



Application

21136 - COVID-19 Emergency Funding Support: Continuum of Care CoC / Balance of State (BoS) Continuum of Care

21229 - FRCoC COVID-19 Emergency Funding Support: Continuum of Care CoC / Balance of State (BoS) Continuum of Care

COVID-19 Emergency Funding Support

Status: Editing

Submitted Date:

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## Primary Contact

**Name:**\* Ms. Sam Shoukas  
Salutation First Name Middle Name Last Name

**Title:** Continuum of Care Coordinator

**Email:** shoukas@gwregion.org

**Phone:**\* 540-642-1578  
Phone Ext.

Internal User

Date

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## Organization Information

**Organization Name:** George Washington Regional Commission

**Organization Type:** Regional Organization

**TAX ID:**

**DUNS#** 112966858

Physical Address

**Physical Address:** 406 Princess Anne Street

**City:**\* Fredericksburg Virginia 22401  
City State/Province Postal Code/Zip

<b>Phone:*</b>	540-373-2890	Ext.
<b>Fax:</b>	540-899-4808	
<b>Organization Website:</b>	<a href="https://www.gwregion.org/">https://www.gwregion.org/</a>	
Executive Director Information		
<b>First Name of ED</b>	Linda	
<b>Last Name of ED</b>	Millsaps	
<b>Email</b>	millsaps@gwregion.org	
<b>Phone #</b>	540-642-1580	
Organization Information		
<b>Service Area</b>	Caroline County, Fredericksburg City, King George County, Spotsylvania County, Stafford County	
<b>Organization's Mission Statement</b>	As the Regional District Commission, the mission of the George Washington Regional Commission is to coordinate planning to ensure economic competitiveness, reduce redundancy in government, improve efficiency, enhance services and improve implementation time of regional projects.	
<b>Select all programs your organization provides</b>	Other: If selected, provide detail	
<i>If "Other" was selected, provide name of other programs.</i>		
<b>Other Description</b>	Regional Planning	
<b>HUD Housing Counseling System Number</b>		

## Grant Point(s) of Contact

### Finance Information

<b>Name of Finance Contact*</b>	Michele	Dooling
	<small>First Name</small>	<small>Last Name</small>
<b>Title</b>	Director of Finance and Personnel	
<b>Email</b>	dooling@gwregion.org	
<b>Phone #*</b>	540-642-1565	Ext.

### Grant POC #1

<b>Name*</b>	Samantha	Shoukas
	<small>First Name</small>	<small>Last Name</small>

**Title** Continuum of Care Coordinator  
**Email** shoukas@gwregion.org  
**Phone #\*** 540-642-1578  
Ext

### Grant POC #2

**Name** Kate Gibson  
First Name Last Name  
**Title** Deputy Director  
**Email** Gibson@gwregion.org  
**Phone #** 540-642-1579  
Ext

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## Authorized Official

**Does the Organization want to identify an Authorized Official?** Yes

### Authorized official Information

**Name of Authorized Official** Samantha Shoukas  
First Name Last Name  
**Title** CoC Coordinator  
**Email** shoukas@gwregion.org  
**Phone #** 540-642-1578  
Ext

**Upload the completed Authorized Official Certification (if applicable)** 1590706692085\_OrganizationAuthorizedOfficialCertification\_6.22.15-signed.pdf

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## Agency Financial Status

**What was your 2019 fiscal year budget?** \$2,501,579.00

**Has your organization received additional Covid19 emergency funding?** No

**Is your organization currently experiencing capacity challenges such as a reduction of operating funds?** No

**How many days of Operating Funds does your organization currently have?** 30-60

**Have you had to lay off staff due to Covid19?** No

**Have you had to reduce staff hours due to Covid19?** No

**Have you had to reduce services due to Covid19?** No

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## Reduced Services

Service Type	Services have been reduced.
Housing Development	Not Applicable
Community Development	Not Applicable
Homeless Prevention	Not Applicable
Housing Choice Voucher	Not Applicable
Housing Counseling & Financial Management	Not Applicable
Lending	Not Applicable
Property Management	Not Applicable
Housing Training & Professional Development	Not Applicable
Supportive Housing & Services	Not Applicable
VHDA Homebuyer Education Provider	Not Applicable
Home Repair & Modification	Not Applicable

## Network Questions

As the CoC or LPG lead, will your organization utilize funding from this opportunity?	No
How many member organizations do you propose to receive funds through your application?	5
How many Member agencies make up your CoC or LPG?	55
How many of your member organizations are currently experiencing capacity challenges such as a reduction of operating funds?	3
How many of your member organizations had to lay off staff due to Covid19?	1
How many of your member organizations had to reduce staff hours due to Covid19?	1

## Participating Organizations

-	Organization Name	Allocation / Award	Organization's Certification
1	Empowerhouse	\$15,766.00	1590595339866_Empowerhouse CoC Certification.pdf
2	Loisann's Hope House	\$17,300.00	1590595339834_LHH CoC Certification.pdf
3	Micah Ecumenical Ministries	\$14,764.00	1590595339944_Micah CoC Certification.pdf

4	Rappahannock United Way, Inc.	\$4,020.00	1590595339912_RUW COC Certification.pdf
5	Thurman Brisben Center	\$23,150.00	1590595339975_TBC CoC Certification.pdf
6		\$0.00	
7		\$0.00	
8		\$0.00	
9		\$0.00	
10		\$0.00	
11		\$0.00	
12		\$0.00	
13		\$0.00	
14		\$0.00	
<b>Totals</b>		<b>\$75,000.00</b>	

