



Department of Veterans Affairs

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***Homeless Providers Grant  
and Per Diem Program  
Capital Grant  
Application***

***Section B1 - First Submission***

# **Capital Grant and Per Diem Application:**

## **Applicant Summary:**

Your Organization's Name:

	<b>Name</b>	<b>Phone</b>	<b>Fax</b>
Executive Director/CEO			
Person to contact about application			

Mailing Address (if different from agency address on form 424):

## **Veterans Integrated Service Network (VISN):**

In what VISN is your proposed project located? \_\_\_\_\_ (See map in appendix)

Have you coordinated with your VISN Council of Network Homeless Coordinators (CNHC) to ensure your project meets a need in your VISN? If yes, please provide the contact's name in the space provided below. If no, see the VISN CNHC List in the appendix and please contact your CNHC member.

My VISN CNHC Member is:

### **1. Eligibility to Receive VA Assistance:**

**Non Profit Organizations** must provide documentation of Accounting System Certification and Evidence of Private nonprofit Status. This should be accomplished by the following:

Providing documentation showing the applicant is a certified United Way Member Agency;

**OR**

Providing certification on letterhead stationery from a CPA or Public Accountant that the organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or that the organization has designated a qualified entity to maintain a functioning accounting system. If an entity is used their name and address must be included in the certification letter;

**AND**

Providing evidence of the nonprofit status of the organization by submitting a copy of their IRS ruling providing tax-exempt status under the IRS Code of 1986, as amended.

**2. Project Summary:**

Our Organization requests  from VA for the \_\_\_\_\_ of \_\_\_\_\_  
(Funds requested from VA) (Construction / Renovation / Acquisition)  
\_\_\_\_\_ to create: (check all that apply)  
(List building Address)

**TRANSITIONAL HOUSING**                       **SERVICE CENTER**

Our program will **request per diem assistance** upon completion of the project.

The total project cost is \_\_\_\_\_ (This is the amount requested from VA plus the remaining balance of funds required to complete the project.)

Does your organization have site control of the building proposed for this project:  Yes  No

**Service Provider and Geographic Area:** Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Non-Profit Organization  | <input type="checkbox"/> Consider agency to be a faith-based organization |
| <input type="checkbox"/> Indian-Tribal Government | <input type="checkbox"/> Rural project location                           |
| <input type="checkbox"/> State/Local Government   | <input type="checkbox"/> Urban project location                           |

**A. Target Populations** Below is a list of homeless veteran populations. Check those populations that you have targeted to be served as a part of this application. Keep in mind; there is an expectation that if you identify a population to be served, the specific services (including staff) and or housing that meet the needs of the identified populations should be addressed in the project plan section of this application. Failure to do so may decrease the overall score of the application.

- |   |  |
|---|--|
| <input type="checkbox"/> Female homeless veterans                   | <input type="checkbox"/> Homeless veterans and their families            |
| <input type="checkbox"/> Frail and elderly homeless veterans        | <input type="checkbox"/> Homeless veterans with substance abuse problems |
| <input type="checkbox"/> Terminally ill homeless veterans           | <input type="checkbox"/> Homeless veterans with dual diagnosis           |
| <input type="checkbox"/> Chronically mentally ill homeless veterans | <input type="checkbox"/> Veterans being released from prison             |
| <input type="checkbox"/> HIV positive population                    | <input type="checkbox"/> Disabled homeless veterans                      |
| <input type="checkbox"/> Veterans with PTSD diagnosis               | <input type="checkbox"/> Homeless veterans with mental illness           |
| <input type="checkbox"/> Native American homeless veterans          | <input type="checkbox"/> Other _____                                     |

(Please specify)

**B. Innovation of Project** Complete this block if you wish for your project to be considered as innovative. (See rules §61.13 (f) for innovative quality of proposal.)

Please consider this project for additional points for innovation because...

**C. Beds and Bedroom Breakdown**

All applicants must enter the requested information in the “projected level” column below. If this is a new component of an existing project, you must also complete the “current level” column. If this is a new project, please enter “N/A in the “current” column. Estimates should reflect the count when the project is fully operational.

