



# Department of Veterans Affairs

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

### ***Section A - Instructions***

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VA Form  
JAN 2003

**10-0361-CG**

Supersedes all previous editions of VA Form 10-0361

## **SECTION A – GENERAL INFORMATION AND INSTRUCTIONS**

**Purpose and goals:** The purpose of the VA Homeless Providers Grant and Per Diem Program is to promote the development and provision of supportive housing and/or appropriate supportive services, including innovative approaches to assist homeless veterans in the transition from homelessness and to enable them to live as independently as possible. The goal of this program is to help homeless veterans, primarily those living in places not ordinarily meant for human habitation or in emergency shelters, to (1) achieve residential stability; (2) increase their levels and/or income; and (3) obtain greater self-determination. These goals are reflected in the application package and selection criteria for the program.

Residential stability refers to access to, and length of stay in, stable affordable housing. Achieving residential stability involves not only the availability of affordable, permanent housing, but also the success of the program in addressing the problems that led to the veteran becoming homeless. Those problems may involve mental illness, substance abuse, physical disabilities, unemployment, or other factors.

Increased skill level and/or income refers to the resources needed to enable persons to live as self-sufficiently as possible. For many homeless persons this involves actions to bridge the gap between current income and the cost of living. The gap could be closed through employment, a higher-paying job, or access to entitlement benefits. The likelihood of obtaining a job, or a higher-paying job, could be enhanced through job or skills training, or enrolling in General Equivalency Diploma (GED) or higher education courses. For homeless persons with mental or physical disabilities that are so severe as to rule out outside employment, the goal of increased skill level and/or income may involve actions to increase self-sufficiency in other ways (e.g., life skills training, increased income through employment within a project, or increased income through access to entitlement benefits).

Greater self-determination refers to increases in the influence that participants have on decisions-that affect their lives. Those increases may result from such actions as involvement in the development of his or her individual housing and supportive services plan (including developing personal goals), participating in resident advisory council meetings or other involvement in the development of program rules and procedures, involvement in program implementation through such activities as employment and volunteer services, and choice in selecting service providers.

**Measurable objectives:** To apply these goals to their proposed program, applicants must establish and include in their applications measurable objectives for each of the three goals. Applicants must also describe how their proposed programs will help them achieve these goals.

The measurable objectives established by each applicant are expected to vary based on the specific needs and characteristics of the homeless veterans proposed to be served as well as the specific program chosen. Where the population proposed to be selected has multiple or particularly difficult problems that need to be addressed, objectives should reflect realistic expectations.

The highest ratings under the quality of project plan criterion of the application will be awarded to applications containing project plans that describe specific measurable objectives for each of the common goals specified above, how the proposed housing and services will help residents

reach these goals, how the program's success will be evaluated, and how program modifications will be made, if necessary, as a result of this evaluation.

VA will not consider the level of expectations described in the objective in rating applications. That is, an application that contains realistic objectives that reflect the very dysfunctional nature of the population to be served will be treated the same as an application that contains more optimistic objectives that reflect a less dysfunctional population. VA specifically does not want the process of establishing measurable objectives to lead applicants away from serving homeless persons with the most serious problems. VA does want applicants for each program to adopt the three goals, carefully consider how they can achieve them through their proposed projects, establish measurable objectives to gauge whether they are achieving the goals and, if funded, periodically measure project results and, as necessary make program adjustments.

**Eligible activities:** Funds may be used to establish programs to furnish supportive services and supportive housing for homeless veterans, including:

1. Transitional housing (up to 24 months) with supportive services designed to enable homeless veterans to become as independent as possible;
2. Supportive services in a service center facility for homeless veterans not in conjunction with supportive housing; or
3. To purchase vans to provide outreach to or transportation for homeless veterans.

**Eligible applicants:** Public or nonprofit private entities are eligible to apply for grants and per diem payments, including states, metropolitan cities, urban counties, or other governmental entities, Indian tribal governments, and private nonprofit organizations.

**Life Safety Code Compliance:** All entities receiving grants and or per diem under PL 107-95 must 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.

**Grant award process:** VA will notify applicants within grouped categories according to the funding priorities set forth in the NOFA, if any. Applicants will then be ranked, within their respective funding category if applicable. The highest-ranked applications for which funding is available, within highest priority funding category if applicable, will be selected to receive a special needs grant in accordance with their ranked order. If funding priorities have been established and funds are still available after selection of those applicants in the highest priority group VA will continue to conditionally select applicants in lower priority categories in accordance with the selection method set forth in the regulations subject to available funding.

VA expects to announce these selections within 120 days of the application submission deadline. Such applicants will be subsequently notified of any additional project information necessary for grant award and the date of the deadline for submission of such information. If an applicant is unable to meet any conditions for grant award within the specified timeframe, VA reserves the right to not award funds and to use the funds available for other components of the Grant and Per Diem Program.

**Technical deficiencies:** VA will notify an applicant of any curable technical deficiencies in the application and the date by which these deficiencies must be corrected. If the applicant fails to submit the corrections within this period, VA will disqualify the application.

Curable technical deficiencies are items that are not necessary for VA review under the selection criteria (e.g., failure to submit a required certification). Applicants may not submit items that would improve the substantive quality of the application after the application deadline.

**Documentation and Public Access Requirements:** VA will ensure that documentation and other information regarding each application submitted are sufficient to indicate the basis upon which assistance was provided or denied. This material, including any letters of support, will be made available for public inspection for a five-year period beginning not less than 30 days after the award of the assistance. Material will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552) and VA's implementing regulation at 38 CFR § 1.553.

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## GENERAL INSTRUCTIONS FOR APPLICATION COMPLETION

**Components:** Funds are available for assistance in the form of grants to:

1. Construct structures to establish supportive housing facilities, facilities to provide supportive services, or to establish service centers;
2. Acquire, expand, and remodel/alter structures to establish new or expand existing supportive housing facilities, facilities to provide supportive services, or to establish service centers; or
3. For the procurement of a van.

A more detailed description of these components, including program requirements, is contained in the rule published in the Federal Register, 38 CFR part 61.0. A copy of these regulations is provided in the appendix of this application. Applicants must review the regulations before completing this application.

**Applying for more than one component:** Applicants who are applying for multiple components must submit separate applications for each component unless the applicant considers the components to be mutually dependent, in which case they should be submitted in a single application. Each application will be rated as a whole and not by its component parts. A weak component therefore, will reduce the rating of the application as a whole. When applying for multiple components, applicants must determine and indicate a priority order for the components in the event that funding may be offered for some but not all components.

**Van Requests:** Please note that there is a separate section for van requests. For organizations requesting funding for both transitional housing/service center and a van and wish to have their applications for each scored separately, individual project numbers will be assigned and therefore the applicant is required to provide proof of non-profit status and assurances for each separate project. If the applicant wishes to have all components scored as a whole then a single project number will be assigned and only one set of documentation will be required.

**Application deadline:** Only complete and timely applications will be considered for funding.

To be considered timely, the application must be received at the address and by the time and date specified in the Notice of Fund Availability (NOFA) published in the Federal Register. Applications received after the date and time published in the NOFA will not be accepted even if postmarked by the deadline date. Following the application deadline, applicants will be notified that their application has been received. To be considered complete all items requested in the grant application must arrive as a single application package. Materials arriving separately will not be included in the application package for consideration and may result in the application being rejected or not funded.

**Organization of the Application:** The application is composed of sequentially numbered single, print on one-side pages. This allows for easy removal of each individual page for copying and insertion into typewriters or printers. Not all pages are to be completed by all applicants. Applicants should pay close attention to the specific instructions in each section.

The application is divided into the following sections: (A) General Instructions, (B1) First Submission, (B2) Van Application, (C) Second Submission, (D) Forms, and (E) Appendices. The majority of the application has been formatted in a manner allowing all information and responses to be placed directly on the form. There will be a wide variety of response types.

Generally a combination of “Fill in the Blank” and “Narrative or Essay” has been used. Many questions have specific text box spaces for responses. Responses should be typed, by using a typewriter, computer, or word processor in the appropriate space provided unless otherwise indicated. **Font size should be 10 point or larger. Do not use the backs of the pages.** Materials may be duplicated as needed on white paper.

**Specific Instructions:** Specific Instructions are located at the beginning of each area with most areas being self-explanatory.