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## Budget

Budget Item	Amount
Salaries & Fringe Benefits	\$37,399.00
Building Costs: Maintenance, rent, utilities	\$27,801.00
Insurance	\$9,800.00
IT: Contracted Services, Hardware, software	\$0.00
Communication: Phone & Internet, Postage	\$0.00
Marketing \ Printing	\$0.00
Supplies	\$0.00
<b>Totals</b>	<b>\$75,000.00</b>

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## Attachments

**Attach a copy of your Organization's W-9.**

1590706789869\_GWRC W9.pdf

*Attach a completed ACH form, including the requested canceled check, to be set up for electronic funds transfer. The ACH form can be downloaded [HERE](#)*

**Attach the ACH form.**

1590706789916\_ACH Form and Bank Letter.pdf

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## Certification

**I certify that my organization is an eligible non-profit or quasi government organization as stated in the funding opportunity.**

Yes

I acknowledged VHDA may conduct a review of how funds were spent to ensure proper accountability and compliance with program requirements. The findings of a review may serve as a basis for determining future grant funding. Grantees will be notified at least fifteen (15) days prior to reviews.

Yes

By electronically signing this application, I certify (1) that the statements contained are true, complete, and accurate to the best of my knowledge; (2) that I am authorized to submit this application on the agency's behalf; (3) that the Agency agrees to comply with all programmatic requirements set forth by VHDA; 4) that I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Yes

Name of person certifying.

Samantha Shoukas, CoC Coordinator



### Organization Authorized Official Certification

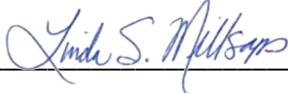
The Authorized Official is an individual in addition to the Executive Director that has the authority to authorize reports, invoices, and grant agreements. The Authorized Official is optional; however, if the agency identifies an Authorized Official, this form should be completed, signed by the Executive Director, and uploaded VHDA's Grant Management System.

Organization Name: George Washington Regional Commission

Name of Authorized Official: Samantha Shoukas

Title of Authorized Official: Continuum of Care Coordinator

Name of Executive Director: Linda Millsaps

Signature of Executive Director: 

Date: 5/28/2020



## COVID-19 Emergency Funding Support: CoC / LPG Certification

As a member of the Continuum of Care or Local Planning Group I certify that I have not applied or received VHDA COVID19 Emergency Funds through a direct application to VHDA or through another Continuum of Care or Local Planning Group application.

### Organization Name:

Empowerhouse

### Name:

Kathy Anderson

A handwritten signature in blue ink, appearing to read "Kathy Anderson", is written over a horizontal line.

### Title:

Executive Director

### Date:

5/24/2020

### Name of CoC / LPG

Fredericksburg Regional CoC





**COVID-19 Emergency Funding Support: CoC / LPG Certification**

As a member of the Continuum of Care or Local Planning Group I certify that I have not applied or received VHDA COVID19 Emergency Funds through a direct application to VHDA or through another Continuum of Care or Local Planning Group application.

**Organization Name:**

Loisann's Hope House

**Name:**

Lisa Crittenden

**Title:**

Chief Executive Officer

**Date:**

5/21/2020

**Name of CoC / LPG**

Fredericksburg CoC



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**Organization Name:**

**Name:**

**Title:**

**Date:**

**Name of CoC / LPG**

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As a member of the Continuum of Care or Local Planning Group I certify that I have not applied or received VHDA COVID19 Emergency Funds through a direct application to VHDA or through another Continuum of Care or Local Planning Group application.

**Organization Name:**

Rappahannock United Way

**Name:**

Janel S. Donohue

**Title:**

President

**Date:**

5/21/2020

**Name of CoC / LPG**

Fredericksburg Continuum of Care



## COVID-19 Emergency Funding Support: CoC / LPG Certification

As a member of the Continuum of Care or Local Planning Group I certify that I have not applied or received VHDA COVID19 Emergency Funds through a direct application to VHDA or through another Continuum of Care or Local Planning Group application.

**Organization Name:**

**Name:**

**Title:**

**Date:**

**Name of CoC / LPG**

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# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**George Washington Regiona Commission**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

**Other (see instructions) ▶ Non Profit Fiscal Agency**

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.  
**406 Princess Anne Street**

**6** City, state, and ZIP code  
**Fredericksburg, VA 22401**

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Social security number**

				-			-				
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**OR**

**Employer identification number**

5	4	-	0	7	1	5	9	6	9
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**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**    Signature of U.S. person     Date ▶ **5/28/19**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



Kenmore Office  
725 Kenmore Ave  
Fredericksburg, VA 22401

Ph: 540-371-0108

05/27/2020

Re: GEORGE WASHINGTON REGIONAL COMMISSION

To VHDA,

This letter is to confirm that GEORGE WASHINGTON REGIONAL COMMISSION has an active Money Market account with Atlantic Union Bank, routing# 051403164 account# 21003884.

If you have any questions, please contact our office at 540.371.0108.

Thank you.

A handwritten signature in black ink, appearing to read 'Laura Muntean', is written over a light blue horizontal line.

Sincerely,

Laura Muntean  
Financial Services Advisor II  
Atlantic Union Bank  
Kenmore Office  
540-371-0108