<b>Projected Bedrooms, Beds, and Participants</b>	<b>(A) Current Level at the project site</b>	<b>(B) Projected Level</b>
<b>Beds and Bedroom Categories</b>		
1. Total number of bedrooms for <u>all</u> homeless persons		
2. Number of bedrooms for <u>just</u> homeless veterans		
3. Total number of beds for <u>all</u> homeless persons (include cribs and children’s beds)		
4. Number of beds for <u>just</u> homeless veterans		
5. If service center, number of anticipated non-repeat visits per month (number of different veterans per month)		
<b>Bed and Visit Request</b>	<b>Totals</b>	
1. Therefore, the number of beds we are asking VA to fund is...		
2. Therefore, the number of unique service center visits we are asking VA to fund is...		

**D. Project Narrative:**

Please provide a brief abstract of the project to include: The project design, supportive services provided, project collaboration with the VA and community, and any special population of homeless that will be served. Please indicate if the program is new or an expansion of current services. (Please answer in the space provided below.)

**2. Project Summary (cont.)**

**D. Project Narrative (cont.)** (Please answer in the space provided below.)

[Empty rectangular box for Project Narrative response]

**E. State/Local Government Applicants:**

Applicants who are states or local governments must provide a copy of any comments or recommendations by approved state and (area wide) clearinghouses pursuant to Executive Order 12372.

**3. Major Milestones (Timeline):**

You are reminded that 38 C.F.R. subpart 61.67 Recovery Provisions, paragraph (a) allows VA to recover grant funds from those grantees that withdraw from the program or fail to establish the project for which the grant was made after 3 years from the date of the award. With this in mind...

Please enter the number of estimated days from execution of the agreement that each of the milestones will occur. (e.g., If execution of agreement is 9/30/03 and it will take 30 days for item one, enter: 30 days. Enter N/A if the event is not part of the proposal. (Please answer in the space provided below.)

<b>Milestone</b>	<b>Days from Execution of Grant Agreement</b>
1. Close on purchase of structure or execution of lease	
2. Rehabilitation started	
3. Rehabilitation complete	
4. New construction started	
5. New construction complete	
6. Operations Staff Hired	
7. Residents begin to occupy	
8. Supportive Services Begin	

**4. Life Safety Code Notice:**

If awarded, as a condition of funding all entities receiving grants and or per diem under PL 107-95 must ensure that the project facilities meet the fire and safety requirements applicable under the Life Safety Code of the National Fire Protection Association as well as any local or state codes as required. Failure to meet this requirement may lead to loss of the award. It is suggested you take the cost of LSC improvements into account when preparing your budget and cost estimates for the project.

**5. Budget and Leveraging:**

In the chart below in column (A) enter the total cost of the project and in column (B) the amount requested from VA. (Note: column (B) amount cannot exceed 65% of column (A).)

Keep in mind that if selected for funding you are required to document cost according to the OMB Grant Management Circulars. The activities listed below are not inclusive of all of the items of cost in the circulars nor does their presence below constitute that they are fully allowable under the circulars' guidance. They are simply your requests to VA for a specific grant activity. Refer to the proper circular to determine if a cost is allowable.

**A. Budget Summary:**

Summary of Grant Funds Requested	Enter the amount requested for each activity.	(A) Total Cost of Project	(B) 65% of Total Cost Requested from VA
	1. Acquisition		
	2. Rehabilitation		
	3. New Construction		
	4. Total		

**B. Leveraging Summary:**

Enter in the chart below the cash value of documented cash and in-kind resources from other public (including Federal and State) and private sources that are committed to the project.

Non-VA Resources Brought to the Project	Resource	(A) Cash Value	(B) VA use only (Allowed Value)
	1. Applicant Cash		
	2. Third Party Cash		
	3. Third Party Non-Cash		
	4. Volunteer Time		
	5. Contribution of Building		
	6. Contributed Building Below Market Value		
	7. Contributed Leasehold Interest		
	8. Contributed Materials		
	Total of All Leveraging		

**C. Supporting Documentation:** Applicants that list the cash value of leveraged resources in the Leveraging Summary must document these resources on the appropriate organization letterhead stationary as outlined in the Assurances Section of this application (First Submission-pages 38 & 39.)



**6. Description of Need:**

The information you provide here will assist in the rating of your project. Please provide a short and descriptive narrative responding to each of the following items:

**A. How did you identify the need for this project?** (Please answer in the space provided below.)

**B. Estimate the total number of homeless veterans in your area that could be served by, or be eligible for, this program.** (Please answer in the space provided below.)

**C. List the sources of this information. Please be specific.** (Please answer in the space provided below.)

**D. What percentage or portions of this total number of homeless veterans (Question B) will be served by this proposed program?** (Please answer in the space provided below.)