**Responses to Questions:** Please do not read “into” the questions. Simply, answer the questions in a direct manner. Be sure to answer all parts of the question. The questions are designed to provide an accurate view of the proposal to a review panel. The space that is provided is sufficient to complete an accurate response. If applicants find they are having trouble answering a question in the space provided, they should look at the response and eliminate what may be unnecessary information. Chances are that a following question will provide an opportunity to use the eliminated information.

**Information other than requested:** The application is designed to provide VA with sufficient information to determine eligibility and to assign rating points for each section criterion. Applicants must not include information other than that requested. Moreover, applicants are asked to be concise in presenting requested information and must not exceed the designated spaces provided for response or add additional pages unless the application specifically instructs the applicant to respond on additional pages.

**Definitions and References:** Definitions and references can be found in the Rules and Regulations provided in the appendices. Generally, subjects are self-explanatory or a reference is given as to where to obtain a specific topic explanation.

**Final Application Assembly:** An assembly checklist has been provided. The application must be assembled in the order shown on the assembly checklist. After the entire application is assembled:

1. Attach the cover sheet;
2. Number every page of the application sequentially using the applicant page number box;
3. Enter the appropriate page number of each form on the checklist;
4. If a form is not applicable, enter "NA" in the page column of the checklist;
5. Submit the original plus four (3) copies (on white paper);
6. **Do not punch holes in the application;**
7. **Do not submit the application in a loose-leaf binder;**
8. The same authorized representative of the organization who signed the assurances must sign the Standard Form 424.

**For further information:** If you have any questions regarding the VA Homeless Providers Grant and Per Diem Program, contact the Program Office at:

Mail Address: VA Homeless Providers Grant and Per Diem Program  
Department of Veterans Affairs  
10770 N. 46<sup>th</sup> Street, Suite C-100  
Tampa, FL 33617

Telephone (toll-free): 1-877-332-0334  
FAX (toll-free): 1-877-332-0335



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:

	Name	Phone	Fax
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 \$       .00       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 \$       .00       (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 space for Project Narrative]

**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	(A) Total Cost of Project	(B) 65% of Total Cost Requested from VA
1. Acquisition	\$ .00	\$ .00
2. Rehabilitation	\$ .00	\$ .00
3. New Construction	\$ .00	\$ .00
4. Total	\$ .00	\$ .00

**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	\$ .00	\$ .00
	2. Third Party Cash	\$ .00	\$ .00
	3. Third Party Non-Cash	\$ .00	\$ .00
	4. Volunteer Time	\$ .00	\$ .00
	5. Contribution of Building	\$ .00	\$ .00
	6. Contributed Building Below Market Value	\$ .00	\$ .00
	7. Contributed Leasehold Interest	\$ .00	\$ .00
	8. Contributed Materials	\$ .00	\$ .00
	Total of All Leveraging	\$ .00	\$ .00

**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.)

	<b>Projected Percentage (must total 100%)</b>
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.)

[Empty response area for Area 6]

**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.)

**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.)**

[Empty response area for describing follow-up services]

**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.)

**8. Ability (cont.):**

**D. Describe the experience of 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.)

**8. 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.)

**8. 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):**

---

**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
- 

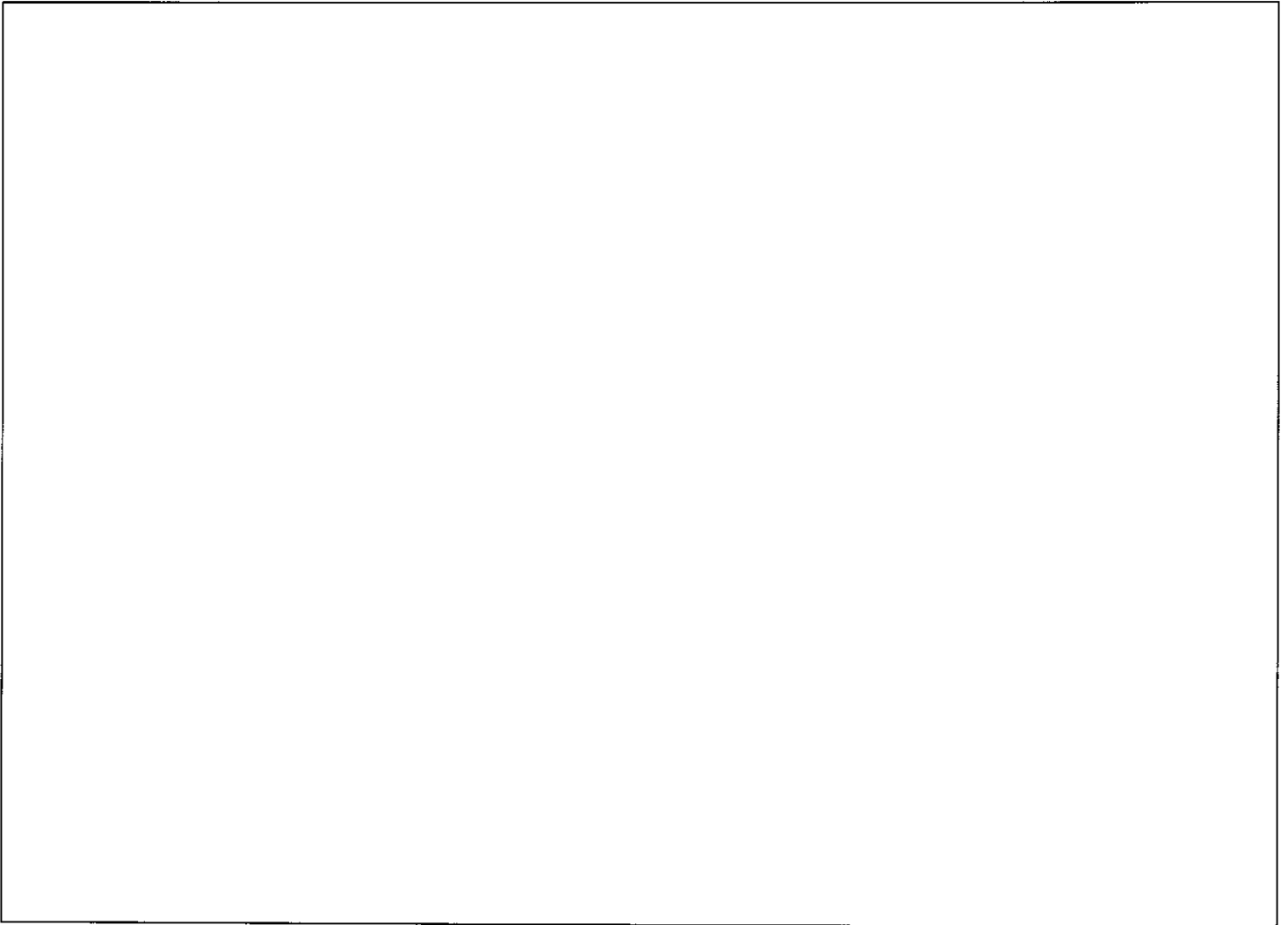
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**C. Housing Setting or Service Center Setting:** (Please answer in the space provided below.)

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 and/or are required by law. 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 in 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	





Department of Veterans Affairs

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

***Section B2 - Van Submission***

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VA Form  
JAN 2003

**10-0361-CG (VAN)**

# Capital Grant Van Application:

## Applicant Summary:

Your Organization's Name:

	Name	Phone	Fax
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 \$ \_\_\_\_\_ for the acquisition of \_\_\_\_\_ van(s). (Note: limit is 2 Vans).

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

**3. For Scoring Purposes:**

(Please refer to the General Instructions Section A: Applying for More Than One Component)

- The van(s) is a stand-alone request to be scored separately from any housing/service center applications.
- The van(s) application should be scored in conjunction with the agencies housing/service center application.

**A. Project Narrative:**

Please provide a brief abstract of how the van will be used to include: supportive services provided, project collaboration with the VA and community, and any special population of homeless that will be served.  
(Please answer in the space provided below.)

**B. 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):**

Please enter the number of estimated days and from execution of the grant agreement that it will take for van acquisition to occur. (e.g., If execution of agreement is 9/30/98 and it will take 30 days for item one, enter: 30 days.

