text.

Grant Financial Request:

1. Provide your proposed one year (2020-2021) activity budget to include line items for each eligible cost. For a complete list of eligible costs review DHCD’s Virginia Homeless and Special Needs Housing Funding Guidelines 2020-2022.
2. If you have received funding for this past grant period, attach your 2018-2019 project financial statements to include all income and expenses with line items for each eligible cost under the activity category.

Project Performance Outcomes:

1. If the program is already in existence, provide the following outcomes for July 1, 2018- June 30, 2019:
	1. The number of households served: Click here to enter text.
	2. The number of individuals served: Click here to enter text.
	3. Average length of time household received services: Click here to enter text.
	4. Percentage of households exiting to permanent housing: Click here to enter text.
	5. Percentage of households maintaining or increasing income while in project: Click here to enter text.
	6. Cost per household (including financial assistance, services provided, staff time, etc.) Click here to enter text.
2. Provide the expected number of households and individuals that will be served from July 1, 2020 to June 30, 2022. Click here to enter text.

Project Components:

1. How are HOPWA services coordinated with the Central Virginia Continuum of Care? Click here to enter text.
2. Describe the eligible activities to be provided by this project and how these complement services provided by the CVCoC. Click here to enter text.
3. What safeguards or provisions are in place to protect clients’ HIV/AIDS statuses from landlords and other third parties? Click here to enter text.
4. Describe how clients are connected with community resources and which community resources will be leveraged for the HOPWA program. Detail the other funding sources the agency has access to for housing individuals with HIV/AIDS. Click here to enter text.
5. How is data being used to inform program design? Click here to enter text.
6. How does or will your project leverage mainstream resources? Click here to enter text.

7. Discuss the capacity of staff to implement HOPWA funded activities. Include a list of applicable certificates of training for direct program staff. Click here to enter text.

Additional Requirements:

Please indicate your project’s compliance with the following requirements (every box must be checked in order to be eligible for DHCD HSNH funding):

* Coordination with other homeless services and homeless prevention providers
* Use of HMIS that meets HUD HMIS data standards (domestic violence programs and HOPWA may use another data system, but must meet all HUD HMIS data standards and reporting requirements)
* Completion of a housing barrier assessment and subsequent individualized housing plan that includes how participant will achieve greater housing stability

Additional Attachments:

In addition to the attachments requested above, please also provide:

* Organizational Certification and Assurances
* Job descriptions for case managers and housing locators
* Board of Director listing with affiliation
* Memoranda of Understanding, if applicable

All of the information submitted to the CoC Board of the Central Virginia Continuum of Care is a true representation of my project.

­­­­­­­­Signature of Project Representative Date

­­­­­­­­Signature of Organization Executive/CEO Date