**E. Describe any special characteristics or need of this group to be served to demonstrate understanding of the population.** (Please answer in the space provided below.)

7. **Targeting:**

A. **Settings**

The information you provide here will be used in rating targeting and quality of the project plan. Complete the chart below, estimating the percentage of project participants who:  
(Please answer in the space provided below.)

	Projected Percentage (must total 100%)
1. Regularly sleep in places not designed for, or ordinarily used as sleeping accommodations for human beings.	
2. Reside in an emergency shelter.	
3. Are otherwise homeless.	

B. **Description of “Otherwise Homeless”**: If Item A, line 3, is greater than 0%, explain how participants will meet VA’s homeless definition. (VA definition of homeless or homeless individual is located in the Rules and Regulations §61.1 Definitions section in the appendix. Please answer in the space provided below.)

If you described an “other wise homeless” population to be served, how will you determine that these individuals actually need your services (i.e., would spend the night in a shelter or on the street)?  
(Please answer in the space provided below.)

**7. Targeting (con't):**

**C. Outreach Plan:**

**Please describe how your agency will identify and serve homeless veterans by responding to the following 7 questions:**

- (1.) Briefly describe the veteran who would qualify for housing and/or services. Describe the process your agency will use to screen homeless people for veteran status.** (Please answer in the space provided below.)

- (2.) Describe how your agency will reach out to homeless people living on the streets or in shelters.** (Please answer in the space provided below.)

**7C. Targeting (cont.):**

**(3.) How will you identify where homeless people can be found?** (Please answer in the space provided below.)

**(4.) How will you sweep each site and engage the homeless to use your services?**

(Please answer in the space provided below.)

**7C. Targeting (cont.):**

**(5.) What initial services will you provide?** (Please answer in the space provided below.)

**(6.) In addition to outreach, are there other ways in which the homeless will access your services?**  
(Please answer in the space provided below.)

**7C. Targeting (cont.):**

**(7.) Describe, if applicable, the population that you will serve that will not be veterans.**

(Please answer in the space provided below.)

**8. Project Plan:**

**This is the portion of the application that describes your program, as VA Reviewers will focus on how the project plan addresses the goals. The project plan section consists of 8 areas.**

**Please keep your answers within the boxed space provided after each question.**

**Area 1 questions begin with the goal. Be sure to address the goal in your answers.**

**Area 1. The information you provide here should relate to the following goals:**

- 1. Residential stability of participants;**
  - 2. Increased skill level and/or income of participants; and**
  - 3. Greater self-determination of participants.**
- 

For each of the three goals listed above, describe in the space provided:

- a) The specific measurable objective(s) that will be used to assess the program's success;
- b) How you decided on the objective(s);
- c) How the success of the program will be evaluated on an ongoing basis; and
- d) How you will determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program more fully realize its objectives.

**BEGIN ON NEXT PAGE**



**8. Project Plan (cont.):**

**Area 1. (1a) The goal is residential stability of participants.** - - What is/are the specific measurable objective(s) that will be used to assess program success? (Please answer in the space provided below.)

**Area 1. (1b) The goal is residential stability of participants** - - How did you decide on the objectives? (Please answer in the space provided below.)

**8. Project Plan (cont.):**

**Area 1. (1c) The goal is residential stability of participants** - - How will the success of the program be evaluated on an ongoing basis? (Please answer in the space provided below.)

**Area 1. (1d) The goal is residential stability of participants** - - How will you determine whether program modifications are necessary, and if so how such changes will be implemented to make the program fully realize its objectives? (Please answer in the space provided below.)

**8. Project Plan (cont.):**

**ATTENTION APPLICANT! YOU ARE BEGINNING A NEW GOAL.**

**Area 1. (2a) The goal is increased skill level and/or income of participants** - - What are the specified measurable objective(s) that will be used to assess the program's success? (Please answer in the space provided below.)

**Area 1. (2b) The goal is increased skill level and/or income of participants** - - How did you decide on the objective(s)? (Please answer in the space provided below.)

**8. Project Plan (cont.):**

**Area 1. (2c) The goal is increased skill level and/or income of participants** - - How will the success of the program be evaluated on an ongoing basis? (Please answer in the space provided below.)

**Area 1. (2d) The goal is increased skill level and/or income of participants** - - How will you determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program fully realize its objectives? (Please answer in the space provided below.)