Milestone	Days from Execution of Grant Agreement
Signing sales contract on van	

**4. Budget and Leveraging:**

**Grants for procurement of vans:** Amount. The estimated total costs of purchasing the van may include the purchase price, sales taxes, title and licensing fees.

In the chart below in column (A) enter the total cost of the van(s). Then multiply column (A) by .65 and place the resulting number in column (B).

**A. Budget Summary:** (Please answer in the space provided below.)

Summary of Grant Funds Requested	Enter the amount requested for each activity.	(A) Total Cost of Van(s)	(B) 65% of Total Cost Requested from VA
Van(s)		\$ .00	\$ .00

**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 acquisition. (Please answer in the space provided below.)

Non-VA Resources Brought to the Project	Resource	(A) Cash Value	(B) VA use only (Allowed Value)
	1. Applicant Cash	\$ .00	\$ .00
	2. Third Party Cash	\$ .00	\$ .00
	3. Third Party Non-Cash	\$ .00	\$ .00
	Total of All Leveraging	\$ .00	\$ .00

**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 (pages 10 & 11).

**5. 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. Identify the need for this van. Identify other sources of alternate public transportation available to homeless veterans in your 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, services provided by the van.** (Please answer in the space provided below.)

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

- D. Is the project you are requesting a van or vans for located on VAMC grounds? If, yes explain how the van will be used to link homeless veterans with services off of the VA property in the community.** (Please answer in the space provided below.)

**6. Targeting:**

**A. Outreach Plan: Describe how the van will facilitate outreach to homeless people living on the streets or in shelters. (Please answer in the space provided below.)**

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

**C. Describe, how frequently the van or vans will be used for outreach versus used as an appointment shuttle. (Please answer in the space provided below.)**

**7. Project Plan:**

**This is the portion of the application that describes your program. VA Reviewers will focus on how the project plan addresses the goals.**

**(1.) Describe how this van will help facilitate the delivery of initial service addressing the needs of homeless veterans as well as the ongoing needs of these individuals.**

(Please answer in the space provided below.)

**(2.) Describe how this van(s) will enable homeless veterans to gain greater access to neighborhood activities, services, and institutions.** (Please answer in the space provided below.)

**8. 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.

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

**A. Experience of staff; please provide one page resume of key personnel. (Attach here)**

**B. Describe the experience of your organization in providing outreach and/or transportation services to the homeless. (Please answer in the space provided below.)**

**C. Describe the experience of your organization's ability to provide transportation for physically disabled veterans. (Please answer in the space provided below.)**



**9. Coordination with Other Programs:**

- 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. Include, your coordination with Veterans Service Organizations, State and Local Share-a-Ride or similar type programs in your response.**  
(Please answer in the space provided below.)

- B. Attach any VA or other coordination letters you have received in support of this project. If you do not coordinate with other agencies, please explain (i.e., large mileage differences or only service agency).**

**10. VAN Description:**

- A. Address of agency requesting van acquisition and address of site where van will be located (if different than agency address):**

**B. Describe type of van(s) to be purchased. Include all options and or extra equipment that will be added to the van:** (Please answer in the space provided below.)

**11. 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 K, 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.**

**11. 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 in 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

11. 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 \_\_\_\_\_.

## 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.

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 12	
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. Project Narrative b. State and Local Govt. (if applicable)	First Submission – page 2	
Major Milestones (Timeline) - - First Submission	First Submission - page 3	
Budget and Leveraging - - First Submission a. Budget Summary b. Leveraging Summary	First Submission - page 3	
Description of Need - - First Submission	First Submission - pages 4	
Targeting - - First Submission	First Submission - pages 5	
Project Plan - - First Submission	First Submission – page 6	
Ability - - First Submission a. Resumes of personnel b. Questions A & B	First Submission – page 7	
Coordination with other Programs - - First Submission	First Submission – page 8	
Van Description - - First Submission Areas A and B	First Submission – page 8 & 9	
Assurances - - First Submission Areas A through I Areas J through K on Letterhead Stationary Standard Form 424C, Assurances Non-Construction	First Submission – pages 9 through 11	
OMB Forms - Section D a. Standard Form 424A, Non-Construction Budget b. Standard Form 424B, Non-Construction Assurances	Located in Forms Section	

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Department of Veterans Affairs

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

***Section C-Second Submission***

***NOTE: THIS IS NOT TO BE INCLUDED  
WITH FIRST SUBMISSION APPLICATION***

*Applicants conditionally selected as a result of the rating and ranking  
process will be required to submit this package at a later date.*

# **1. ACQUISITION, REHABILITATION AND NEW CONSTRUCTION DOCUMENTATION**

This will show the total amount of cash needed to carry out acquisition, rehabilitation and/or new construction and demonstrate to VA that the proposed activities are eligible. Applicants must submit one copy of this form for each project site.

## A. Acquisition

	Total Cost of Acquisition	Amount Requested From VA
1. Total amount to be paid for site, including closing costs;	\$	\$
2. Total amount to be paid of principal owed on property owned by the applicant that has not been used as a homeless facility.	\$	\$

To substantiate the amount entered on Line 2, include with this form, documentation indicating the balance owed on the loan, mortgage, or deed of trust. Applicants must keep on file a copy of the contract of sale, a copy of the loan agreement, mortgage agreement, or deed of trust.

State whether the seller, agent, or contractor has any involvement in the proposed project or relationship to any board members or staff of the grantee: (if yes, explain in an attached narrative)

NO  YES

B. Acquisition, Rehabilitation, and New Construction Applicants requesting VA funds for acquisition, rehabilitation, or new construction must include as part of this exhibit the following information for each site separately:

1. On not more than 2 double-spaced typed pages describe:
  - a. The nature, scope and square footage (of the proposed work)
  - b. If new construction, information demonstrating
    - (1) That the costs associated with the new construction are less than the costs associated with rehabilitation, **or**
    - (2) That there is a lack of available units to be acquired and rehabilitated at a cost less than new construction
2. Cost Estimate: A cost estimate prepared by a qualified person such as an architect, contractor or engineer that includes the cost of labor and materials by major trade items (e.g., plumbing, electrical, landscaping, etc.).
3. Attach Plans here.



## 2. MATCH AND FEASIBILITY

This will show the total amount of cash needed to carry out acquisition, rehabilitation, and/or new construction of a facility, and/or the purchase of a van. This form will also demonstrate to VA that the applicant has enough documented cash resources to carry out those activities. Complete the documentation on the next page to support each source. Enter all cash resources on the lines below if you have requested VA assistance for acquisition, rehabilitation and/or new construction. Applicants must submit one copy of this form for each project site or van request.

A. Request Breakdown	Total Cost of Project	Total Request from VA
1. Total acquisition cost	\$ .00	\$ .00
2. Total rehabilitation cost	\$ .00	\$ .00
3. Total new construction cost	\$ .00	\$ .00
4. Total capital lease cost	\$ .00	\$ .00
5. Total other expenses incurred during renovation, acquisition or construction (i.e. architectural, engineering costs, closing costs, etc.) Attach itemized list.	\$ .00	\$ .00
6. Total cost of van	\$ .00	\$ .00

B. 1) Total cost of project (acquisition, rehabilitation or new construction at <b>all</b> sites - if applicable.)	\$ .00
2) Total amount requested from VA (this amount may not be more than 65% of the amount listed on line B1)	\$ .00

C. List the match resources for acquisition, rehabilitation or new construction. This match must cover the percentage of the total cost of the van, acquisition, rehabilitation, or new construction not covered by the grant. This matching share shall constitute at least 35 percent of the total cost.

	Page No of Documentation	Amount (\$)	VA Use Only
1. Applicant Cash		\$ .00	
2. Federal Government Cash (Excluding VA cash)		\$ .00	
3. Local Government Cash		\$ .00	
4. State Government Cash		\$ .00	
5. Community Services Block Grant		\$ .00	
6. Community Development Block Grant		\$ .00	
7. Private Cash		\$ .00	
8. In-kind Contributions (materials)		\$ .00	
9. In-kind Contributions (property/facility)		\$ .00	
10. In-kind Contributions (labor)		\$ .00	
D. Total resources (Sum of lines C1 through C10)		\$ .00	

### **3. DOCUMENTATION OF MATCH**

Applicants requesting assistance for acquisition, rehabilitation and/or new construction must complete this. The form will demonstrate to VA that the applicant has enough cash to match the amount of VA funds requested for acquisition, rehabilitation and/or new construction activities. Resources listed in Match and Feasibility must be documented in the appropriate format described below on letterhead stationery and attached here. No other format will be accepted as evidence of a firm commitment.

