

## 2019 FRCoC Application for VHSP Funding Coordinated Assessment/Entry

### Application Information

**Type of Application (select one):**

- Renewal (requesting level or reduced funding for existing project)
- Renewal with Expansion (requesting increased funding for existing project)

**Applicant**

Legal Name:

Type of Applicant:  Non-Profit  Housing Authority  PDC  Unit of Local Government

EIN/TIN:

Address:

**Application Contact**

Name:

Title:

Phone:

Email:

### Line-Item Budget

*Please complete line-item budget below. Budget amounts should reflect the VHSP request only. Other funding sources will be included on the Spending Plan (required attachment).*

*Note: Renewal projects can apply for renewal HMIS and Administration amounts up to the grantee's total FY19 HMIS and Administration amounts regardless of 5% and 3% caps. HMIS and Administration amounts across all FY20 project applications shall not exceed total FY19 HMIS and Administration amounts.*

*Expansion projects can apply for an HMIS expansion up to the amount where the combined renewal/expansion HMIS request is 5% of the combined renewal/expansion project subtotal and an Administration expansion up to the amount where the combined renewal/expansion Administration request is 3% of the combined renewal/expansion project subtotal.*

	Renewal Amount	Expansion Amount
<b>Coordinated Entry/Assessment</b>		
Hardware/Software		
Maintenance		
Occupancy Costs		
Salaries		
Supplies		
Travel		
Utilities		
Other (specify)		

<b>Subtotal</b>		
<b>HMIS (up to 5% of subtotal)</b>		
Computer Costs		
Fees and Licenses		
HMIS Staffing		
Training		
Other (specify)		
<b>Administration (up to 3% of subtotal)</b>		
Administration		
<b>Total</b>		

## Match

Please indicate sources of match. Match must equal 25% of requested amount and must be spent on eligible VHSP expenses, but does not need to be of the same VHSP Category as the request. Match must be from local or private sources. If the project is requesting partial or full waiver of the match requirement, please explain. (See Page 14 of the Virginia Homeless and Special Needs Housing Funding Guidelines for full explanation of the match requirement.)

Type	Source	VHSP Category	Amount
Choose an item.		Choose an item.	
Choose an item.		Choose an item.	
Choose an item.		Choose an item.	

## Narrative Responses

Provide a description that addresses the entire scope of the proposed project. Specifically, how will the project staff and operate a coordinated assessment process that aligns with the *FRCoC Coordinated Entry Policies & Procedures*? (Character Limit: 3,000)

If renewal funding is being requested, explain how the project continues to meet a community need. If expansion funding is being requested, explain how the additional funds will increase system capacity and justify the community need for additional capacity. Be sure to use data to justify your response. (Character Limit: 3,000)

Is there any unresolved monitoring or audit findings for any grants operated by the applicant or potential subrecipients? If yes, please explain. (Character Limit: 1,000)

Yes  No

## Attachments (once per agency)

Organizational Certifications and Assurances  
Board of Director Listing(s)