**8. Project Plan (cont.):**

**ATTENTION APPLICANT! YOU ARE BEGINNING A NEW GOAL.**

**Area 1. (3a) The goal is greater self-determination of participants** - - What are the specific measurable objective(s) that will be used to assess the program's success? (Please answer in the space provided below.)

**Area 1. (3b) The goal is greater self-determination of participants** - - How did you decide on the objective(s)? (Please answer in the space provided below.)

**8. Project Plan (cont.):**

**Area 1. (3c) The goal is greater self-determination of participants** - - How will the success of the program be evaluated on an on going basis? (Please answer in the space provided below.)

**Area 1. (3d) The goal is greater self-determination of participants** - - How will you determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program fully realize its objectives? (Please answer in the space provided below.)

**8. Project Plan (cont.):**

**Area 2. Describe the process for assessing the initial service needs of potential participants in the program as well as the process for assessing the ongoing needs of individuals once they become program participants.**

(Please answer in the space provided below.)

**8. Project Plan (cont.):**

**Area 3. Provide a brief description of the supportive services to be offered participants and the way in which supportive services will help participants meet the goals specified above. If the project will be providing case management, describe how case management services will be provided in the program. Include in the description the ratio of case managers to program participants.** (Please answer in the space provided below.)



**8. Project Plan (cont.):**

**Area 4. Describe (if applicable):**

- a) Why the proposed housing was selected in light of the population proposed to be served;**
- b) What process will be used for deciding in which units participants will live;**
- c) What role participants will have in operating and maintaining the housing; and**
- d) What responsibilities you and any sponsors or contractors will have in operating/maintaining the housing.**

(Please answer in the space provided below.)

**8. Project Plan (cont.):**

**Area 5. Describe how this program will enable participants to gain greater access to neighborhood activities, services, and institutions.** (Please answer in the space provided below.)

[Empty response area for Area 5]

**8. Project Plan (cont.):**

**Area 6. Describe how you will implement your program in accordance with your timeline.**  
(Please answer in the space provided below.)

**8. Project Plan (cont.):**

**Area 7. For applications proposing transitional housing, describe what permanent affordable housing will be available to participants upon leaving transitional housing and how participants will be readied for this event. (Please answer in the space provided below.)**

[Empty response area for Area 7]

**8. Project Plan (cont.):**

**Area 8. Describe any follow-up services that will be provided once participants leave transitional housing. Include specific services to be provided.** (Please answer in the space provided below.)

**9. Ability:**

The information you provide here will be used in the rating of ability criterion. Please provide the requested resumes and complete the questions that follow within the boxed space that follows each question.

**Note:** All applicants must complete Items A through H, while Items I through K should be completed as appropriate for the proposal.

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**Describe the capacity of the organizations involved in carrying out this proposal in terms of:**

**A. Experience of staff; please provide a one-page resume for each of your key personnel. (Attach here)**

**B. Describe the experience of your organization in engaging the participation of homeless veterans residing in places not ordinarily meant for human habitation or in emergency shelters;**

(Please answer in the space provided below.)

**C. Describe the experience of your organization in assessing the housing and supportive service needs of homeless veterans;** (Please answer in the space provided below.)

**9. Ability (cont.):**

**D. Describe the experience or your organization in accessing housing and supportive service resources, including entitlement benefits;** (Please answer in the space provided below.)

**E. Describe the experience of your organization in providing supportive services to homeless persons that aid them in achieving and maintaining stable long term housing, increasing their skill levels and income; and gaining more influence over their lives;** (Please answer in the space provided below.)

**F. Describe the experience of your organization's ability to provide for the special needs of veterans;** (Please answer in the space provided below.)

**9. Ability (cont.):**

**G. Describe the experience of your organization in monitoring and evaluating individuals' progress in meeting personal goals;** (Please answer in the space provided below.)

**H. Describe the experience of your organization in evaluating overall effectiveness of programs and using the evaluation to make improvements;** (Please answer in the space provided below.)

**I. If applicable, describe the experience of your organization in operating a rental assistance program;** (Please answer in the space provided below.)



**9. Ability (cont.):**

**J. For those applications involving operation/maintenance of a housing facility, describe the experience of your organization in operating housing for homeless persons.**

(Please answer in the space provided below.)

**K. For those applications involving rehabilitation or new construction, describe the experience of the organization in contracting for or overseeing the rehabilitation or construction of housing.**

(Please answer in the space provided below.)