NOTE: The matching funds must be cash resources provided to the project by one or more of the following: the applicant, the Federal Government, state and local governments and private resources.

---

#### A. Applicant Cash Resources

Date

(Applicant name) commits \$(amount) of its own funds for (type of activity, **e.g.**, acquisition, rehabilitation or new construction) to be made available to the VA Homeless Providers Grant and Per Diem program. The funds will be available on (date).

Signature of applicants authorized representative

#### A. Third Party Cash Resources.

Date

(Third party name) commits \$(amount) of its own funds for (type of activity, **e.g.**, acquisition, rehabilitation or new construction) to be made available to the VA Homeless Providers Grant and Per Diem program. The funds will be available on (date).

Signature of applicants authorized representative

#### B. In Kind Resources

In kind will be treated as cash resources but must relate to and be broken down by acquisition, renovation, or construction.

#### 4. SITE CONTROL AND ZONING

Submit one completed copy for each site (make copies as needed.)

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- A. Type of Site Control      Check the box beside the response that describes the applicant's form of site control and include the appropriate documentation, as follows:
- Deed or other proof of ownership
  - Executed contract of sale
  - Executed capital lease agreement
  - Executed option to purchase or lease
  - Under negotiation to obtain site (see Certification, part C)
  - Site control is not required because participants will own or control the site
- 

- B. Site Under Negotiation      If the site is under negotiation, the applicant must submit the certification below signed by the same authorized representative of the organization who signed the SF 424, indicating:

1. the name of the party with whom site control is being negotiated,
2. the address (street, city, state) of the site under negotiation, and
3. that site control is expected no later than one year after initial notification of award
4. Certification: (Applicant) certifies that it is currently engaged in negotiations with (name and address of owner, realtor, etc.) for the purpose of gaining control of the site at (address of site). We expect site control to be achieved by (date, no later than one year after initial notification of award).
5. Signature, title and date

- C. Evidence of Appropriate Zoning      Submit one completed copy for each site assisted with acquisition, rehabilitation, or new construction funds

1. A written statement on letterhead stationery from the unit of general local government in which the property is located indicating that the proposed use of the site is permissible under applicable zoning ordinances and regulations; or
2. A copy of the zoning ordinance, the zoning map, and the definition of the designated use; or
3. If the proposed site is zoned for a use other than that intended by the project, submit evidence that the zoning will be changed within one year following initial notification of award; or
4. Proof that a lawsuit or complaint related to the proposed site has been filed, or a commitment that it will be filed within three months of initial notification of award, challenging the legality of current zoning ordinances or regulations under the Fair Housing Act.

## **5. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

### **A. INSTRUCTIONS FOR CERTIFICATION PRIMARY COVERED TRANSACTIONS**

By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

1. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the determination of the Department of Veterans Affairs (VA) whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participating in this transaction.
2. The certification in this clause is a material representation of fact upon which reliance was placed when VA determined to enter into this transaction. If it is later determined that the prospective participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, VA may terminate this transaction for cause of default.
3. The prospective primary participant shall provide immediate written notice to VA if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact VA for assistance in obtaining a copy of those regulations.
5. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by VA.
6. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by VA, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, VA may terminate this transaction for default.

**5. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (cont.)**

**B. PRIMARY COVERED TRANSACTIONS**

**This certification is required by regulations implementing Executive Order 12549, Debarment and Suspension, and VA's implementing regulations at 38 CFR Part 44.**

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal department or agency;
  - (b) Have not within a three- year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity federal, state or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification such prospective participant shall attach an explanation to this proposal.

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Organization Name

Project Number

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Name and Title of Authorized Representative

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Signature of Authorized Representative

Date

**5. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS(cont.)**

**C. Instructions for Certification Lower Tier Covered Transactions**

By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, VA may pursue available remedies, including suspension and/or debarment.
2. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact VA for assistance in obtaining a copy of those regulations.
4. The perspective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by VA.
5. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, VA may pursue available remedies, including suspension and/or debarment.

**5. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (cont.)**

**D. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization Name Project Number

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Name and Title of Authorized Representative

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Signature of Authorized Representative Date

## 6. CERTIFICATION REGARDING DRUG-FREE WORKPLACE

### A. INSTRUCTIONS FOR CERTIFICATION DRUG-FREE WORKPLACE

By signing and/or submitting this, application or grant agreement, the grantee is providing the certification set out below.

1. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
2. For grantees other than individuals, Alternate I applies.
3. For grantees who are individuals, Alternate II applies.
4. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
5. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or state highway department while in operation, state employees in each local unemployment office, performers in concert halls or radio studios).
6. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308-11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;

Criminal drug statute means a federal or non-federal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including:

- (i) All direct charge employees;
- (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).



**THIS CERTIFICATION IS REQUIRED BY 38 CFR PART 44, VA'S REGULATIONS  
IMPLEMENTING THE DRUG-FREE WORKPLACE ACT OF 1988.**

- B. The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibitions;
  - (b) Establishing an ongoing drug-free awareness program to inform employees about--
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grantee's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will--
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of any conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - (e) Notifying the Agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--
    - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency;
  - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

C. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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Place of Performance (Street address, city, county, state, zip code.)

Check here if there are workplaces on file that are not identified here.

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Organization Name

Project Number

---

Name and Title of Authorized Representative

**7. CERTIFICATION REGARDING LOBBYING**

**THIS CERTIFICATION IS REQUIRED BY 38 CFR PART 45,  
VA's REGULATIONS IMPLEMENTING SECTION 319 OF PUBLIC LAW 101-121.**

The undersigned certifies, to the best of their knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$ 1 0,000 and of more than \$ 100,000 for each such failure.

Organization Name \_\_\_\_\_ Project Number \_\_\_\_\_

Name and Title of Authorized Representative \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

## Second Submission Assembly Checklist

Place your second submission in the order of the checklist below and list the page numbers in sequence on both the submission and on this checklist. The checklist will serve as your Table of Contents for your second submission package. A page number box is at the bottom center of each page. On documents you have provided (i.e., assurances, resumes, etc.) please place these documents in their proper order as directed (i.e., Attach Here) or if not specified place them immediately behind the appropriate section heading and number them in sequence. When finished your second submission should be sequentially numbered, beginning at the first page and continuing through the last one submitted.

Items	VA Page Numbers	Applicant Page Number
Second Submission Assembly Checklist	Second Submission – page 12	
Acquisition, Rehabilitation and New Construction Documentation	Second Submission – page 1	
Match and Feasibility	Second Submission – page 2	
Documentation of Match	Second Submission – page 3	
Site Control and Zoning	Second Submission – page 4	
Certification Regarding Debarment, Suspension, and other Responsibility Matters	Second Submission – pages 5 through 8	
Certification Regarding Drug-Free Workplace	Second Submission – pages 9 through 10	
Certification Regarding Lobbying	Second Submission – page 11	



Department of Veterans Affairs

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# ***Homeless Providers Grant and Per Diem Program***

## ***Section D – Forms Section***

These forms are to be used as necessary. All forms may not apply to the grant you are seeking.  
Consult the grant application for use of the proper forms.

