Central Virginia Continuum of Care (CVCoC)

Homeless and Special Needs Housing (HSNH) Application for

Virginia Housing Solutions Program (VHSP)

2020-2022

**Please respond to the following questions completely and attach all requested documentation, as incomplete applications will NOT be considered for funding.**

All applications should be emailed to Sarah Francis at [francis@miriamshouseprogram.org](mailto: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.

Organization: Click here to enter text.

Project Name: Click here to enter text.

Eligible Activity Type: 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.

□ No □ Yes, attach organizational non-discrimination policy.

1. My organization does not engage in inherently religious activities such as worship, religious instruction or proselytization. □ No □ Yes
2. 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.

□ No □ Yes, attach financial policies.

1. My organization does not have outstanding audit findings, IRS findings, DHCD monitoring findings or other compliance issues. □ No □ Yes
2. My organization has not received DHCD funding since July 1, 2018 and is willing to undergo an organizational assessment by DHCD. □ No □ Yes □ n/a
3. My organization is registered in CAMS and the financial management documentation is current.

□ No □ Yes

1. My organization complies with the CVCoC Written Standards. □ No □ Yes
2. Provide evidence of your organization’s capacity to include governance, leadership, experience and financial management. Click here to enter text.
3. Describe your organization’s participation in the Central VA CoC including leadership roles such as chairing committees or working groups. Click here to enter text.
4. Provide proposed match amount (at least 25% of requested amount) and describe how your organization will secure the required match. Click here to enter text.

Grant Financial Request:

1. Provide your proposed one year (2020-2021) project 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. Click here to enter text.
2. If you have received funding for this past grant period, attach your most current 2019-2020 project financial statements to include all income and expenses with line items for each eligible cost under the activity category. Click here to enter text.

Project Performance Outcomes:

1. If the project is already in existence, provide the following outcomes for July 1, 2018- June 30, 2019 and please attach an APR from HMIS:
   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. In the CVCoC Written Standards there are expected performance outcomes for each project type funded through the CoC. Provide a narrative on whether or not your project met or did not meet these outcomes during the July 1, 2018- June 30, 2019 period. Provide information on how your project plans to meet these performance outcomes in the future if these were not previously met. Click here to enter text.
3. Provide the expected number of households and individuals that will be served from July 1, 2020 to June 30, 2021. Click here to enter text.

Project Components:

1. How does or will your project leverage mainstream resources? Click here to enter text.
2. Please describe how your project does or will participate in the local coordinated entry system. Click here to enter text.
3. Describe how your project does or will fulfill the goals of VHSP to prevent and divert households from becoming homeless, reduce the number of households who enter the homeless response system, shorten the length of time households experience homelessness and reduce the number of persons who return to homelessness. Click here to enter text.
4. Describe how your project implements a Housing First approach including specific examples of how the project provides low barrier access to housing and services, reduces program involuntary discharges, implements a voluntary service model, and emphasizes housing-focused services aimed at quickly attaining permanent housing. Attach your project’s Housing First Policy. Click here to enter text.
5. Describe in detail how your project is meeting the requirement to reduce barriers to services and the specific barriers that have been reduced. Are there any remaining barriers to services? For example, birth certificate or photo ID. If so, list what is the purpose of the requirement and what efforts does your organization make to assist households that cannot meet the requirement. Additionally, describe in detail how your project meets the Prohibition Against Involuntary Family Separation and Equal Access and Prohibited Inquiries requirements. Click here to enter text.
6. Provide a description of the program staff capacity to include experience, training and staff-to-program participant ratio. Include a list of the applicable certificates of training for direct program staff. Click here to enter text.
7. Please indicate your project’s compliance with the following requirements (every box must be checked in order to be eligible for DHCD HSNH funding):

* Full participation in coordinated entry system
* 100 percent of program participants assessed with community-based common assessment tool (CoC Intake Tool)
* 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)
* Timely referral of eligible households for homeless prevention assistance through coordinated entry
* Timely referral of eligible households for rapid re-housing through coordinated entry
* Documentation of program participant homeless status and services received
* Completion of a housing barrier assessment and subsequent individualized housing plan that includes how permanent housing will be maintained when assistance is terminated
* Adherence to a primary focus on quick placement into permanent housing
* Adherence to a secondary focus on housing stability
* A project representative is a member of the Community Case Review and attends 75% of the required meetings
* A homeless or formerly homeless person is a member of the governing body of the organization or similar decision-making body

Additional Attachments:

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

* Organizational Certification and Assurances
* Project rules and/or policies
* Job descriptions for any position funded through this application
* 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