**10. Coordination with other Programs:**

Please provide a description of each of the following in the box space provided:

**A. How was the planning of this program coordinated with other organizations that assist the homeless. List the primary agencies with which you work that serve homeless veterans. Describe the nature and duration of your relationship with them.** (Please answer in the space provided below.)

**B. How will program operations be integrated with existing services in the community (i.e., nonprofit organizations and governmental entities, including VA medical facilities, VA regional offices, and your VISN).** (Please answer in the space provided below.)

**10. Coordination with other Programs (cont.):**

**C. Attach here any VA or other coordination letters you have received in support of this project.**

**D. Describe your involvement in VA-community networking for homeless veterans (e.g., Community Homeless Assessment and Local Education and Networking Groups (CHALENG) for Veterans). Who is your closest VA Medical Center or VA Regional Office CHALENG Point of Contact with whom you have networked?** (If you have not networked with your CHALNG Point of Contact, see the CHALENG Contact Person List in the appendix and please contact him or her.) (Please answer in the space provided below.)

**11. Site Description:** (Please answer in the space provided below.)

**A. Address of agency and address of site(s) (if different than agency address):**

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**B. Type of Housing:** Check the one box that describes the type of living situation for participants.

- |  |   |
|--|---|
| <input type="checkbox"/> Dormitory             | <input type="checkbox"/> Shared apartment           |
| <input type="checkbox"/> Shared Bedroom        | <input type="checkbox"/> Single Family House        |
| <input type="checkbox"/> Single Room Occupancy | <input type="checkbox"/> Shared single family house |
| <input type="checkbox"/> Apartment             | <input type="checkbox"/> Other (describe below)     |

**OR**

- The site does not involve housing \_\_\_\_\_

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**C. Housing Setting or Service Center Setting:** (Please answer in the space provided below.)

1. Describe the neighborhood where the site is located (e.g., rural, urban, suburban; residential or commercial; prevalence of single family or multi-family dwellings);
2. How receptive the neighborhood residents are to a homeless facility; and
3. The site's accessibility to supportive services.

**11. Site Description (cont.):** (Please answer in the space provided below.)

**D. Photograph:** Attach a photograph of the site clearly showing the main entrance of the building(s) in the space provided below.



**E. Environmental:** Check any of the boxes that describe the site.

- |   |  |
|---|--|
| <input type="checkbox"/> On Historic Register                     | <input type="checkbox"/> Has high noise level  |
| <input type="checkbox"/> In flood plain                           | <input type="checkbox"/> Near railroad/airport |
| <input type="checkbox"/> Has hazardous waste                      | <input type="checkbox"/> Asbestos              |
| <input type="checkbox"/> Adjacent to major highway                | <input type="checkbox"/> Lead-based paint      |
| <input type="checkbox"/> Other potential problem (describe below) |  |

**It is suggested that you verify that your property is not on the state or local Historic Register before making any cost estimates as this could impact your projected budget.**

**11. Site Description (cont.):**

**F. Current Occupants:**

For proposals involving acquisition, rehabilitation, or demolition (with or without VA funds), fill in the chart below. Applicants who enter a number **greater than** zero in the "Total Number of Units Occupied" box must submit with this application (on not more than 2 double spaced typed pages) reasons for using units at this site that are occupied, and a plan for providing relocation assistance. (Then attach here.)

Type of Units	Total Number of Units Occupied at Application Submission
Dwelling	
Non-residential	

**Warning:** If any units are occupied (regardless of lease arrangements), there may be a need for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970 (42 U.S.C. 4601-4655). Costs associated with relocation assistance are operational costs, and as such are not allowable costs to be funded through the grant.

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**G. Demolition Plan**

All Applicants who include the cost of demolition of a building in the cost of construction must submit in the space below a demolition plan, which includes the extent and costs of existing site features to be removed. **Attention:** The cost of demolition cannot be included in the cost of construction unless the proposed construction is in the same location as the building to be demolished or unless the demolition is inextricably linked to the design of the construction project. (Please answer in the space provided below.)