**Standard Form 424**

**VA Form 10-0361A**

**Standard Form 424A**

**Standard Form 424B**

**Standard Form 424C**

**Standard Form 424D**

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**Forms to accompany the JAN 2003 10-0361 Series**

# Application for Federal Assistance

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	APPLICANT IDENTIFIER
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICANT IDENTIFIER
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
<b>5. APPLICANT INFORMATION</b>			
Legal Name:		Organizational Unit:	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): -		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es)  A. Increase Award   B. Decrease Award   C. Increase Duration D. Decrease Duration Other (specify): _____		A. State                      H. Independent School Dist. B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal        M. Profit Organization G. Special District        N. Other (Specify): _____	
		<b>9. NAME OF FEDERAL AGENCY:</b> <b>Department of Veterans Affairs</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>64 - 024</b> TITLE: <b>VA Homeless Providers Grant and Per Diem Program</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. Total	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed	

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item:  | Entry: | Item:   | Entry: |
|--|--------|---|--------|
| 1. Self-explanatory.   |        | 12. List only the largest political entities affected (e.g., State, counties, cities).  |        |
| 2. Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).   |        | 13. Self-explanatory.   |        |
| 3. State use only (if applicable).   |        | 14. List the applicant's Congressional District and any District(s) affected by the program or project.   |        |
| 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.   |        | 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |        |
| 5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.  |        | 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.   |        |
| 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.   |        | 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.   |        |
| 7. Enter the appropriate letter in the space provided.   |        | 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)   |        |
| 8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br><br>-- "New" means a new assistance award.<br><br>-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br><br>-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |        |   |        |
| 9. Name of Federal agency from which assistance is being requested with this application.  |        |   |        |
| 10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.  |        |   |        |
| 11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.  |        |   |        |



# *Department of Veterans Affairs*

## APPLICATION FOR VA HOMELESS PROVIDERS GRANTS RECEIPT FORM

If you wish to receive written verification that your application was received by the deadline established in the notice of fund availability, type or print your name and address in the block provided below and attach this form on the top of the original application. The bottom portion will be completed by the Department of Veterans Affairs (VA) and the form returned to you.

NOTE: VA will use the name and address listed on your SF (Standard Form) 424 for all further correspondence.

Department of Veterans Affairs  
Mental Health and Behavioral Sciences

NAME AND ADDRESS:

### VA USE ONLY

- Your application for the VA Homeless Providers Grant and Per Diem program was not received by the application deadline specified in the Notice of Fund Availability, and cannot be considered for funding.
  
- Your application for the VA Homeless Providers Grant and Per Diem program was received in this office by the established deadline. It has been assigned the following project number:

PROJECT NUMBER:

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 0348.004

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5. Totals		\$	\$	\$	\$	\$
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)	(4)	Total (5)	
a. Personnel	\$	\$	\$	\$	\$	
b. Fringe Benefits	\$	\$	\$	\$	\$	
c. Travel	\$	\$	\$	\$	\$	
d. Equipment	\$	\$	\$	\$	\$	
e. Supplies	\$	\$	\$	\$	\$	
f. Contractual	\$	\$	\$	\$	\$	
g. Construction	\$	\$	\$	\$	\$	
h. Other	\$	\$	\$	\$	\$	
i. Total Direct Charges (sum of 6a-6h)	\$	\$	\$	\$	\$	
j. Indirect Charges	\$	\$	\$	\$	\$	
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$	
7. Program Income	\$	\$	\$	\$	\$	

Standard form 424A (Rev. 7-9)  
Prescribed by OMB Circular A-

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**SECTION C - NON FEDERAL RESOURCES**

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1 <sup>st</sup> Year	FUTURE FUNDING PERIODS (Years)			
		1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$	\$	\$	\$	\$
15. TOTAL (sum of lines 13 & 14)	\$	\$	\$	\$	\$

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.	\$	\$	\$	\$
18.	\$	\$	\$	\$
19.	\$	\$	\$	\$
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

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## INSTRUCTIONS FOR THE SF - 424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.  
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

### General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of section B.

### Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in Column (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

### Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in (e) and (f).

For *supplemental grants and changes to existing grants*, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

**Line 5** - Show the totals for all columns used.

### Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

**Line 6a-i** - Show the totals of Lines 6a to 6h in each column.

**Line 6j** - Show the amount of indirect cost.

**Line 6k** - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease shown in columns (1)-(4), Line 6k should be the same as the sum of the amounts in section A, Columns (e) and (f) on Line 5.

**Line 7** - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, show under the program

## INSTRUCTIONS FOR THE SF-424A (Continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

### Section C. Non-Federal Resources

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

### Section D. Forecasted Cash Needs

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

### Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

### Section F. Other Budget Information

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

At the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of the project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §§276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply, with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §§470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.)
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in the construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will Comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIATION	DATE SUBMITTED

**BUDGET INFORMATION - Construction Programs**

*NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.*

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$	\$	\$
2. Land, structures, rights-of-way, appraisals, etc.	\$	\$	\$
3. Relocation expenses and payments	\$	\$	\$
4. Architectural and engineering fees	\$	\$	\$
5. Other architectural and engineering fees	\$	\$	\$
6. Project inspection fees	\$	\$	\$
7. Site work	\$	\$	\$
8. Demolition and removal	\$	\$	\$
9. Construction	\$	\$	\$
10. Equipment	\$	\$	\$
11. Miscellaneous	\$	\$	\$
12. SUBTOTAL (sum of lines 1-11)	\$	\$	\$
13. Contingencies	\$	\$	\$
14. SUBTOTAL	\$	\$	\$
15. Project (program) income	\$	\$	\$
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$	\$	\$
<b>FEDERAL FUNDING</b>			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter the resulting Federal share.	Enter eligible costs from line 16c Multiply X _____%		\$

## INSTRUCTIONS FOR THE SF-424C

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This sheet is to be used for the following types of applications: (1) "New" (means a new [previously unfunded] assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal Government's financial obligations or contingent liability from an existing obligation). If there is no change in the award amount, there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to effect minor (no cost) changes. If you have questions, please contact the Federal agency.

Column a. - If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATION."

If this application entails a change to an existing award, enter the eligible amounts approved under the previous award for the items under "COST CLASSIFICATION."

Column b. - If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is not allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs.

If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from column a.) reflected in this application.

Column. - This is the net of lines 1 through 16 in columns "a." and "b."

Line 4 - Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line 5 - Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line 6 - Enter estimated engineering inspection costs.

Line 7 - Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.

Line 9 - Enter estimated cost of the construction contract.

Line 10 - Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line 11 - Enter estimated miscellaneous costs.

Line 12 - Total of items 1 through 11.

Line 13 - Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)

Line 14 - Enter the total of lines 12 and 13.

Line 15 - Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 - Subtract line 15 from line 14.

Line 17 - This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, column "c." by the Federal percentage share (this may be up to 100 percent; consult Federal agency for Federal percentage share) and enter the product on line 17.

Line 1 - Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchases of land which is allowable for Federal participation and certain services in support of construction of the project.

Line 2 - Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line 3 - Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

## ASSURANCES - CONSTRUCTION PROGRAMS

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** As the duly authorized representative of the applicant, I certify that the applicant:

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.



11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.

