

2019 FRCoC Application for VHSP Funding Outreach; Emergency Shelter Operations; Rapid Re-Housing; Targeted Prevention

Please complete a separate application form for each outreach, emergency shelter operations, rapid re-housing, and targeted prevention project.

Application Information

Type of Project (select one):

- Outreach
- Emergency Shelter Operations
- Rapid Re-Housing
- Targeted Prevention

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
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Outreach		
Case Management		
Limited Support Services		
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		

	Renewal Amount	Expansion Amount
Emergency Shelter Operations		
Case Management		
Limited Support Services		
Maintenance		
Rent		
Security		
Supplies		
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		

	Renewal Amount	Expansion Amount
Rapid Re-Housing		
Housing Search & Placement		
Housing Stabilization Case Management		
Housing Stabilization Financial Assistance		
Housing Stabilization Services		
Rent Arrears		
Rent Assistance		

Service Location Costs		
Veteran Housing Stabilization Financial Assistance		
Veteran Rent Arrears		
Veteran Rent Assistance		
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		

	Renewal Amount	Expansion Amount
Targeted Prevention		
Housing Search & Placement		
Housing Stabilization Case Management		
Housing Stabilization Financial Assistance		
Housing Stabilization Services		
Rent Arrears		
Rent Assistance		
Service Location Costs		
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. (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. (Character Limit: 3,000)

Please indicate the breakdown of household types targeted by this project:

	Renewal	Expansion
Households with Children	%	%
Households without Children	%	%
Total	100%	100%

Certify that the project will adhere to the *FRCoC Coordinated Entry Policies & Procedures*, including the following requirements of the document:

- Follow the Housing First model
- Participate in the FRCoC Coordinated Entry Process and/or the Victim Service Coordinated Entry Process (including coordinated assessment for shelter/prevention and prioritization for rapid re-housing)
- Adhere to established project standards (including *FRCoC Rapid Re-Housing Policies & Procedures*)
- Collect data through HMIS or a comparable database

What percentage of households will be served through the Victim Service Coordinated Entry Process (including coordinated assessment for shelter/prevention and prioritization for rapid re-housing)?

	Renewal	Expansion
Households Served through Victim Service Coordinated Entry Process	%	%

Provide the following data. These numbers will be used to calculate anticipated number of households served by the project.

	Renewal	Expansion
Number of FTE Case Managers Dedicated to Project (could be fraction)		

Ideal Caseload for 1 FTE Case Manager	
Average Length of Stay for Project Participants	
Average Financial Assistance Cost per Household (RRH/Prevention Only)	
Shelter Beds for Households without Children (Shelter Operations Only)	
Shelter Beds for Households with Children (Shelter Operations Only)	
Shelter Units for Households with Children (Shelter Operations Only)	

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)