**12. Site Design and Cost Estimates:** (Please answer in the space provided below.)

**A. Proposed Schematics:** Submit one set of schematic line drawings showing the basic layout of the proposed site as it would be following new construction, acquisition, remodeling, or renovation. Show total floor and room areas, designation of all spaces and size of all areas and rooms. It is not necessary to show mechanical systems detail in the schematic drawings. (Attach here)

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**B. Existing Buildings:** If the project involves acquisition, remodeling or renovation submit one set of schematic line drawings showing the current as-built layout of site. Show total floor and room areas, designation of all spaces and size of all areas and rooms. It is not necessary to show mechanical systems detail in the schematic drawings. Include a description (on not more than 2 double-spaced typed pages) of the buildings current use and type of construction. (Attach here after B)

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**C. Cost Estimate: Complete** Standard Form 424C, Budget Information - Construction Programs, located in the Forms section of this book. Note: After VA initially obligates funds for new construction, acquisition, remodeling or renovation, VA will not make revisions to increase the amount obligated. (Attach here after C)

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**13. Assurances:**

There are several assurance forms, which need to be completed. **IMPORTANT:** Please ensure that you have completed all assurances to VA in the requested format. If you fail to do so it may result in the rejection of your application at the threshold review. All applicants must provide the assurances listed below to VA. For items A through I, please complete the necessary blocks and sign where appropriate. For Items J through O, you must document these resources on letterhead stationary in the appropriate format described below. Construction programs must also complete Standard Form 424D Assurances Construction.

NO OTHER FORMAT WILL BE ACCEPTED AS EVIDENCE OF A FIRM COMMITMENT.

**13. Assurances (cont):**

All applicants must agree to the following assurances to VA as described below. No other format will be accepted as evidence of reasonable assurances. Warning: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure) shall apply to these assurances. Section 1001 of title 18 United States Code provides, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$ 10,000 or imprisoned not more than five years, or both.

**A. Services Benefiting Veterans**

If this proposal is funded applicant assures that upon completion of the project:

1. Programs so funded will be used principally to furnish to veterans the level of care for which the application was made at locations accessible to homeless veterans;
2. Vans so funded will be used principally for the purpose of providing supportive services to homeless veterans;
3. Not more than 25 percent of participants at any one time will consist of participants who are not receiving such services as veterans;
4. Services provided will meet standards prescribed by the Secretary of Veterans Affairs;
5. Referral networks will be maintained for, and aid will be given to, homeless veterans in establishing eligibility for assistance and obtaining services under available entitlement and assistance programs;
6. Confidentiality of records pertaining to homeless veterans will be maintained in accordance with applicable laws, Federal, State, and Local, (e.g., HIPAA, Privacy Act).

**B. Reports; Record Retention**

If this proposal is funded, applicants assure that any and all reports required by the Secretary of Veterans affairs shall be made in such form and contain such information as the Secretary may require. Applicant further assures that upon demand, the Secretary of Veterans Affairs has access to the records upon which such information is based.

**C. Title to Vest with Grantee**

If this proposal is funded, applicant assures that title to vans and/or sites constructed, acquired, expanded, remodeled and/or altered with grant funds, will be vested solely with the applicant.

**D. Continued Financial Support**

If this proposal is funded, applicant assures that adequate financial support will be available for the continued maintenance, repair and operation of the project or van funded by VA.

**E. Fiscal Control**

If this proposal is funded, applicant assures that it will establish and maintain such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the grant.

**F. Non-Delinquency**

This institution certifies that it is not delinquent on any Federal Debt and does not have any overdue or unsatisfactory response to an audit. Applicant, further assures that is not in default by failing to meet the requirements of any previous assistance from VA.

**G. Accuracy of Application Information**

All information submitted with this application is accurate, and does not contain any false, fictitious or fraudulent statement or entry.

**H. Applicant Cash Resources.**

If this proposal is funded, applicant will commit \_\_\_\_\_ of its own funds for \_\_\_\_\_ to be made available to the VA Homeless Providers Grant and Per Diem program. The funds will be available on \_\_\_\_\_.

**I. Compliance**

Applicant assures that it will comply with applicable requirements of 38 C.F.R. Part 61.

Signature of Authorized Certifying Official Title	Date Submitted
Applicant Organization	Date



**13. Assurances (cont):**

**NOTE:** THESE ASSURANCES **MUST** BE COMPLETED ON LETTERHEAD STATIONARY OF THE DONOR.

**NO OTHER FORMAT WILL BE ACCEPTED AS EVIDENCE OF A FIRM COMMITMENT.**

**J. Third Party Cash.**

If this proposal is funded, \_\_\_\_\_ will commit \$\_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ to be made available to the VA Homeless Providers Grant and Per Diem program. These funds will be made available on \_\_\_\_\_.