14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the

National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED



Department of Veterans Affairs

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

***Section E – Appendices***

**Program Rules and Regulations  
VISN Contact List  
CHALENG Contact List**

**COMMUNITY HOMELESSNESS ASSESSMENT, LOCAL EDUCATION AND NETWORKING GROUPS (CHALENG) FOR VETERANS - VAMC/VAOPC**

Name	Title/Program	Facility/Station Number	Address	City/State/Zip	Phone	Fax
<b>VISN 1</b>						
Stanley Jenkins, MSW	Homeless Coordinator	VA Medical Center -523	150 S. Huntington Ave.	Boston, MA 02130	617-371-1831	617-278-4477
Nancy Buck, MSW, Ph.D. (122)	HCHV Program Coordinator	VA Medical Center -689	950 Campbell Avenue	West Haven, CT 06516	203-931-4034	203-937-3821
Dennis Tuttle	HCHV Coordinator	VA Medical & Regional Office -402	One Veterans Center	Togus, ME 04330	207-329-5981	207-623-5780
Martin B. McNamara, MSW	Chief, Domiciliary Care	Edith N. Rogers Vet. Hosp. -518	200 Springs Road	Bedford, MA 01730	781-687-2721	781-275-7500 ext 521
See Stanley Jenkins above		VA Medical Center -525	940 Belmont Street	Northampton, MA 02401	508-583-4500 ext. 1122	508-583-4500 ext. 2592
James J. Mahoney, MSW	Homeless Coordinator	VA Medical Center -631	421 North Main Street	Northampton, MA 01060	413-785-0061	413-785-0062
Bruce Bissett, MSW	Homeless Program Specialist	VA Medical Center -608	718 Smyth Road	Manchester, NH 03104	603-624-4366 ext. 6041	603-626-6503
Richard T. Synnot, MSW (122)	Coordinator, Homeless Veterans Program	VA Medical Center -650	Davis Park	Providence, RI 02907	401-253-8000 ext. 528	401-254-2076
Collin Drake, MSW (122)	Social Worker	VA Med. & Regional Office -405	215 North Main Street	White River Junction, VT 05009	802-295-9363 ext. 5081	802-296-5150
Peter McMullen, R.N. (116A3)	Homeless Veterans Service Coord.	VA Medical Center -627	555 Willard Ave	Newington, CT 06111	860-594-7327	860-667-6842
<b>VISN 2</b>						
Julie Laurenzi, CSW-R, ACSW	Homeless Coordinator	Samuel Stratton VA Med Ctr -500	170 Ontario Street	Albany, NY 12206	518-434-1015	518-434-0043
see Robert Van Keuren (below)		VA Medical Center -514	Argonne Avenue	Bath, NY 14810		
Steve Mortimer, MSW	HCHV Coordinator	VA Satellite Opt. Clinic	465 Westfall Rd	Rochester, NY 14620-4645	716-242-0160 ext. 2223	716-241-2084
Jean Dittman, MSW (116-F)	Community Day Prgm Service Line Mng	VA Medical Center -528	3495 Bailey Ave	Buffalo, NY 14215	716-551-3800	716-551-3983
Robert Van Keuren (001A)	Network 2 Homeless Veterans Prog Coord	VA Medical Center -532	400 Fort Hill Avenue	Canandaigua, NY 14424	716-393-7413	716-393-7629
Frank Ermenwein, ACSW (116A2)	HCHV Coordinator	VA Medical Center -670	1031 E. Fayette Street	Syracuse, NY 13210	315-448-7608	315-448-7610
<b>VISN 3</b>						
Joseph Macaluso, CSW (00MH)	Homeless & Community Programs Dir.	VA Medical Center -526	130 W. Kingsbridge Rd.	Bronx, NY 10468	718-579-2142	718-579-3363
Julie Irwin, CSW (630 GC) see below (Montrose)	Coordinator, Torch Program	VA Health Care Center -527	40 Flatbush Ave. Ext.	Brooklyn, NY 11201	718-439-4345	718-439-4356
Linda Coulter, CSW	Homeless Services Coordinator	VA Hudson Valley HCS	P. O. Box 100 Bldg 52	Montrose, NY 10548	914-737-4400 ext. 3740	914-788-4362
See Julie Irwin above						
John A. Speardeo, MSW (122)	Chief, Social Work Service	VA Medical Center -630	312 West 36th Street	New York, NY 10018		
John Kuhn	Chief, Domiciliary Programs	VA Medical Center -632	79 Middleville Road	Northport, NY 11768	631-261-4400 ext. 7031	631-754-7974
East Orange VAMC	CHALENG POC is same as Lyons VAMC	VA Medical Center -604	151 Knollcroft Road	Lyons, NJ 07939	908-647-0180 ext. 6008	908-604-5850
<b>VISN 4</b>						
Loveta Ford, MSW (122)	HCHV Coordinator	VA Medical Center -645	7180 Highland Drive	Pittsburgh, PA 15206-1297	412-365-5784	412-365-5778
Kent Johnson LCGSW	Homeless Veterans Coordinator	VA Medical & Regional Office -460	1601 Kirkwood Highway	Wilmington, DE 19805	302-633-5286	302-633-5266
Sandy Workowski, MSW	Homeless Veterans Coordinator	James E. Van Zandt VAMC -503	2907 E. Pleasant Valley	Altoona, PA 16602-4377	814-943-8164 ext. 7640	814-940-7898

Sandra Beahn, MSW (55)	Social Worker	VA Medical Center -529	325 New Castle Road	Butler, PA 16001-2480	724-477-5033	724-477-5034
Steven M. Chambers, Psy.D. (116D)	Coord., Domiciliary Homeless Program	VA Medical Center -542	1400 Black Horse Hill Rd	Coatesville, PA 19320	610-384-7711 ext. 5610	610-383-0283
Richard Peretto	HCHV Coordinator	VA Medical Center -562	1001 State Street	Erie, PA 16504	814-874-0392	814-456-5464
Jeanne K. Lanzky, ACSW, LSW	HCHV Coordinator	VA Medical Center -595	1700 S. Lincoln Avenue	Lebanon, PA 17042	717-272-6621	717-272-7747
Charles R. Martin, MSS (116-7E)	Coordinator/Clinician, HCHV Program	VA Medical Center -642	University & Woodland Avenues	Philadelphia, PA 19104	215-823-4095/pager	215-823-5919
Mary Rooney, LSW (116S)	HCHV Coordinator	VA Medical Center -693	1111 East End Blvd.	Wilkes-Barre, PA 18711	570-824-3521 ext. 7698	717-821-7299
Richard Campbell, B.A.	Social Science Program Specialist	Louis A. Johnson VAMC -540	1 Medical Center Drive	Clarksburg, WV 26301	304-623-3461 ext. 3353	304-623-7666
University Dr. VAMC	CHALLENGE POC is same as Highland Dr. VAMC					
V/5N 5						
see Dale Smith (below)		VA Medical Center -512	10 North Greene Street	Baltimore, MD 21201	410-605-7263	410-605-7926
see Dale Smith (below)		VA Medical Center -566	9600 North Point Road	Fort Howard, MD 21052	410-687-8622	410-687-8960
Dale Smith, M.A.	Director, DCHV Program	VA Medical Center -641	Domiciliary	Perry Point, MD 21902	410-642-2411 ext.6516	410-642-1852
Ella J. (Kit) Angell	HCHV Coordinator	VA Medical Center -688	50 Irving Street, NW	Washington, DC 20422	202-745-8000 ext. 7633	FTS 700-921-8239
	DCHV Coordinator	VAMC, Domiciliary 502 -613	Route 9	Martinsburg, WV 25401	304-263-0811 ext. 4537	304-264-3980 ext. 4990
V/5N 6						
Bob Williamson, MSW	Social Work Service	VA Medical Center -558	508 Fulton Street	Durham, NC 27703	919-286-6974	919-286-6825
Sylvia Portener, MSW (122)	Coordinator, Homeless Program	VA Medical Center -637	1100 Tunnel Road	Ashville, NC 28805	828-298-7911 ext.5439	828-299-5804
Eugene Paul, MSW	Homeless Coordinator	VA Medical Center -565	2300 Ramsey Street	Fayetteville, NC 28301	910-822-7971	910-822-7927
Joseph A. Dennison, MSW, MSM (11E)	HCHV Coordinator	VA Medical Center -659	1601 Brenner Avenue	Salisbury, NC 28144	704-638-9000 ext.3147	704-638-3329
David R. Wall, MSW (122)	HCHV Coordinator	VA Medical Center -590	100 Emancipation Road	Hampton, VA 23667	757-722-9681 ext. 2137	757-726-6035
Wendell Litsey, MSW	Homeless Coordinator	Hunter Holmes McGuire VAMC -652	1201 Broad Rock Road	Richmond, VA 23249	804-675-5000 ext.4188	804-675-5951
Ronald L. Long, LCSW	Assistant Chief, Social Work Service	VA Medical Center -658	1970 Boulevard	Salem, VA 24153	540-962-2463 ext. 6784	FTS 700-937-1932
Cecil A. Meier, MSW	Clinical Social Worker	VA Medical Center -517	200 Veterans Avenue	Beckley, WV 25801	304-255-2121 ext. 4646	304-255-2431
V/5N 7						
Dallas Campbell, LCSW (122)	HCHV Coordinator	VA Medical Center	1670 Clairmont Rd	Decatur, GA 30033	404-708-4626	404-728-7779
Andrew Davis, ACSW (321)	HCHV Social Worker	VA Medical Center -509	1 Freedom Way	Augusta, GA 30904-6285	706-733-0188 ext. 7617	706-481-6734
Richard Rose, MSW	Outreach Social Worker,	Carl Vinson VAMC -557	1826 Veterans Blvd.	Dublin, GA 31021	800-595-5229 ext. 2684	912-277-2865
Willie Fields, LCSW	Coordinator, Homeless Veterans Prgm	Medical Tower Bldg Rm.613 -521	1717 11th Ave. South	Birmingham, AL 35205	205-939-2025	205-939-2022
see Ricky Leggitte below						
Sharon Kranz, LCSW-FIP	HCHV Coordinator	VA Medical Center -619	215 Perry Hill Road	Montgomery, AL 36109-3798	205-534-3818	205-554-2064
Ricky Leggitte, MSW (122)	HCHV Coordinator	VA Medical Center -679	3701 Loop Road East	Tuscaloosa, AL 35404	334-727-0550 ext. 4425	334-724-6888
Linda Williams, RN	HCHV/CWT Coordinator (116)	Ralph H. Johnson VAMC -534	2400 Hospital Road	Tuskegee, AL 36083	843-577-5011 ext. 7953	843-853-9167
Patricia Bradford, LCSW (122)	Homeless Coordinator	WJB Dorn Vets. Hospital -544	109 Bee Street	Charleston, SC 29401-5799	803-776-4000 ext. 7697	803-695-7962
V/5N 8						
Kirk Albaugh, MSW	HCHV Coordinator	VA Medical Center -516	P. O. Box 5005	Bay Pines, FL 33744	727-398-6661 ext. 4427	727-398-9577
Tom McGarry, RN	Homeless Coordinator	VA Medical Center -573	1601 S.W. Archer Road	Gainesville, FL 32608	352-376-8788	352-376-7901

