

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.

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
Coordinated Entry/Assessment		
Hardware/Software		
Maintenance		
Occupancy Costs		
Salaries		
Supplies		
Travel		
Utilities		
Other (specify)		
Subtotal		

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

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)