**K. Third Party Non-Cash Resources.**

If this proposal is funded, \_\_\_\_\_ will commit to make available \_\_\_\_\_ valued at \$\_\_\_\_\_ to the VA Homeless Providers Grant and Per Diem program proposed by \_\_\_\_\_. These resources will be made available to the VA Homeless Providers Grant and Per Diem program from \_\_\_\_\_ to \_\_\_\_\_.

**L.Volunteer Time:**

If this proposal is funded, \_\_\_\_\_ commit to provide \_\_\_\_\_ hours of volunteer time to provide \_\_\_\_\_ to the VA Homeless Providers Grant and Per Diem program proposed by \_\_\_\_\_. The value of these services is \$\_\_\_\_\_ based on a rate of \_\_\_\_\_.

**M. Contribution of a Building (maintain documentation of fair market value on file).**

If this proposal is funded, \_\_\_\_\_ pledges the building at \_\_\_\_\_ to the VA homeless facility. The building has a fair market value of \$\_\_\_\_\_. An appropriate independent third party made this assessment which is based on comparable properties in the area.

**N. Contribution of a Building to be Acquired at Below Market Value (maintain documentation of fair market value on file).**

If this proposal is funded, \_\_\_\_\_ commits the building at \_\_\_\_\_ for the VA Homeless Providers Grant and Per Diem program. The building is not now being used as a homeless facility. The building has a fair market value of \$\_\_\_\_\_. An appropriate independent third party made this assessment which is based on comparable properties in the area. The full purchase price of the building is \$\_\_\_\_\_. Therefore, the contribution is the difference between the fair market value and the purchase price, or \$\_\_\_\_\_.

**O.Contributed Materials.**

If this proposal is funded, \_\_\_\_\_ commits \_\_\_\_\_ for the VA Homeless Providers Grant and Per Diem program. The estimated value of this material is \$\_\_\_\_\_.

## Application Assembly Checklist

Place your application in the order of the checklist below and list the page numbers in sequence on both the application and on this checklist. The checklist will serve as your Table of Contents for your application package. A page number box is at the bottom center of each application page. On documents you have provided (i.e., assurances, resumes, etc.) please place these documents in their proper order as directed in the application (i.e., Attach Here) and number them in sequence. When finished your application should be sequentially numbered, beginning at the first page and continuing through the last one submitted.

Included Items	VA Page Numbers	Applicant Page Number
Application for Federal Assistance (Standard Form 424)	Located in Forms Section	
Application Receipt Form (VA Form 10-0361A)	Located in Forms Section	
Application Assembly Checklist	First Submission – page 41	
Applicant Summary - - First Submission	First Submission - page 1	
Veterans Integrated Service Network	First Submission - page 1	
Eligibility to Receive VA Assistance - - First Submission	First Submission - page 1	
Project Summary - - First Submission a. Target Populations b. Innovation of Project c. Beds & Bedroom Breakdown d. Existing Project Narrative	First Submission – pages 2 through 5	
Major Milestones (Timeline) - - First Submission	First Submission - page 6	
Budget and Leveraging - - First Submission a. Budget Summary b. Leveraging Summary	First Submission - page 7	
Description of Need - - First Submission	First Submission - page 8-9	
Targeting - - First Submission a. Settings b. Description of Otherwise Homeless c. Outreach Plan	First Submission - pages 10 through 14	
Project Plan - - First Submission Areas 1 through 8	First Submission – pages 15 through 28	
Ability - - First Submission a. Resumes of personnel b. Questions B through H (required) and I through K if applicable	First Submission – pages 29 through 32	
Coordination with other Programs - - First Submission a. Questions A, B, D b. Question C Letters of Support	First Submission – pages 33 & 34	
Site Description - - First Submission Areas A through G	First Submission – pages 35 through 37	
Site Design and Cost Estimates - - First Submission a. Areas A through D	First Submission – page 38	
Assurances - - First Submission Areas A through I Areas J through O on Letterhead Stationary	First Submission – pages 39 & 40	
OMB Forms -- Section D a. Standard Form 424A, Non-Construction Budget (if applicable) b. Standard Form 424B, Non-Construction Assurances (if applicable) c. Standard Form 424C, Construction Budget c. Standard Form 424D, Construction Assurances	Located in Forms Section	