See Tom McGarry above	Homeless Coordinator	VA Medical Center -594	801 South Marion Street	Lake City, FL 32025-5898		
Leslie Spencer-Applewhite, RN (118)	Asst. HCHV Coordinator	VA Medical Center -546	1201 NW 16th Street	Miami, FL 33125	305-756-5229	305-754-1440
Wendy Heilickson, LCSW (116-A7)	HCHV Coordinator	James A. Haley Vets Hosp -673	10770 N. 46th Street	Tampa, FL 33617	813-228-2027	813-228-2857
Jeff Tepstich, MSW (122)	Homeless Coordinator	W. Palm Beach VAMC -548	7305 N. Military Trail	West Palm Beach, FL 33410	561-882-7317	561-882-6725
Abelardo Quirones, MSW (122)	Social Worker	VA Medical Center -455	One Veterans Plaza	San Juan, PR 00927-5800	787-749-4449	787-749-4372
<b>VISN 9</b>						
Nancy Moore, MSW (122)	HCMC Coordinator	VA Medical Center -626	1310 24th Ave., South	Nashville, TN 37212-2637	615-321-3919/321-4120/327-5320	615-321-6353
Edwin J. Wallin, LCSW (122)	Psychiatric Social Worker	VA Medical Center -614	1030 Jefferson Avenue	Memphis, TN 38104	901-523-8990 ext. 5296	901-577-7427
David Hansard (122H)	Homeless Veterans Care Programs	VA Medical Center -621		Mountain Home, TN 37684	423-926-1171 ext. 2874	423-926-1171 ext. 2812
John R. Glynn, ACSW (122)	Chief, Social Work Service	Alvin C. York VAMC -622	3400 Lebanon Road	Murfreesboro, TN 37129	615-893-1360 ext. 6122	615-867-5790
Jonathan Stickman, MSW (122)	Actg. Chief, Social Work Service	VA Medical Center -596	Leestown Road	Lexington, KY 40511	FTS 700-352-4928	606-281-3984
Peggy Henderson, M.A.	HCHV Program	VA Medical Center -603	800 Zorn Avenue	Louisville, KY 40206	502-583-3331	502-587-6883
Julian E. Barry, MSW	HCMC Coordinator	VA Medical Center -581	1540 Spring Valley Drive	Huntington, WV 25704	304-429-6741 ext. 2841	304-429-6741 ext. 3479
<b>VISN 10</b>						
Lisa Pape, LISW	Director, Psychosocial Rehab Div	VAMC Building 4116A(B)	10000 Brecksville Road	Brecksville, OH 44141	440-526-3030 ext. 7961	440-546-2793
Larry Endicott	Homeless Coordinator	VA Medical Center -538	17273 State Route 104	Chillicothe, OH 45601	740-773-1141 ext. 7453	740-772-7051
Iola Green, MSSW	HCHV Coordinator	VA Med. Ctr. -539	1000 S. Ft. Thomas Ave.	Ft. Thomas, KY 41075	606-572-6226	606-572-6222
Lois Depp, MSW	Acting DCHV & HCHV Coordinator	VA Medical Center -552	4100 West 3rd Street	Dayton, OH 45428	937-268-6511 ext. 3909	937-267-3909
Edgar Wallace, MSSW	HCHV Coordinator	VA Outpatient Clinic -757	543 Taylor Avenue	Columbus, OH 43203	614-257-5407	614-257-5418
<b>VISN 11</b>						
Clare Reed, MSW	HCHV Outreach Worker	VA Medical Center -506	2215 Fuller Road	Ann Arbor, MI 48105	734-761-7930	734-769-7412
Fran McGivern, ACSW (116)	Program Coordinator	VA Medical Center	4646 John R.	Detroit, MI 48201	313-576-1000 ext. 3611	313-576-1074
Marian Beardstley-Gibbs (122)	Coord., Homeless Veterans Programs	VA Medical Center -515	5500 Armstrong Rd.	Battle Creek, MI 49015	616-966-5600 ext. 5648	616-969-2979
Judith Davidson, ACSW (122)	Chief, Social Work Service	Alveda E. Lutz VAMC -655	1500 Weiss Street	Saginaw, MI 48602	517-793-2340 ext. 3753	517-791-2416
William Breeding, MSW, LSW (122)	Chief, Social Work Service	VA Medical Center -550	1900 East Main Street	Danville, IL 61832	217-442-8000 ext. 5109	217-477-4813
Hugh F. Reusser, MSW (122)	Homeless Veterans Coordinator	VA Medical Center	2121 Lake Avenue	Fort Wayne, IN 46805	219-426-5431 ext. 1163	219-460-1481
Phil Thomas, LCSW (RT122B)	HCHV Coordinator	Richard L. Roubeshush VAMC -583	3602 East Michigan St.	Indianapolis, IN 46201	317-554-0000 ext. 4756	317-554-0270
Mosses Deese, ACSW (122)	Chief, Social Work Service	VA Medical Center	1700 East 38th St.	Marion, IN 46953	765-677-3100 or 700-364-3725	765-677-3137
Linda Webb, LISW	HCHV Program Coordinator	Toledo Outpatient Clinic	3333 Glendale Avenue	Toledo, OH 43614	419-259-2082	419-259-3850
<b>VISN 12</b>						
Mary Ann Romeo, MSW (122)	Assistant Chief, Social Work Service	Edward Hines Jr. Vet Hosp -578	P. O. Box 5000	Hines, IL 60141-5122	708-202-2055	708-202-2087
Lakeside see below		Chicago Health Care Sys -535	333 East Huron Street	Chicago, IL 60611	see below (Carol)	

Tab Martin, RN (WS)	Clinician HCHV/SH	Chicago Health Care Sys -537	820 So. Damen	Chicago, IL 60689	Conklin)	312-666-6500 ext. 2222	312-455-5845
Gregory J. Gola (556/181)	Chief, Domiciliary Service	VA Medical Center -556	3001 Greenbay Road	North Chicago, IL 60064	847-688-1900 ext. 4825	847-578-3844	
Mark C. Miller, ACSW (116B)	Coordinator, Homeless Program	VA Medical Center -585	325 East H Street	Iron Mountain, MI 49801	906-774-3300 ext. 2346	906-779-3147	
Mona Kane	Chief, Social Work Service	Wm. S. Middleton Vets Hosp. -607	2500 Overlook Terrace	Madison, WI 53705	608-256-1901 ext. 1578	608-262-7025	
Barbara Gilbert	HCHV Coordinator	VA Medical Center -695	3330 W. Wells Street	Milwaukee, WI 53208	414-342-0903	414-342-4999	
Robert Gursche (116)	Social Worker	VA Medical Center -676	500 E. Veterans Street	Tomah, WI 54660	608-372-3971 Ext. 6413	608-372-1649	
<b>VISN 13</b>							
Jo Weable, LICSW	HCHV Coordinator	VA Medical Center -618	One Veterans Drive	Minneapolis, MN 55417	612-725-2000 ext. 1772	612-722-5633	
Michael P. Keough, ACSW/LISW	Chief, SWS/V13 Homeless Coordinator	VA Med & Regional Office -437	2101 Elm Street North	Fargo, ND 58102	701-239-3764	701-237-2686	
Alan H. Stade, MSW, LISW (122)	Chief, Social Work Service	VA Medical Center -568	113 Comanche Road	Fort Meade, SD 57741	605-347-7035	605-347-7204	
Richard A. O'Connor, VRS	DCHV Coordinator	VA Medical Center -579	500 N. 5th Street	Hot Springs, SD 57747	605-745-2022	605-745-2056	
Carolyn Miltendorf, RN	Homeless Coordinator	RCJ Vets. Mem. Hosp. & RO -438	P. O. Box 5046	Sioux Falls, SD 57117	605-336-6964	605-333-6878	
Jim Broda, MSW (122)	Social Work Service	VA Medical Center -656	4801 8th Street North	St. Cloud, MN 56303	320-255-6480 ext. 6359	320-255-6326	
<b>VISN 14</b>							
Marilyn Mangan, MSW (122)	Social Worker	VA Medical Center -636	4101 Woolworth Avenue	Omaha, NE 68105	402-346-8800 ext. 4212	402-449-0677	
Marilyn Jamison-Charron, RN, ACADC (00H)	Domiciliary Site Manager	VA Medical Center -555	3600 30th Street	Des Moines, IA 50310-5774	515-699-5778	515-699-5779	
See Theresa Hanzlicek below							
Mike Kratz, ACSW (002C)	Patient-Centered Care	VA Medical Center -574	2201 N. Broadwell Ave.	Grand Island, NE 68801	319-338-0581 ext. 6450	319-339-7066	
Eileen Mathes, LISW (116A)	Clinical Coord Mental Health Services	VA Central Iowa HCS -592	Highway 6 West 1515 W. Pleasant St.	Iowa City, IA 52246 Knoxville, IA 50138	641-828-5161	641-828-5081	
Theresa Hanzlicek, LCSW (116)	Homeless Coordinator	VA Medical Center -597	600 South 70th Street	Lincoln, NE 68510	402-489-3802 ext. 6623	402-486-7872	
<b>VISN 15</b>							
William Bisbee	Vocational Rehabilitation Specialist	VA Medical Center -589	4801 E. Linwood Blvd.	Kansas City, MO 64128-2295	816-861-4700 ext. 6649	816-922-3335	
Becky Hartley, Social Worker	Homeless Coordinator-Mental Health	Harry S. Truman Vets. Hosp. -543	800 Hospital Drive	Columbia, MO 65201	573-814-6495	573-814-6600	
Lyman Rate, Ph.D.	HVP Coordinator	VA Eastern Kansas HCS- Leavenworth	4101 S. 4th St. Tway	Leavenworth, KS 66048	913-682-2000 ext. 2672	913-758-4149	
Paul F. Thompson, LCSW (122)	Community Care Coordinator	VA Medical Center -609	2401 West Main Street	Marion, IL 62959	618-997-5311 ext. 4227	618-993-4194	
Renae Taylor, MSW, LCSW	Social Worker	John J. Pershing VAMC	1500 N. Westwood Blvd.	Poplar Bluff, MO 63901	573-686-4151 ext. 4724	573-778-4156	
Evelyn D. Paul (122)	HCHV Coordinator	John J. Cochran VAMC -657	915 North Grand Blvd.	St. Louis, MO 63106	314-289-7611/289-6547	314-289-9547	
Randy Crandall (116B21)	Homeless Coordinator	Colmer-O'Neil VAMC -677	2200 Gage Boulevard	Topeka, KS 66622	785-350-3111 ext. 2090	785-350-4368	
Hank Rivera, MSW	Lead Social Worker	VA Medical & Regional Office -452	5500 E. Kellogg	Wichita, KS 67218	316-634-3686	316-634-3037	
<b>VISN 16</b>							
Paul B. Matens, LCSW	Coordinator, Social Work Service	VA Medical Center -586	1500 E. W. Wilson Dr.	Jackson, MS 39216	601-364-1255	601-364-1325	
Georgia T. Tressen, LCSW	HCHV Coordinator	VA Medical Center -502	P. O. Box 69004	Alexandria, LA 71306-9004	318-473-0010 ext. 2773	318-483-5177	
John Sherman	Chief, Domiciliary	VA Medical Center -520	Veterans Boulevard	Biloxi, MS 39530	228-523-5000	228-523-4521 ext. 5409	
Brian McAnally, LMSW (122)	Homeless Outreach Social Worker	VA Medical Center -564	1100 N. College Avenue	Fayetteville, AR 72703	501-444-5065 ext. 5143	501-587-5994	
George Castillo, LMSW-ACP	HCHV Coordinator	VA Medical Center -580	2002 Holcombe Blvd.	Houston, TX 77030	713-794-7848	713-794-7929	

(122)	Estrella L. Morris, LCSW (122H/NI.R)	Prog. Mgr. Comprehensive Hmls. Ctr.	VA Medical Center	1101 W. 2nd Street	North Little Rock, AR 72204	501-212-1000 ext. 1001	501-212-1005
	Kenneth Rocky, MSW (COS6)	HCHV Coordinator	VA Medical Center -629	1601 Perdido Street	New Orleans, LA 70146	504-566-0811 ext. 3620	504-589-5919
	Dock Voorhies, MSW	Chief, Social Work Service	Overton Brooks VA Med Ctr -667	510 East Stoner Avenue	Shreveport, LA 71101-	318-424-6040	318-424-6121
	Edwina Luker, MSW (122)	Social Work Section Chief	VA Medical Center -635	921 N.E. 13th Street	Oklahoma City, OK 73104	405-270-0501 ext. 3214	405-270-1538
	Melanie Stewart, MSW	Homeless Outreach Social Worker	Tulsa OPC, Mental Health Clinic	635 West 11th St	Tulsa, OK 74127	918-764-7215	918-764-7259
	See Melanie Stewart above		VA Muskogee	1011 Honor Heights	Muskogee, OK 74401	918-680-3758	
V/ISN 47	Greta Mankins (116A)	Director, CHC	VA Medical Center -549	4500 S. Lancaster Rd.	Dallas, TX 75214	214-657-0388	214-857-0372
	see Greta Mankins above		Sam Rayburn Mem Vet Ctr -522	1201 E. 9th Street	Botham, TX 75418	903-583-6233	903-583-6687
	Stephen C. Shornton, MSW	HCHV Coordinator	S. TX Vets. Health Care Sys. -671	7400 Merton Minter Blvd	San Antonio, TX 78284	210-699-2135	210-699-2257
	James A. Brown, LMSW	HCHV Coordinator	VA Medical Center -885	4800 Memorial Drive	Waco, TX 76711	284-752-6581 ext. 7450	254-754-9346
V/ISN 18	Chuck Foster, MSW	Homeless Veterans Coordinator	Carl T. Hayden VAMC -644	650 E. Indian School Rd.	Phoenix, AZ 85012	602-277-5551 ext. 7656	602-222-6521
	Jill E. Manstke, ACSW (122)	Chief, Social Work Service	VA Medical Center -501	1501 San Pedro, SE.	Albuquerque, NM 87120	505-256-2773	505-256-2723
	Maxine R. Brandon (122)	Social Work Service	VA Medical Center -504	6010 Amarillo Blvd., W.	Amarillo, TX 79106	806-355-9703 ext. 7021	806-354-7818
	Jana O'Leary, LMSW	SCI COORD. & Homeless Coordinator	VA Medical Center -519	300 Veterans Blvd.	Big Spring, TX 79720-	1-800-472-1366 ext. 7041	915-268-5086
	Angela Waddy, LCSW	Homeless/CWT Program Coord. (116)	VA Health Care Center -756	5001 N. Pedras St.	El Paso, TX 79903-4211	915-564-6159 ext. 6283	915-564-7861
	Don Gray	Outreach Coordinator	VA Medical Center -649	600 N. Highway 89	Prescott, AZ 86313	520-445-4860 ext. 6998	520-776-6125
	Robert Thomas (122)	VASH Social Worker	VA Medical Center -678	3601 S. 6th Avenue	Tucson, AZ 85723	520-792-1450 ext. 6639	520-629-1811
V/ISN 19	Joe Lally, MSW	HCHV Program Coordinator	VA Medical Center -554	1055 Clermont Street	Denver, CO 80220	303-399-8020 ext. 2097	303-393-4656
	Larry W. Melka, MSW (116HGM)	Homeless Coordinator(116)	VA Medical Ctr. -442	2360 E. Pershing Blvd	Cheyenne, WY 82001	307-778-7353	307-778-7336
	Thomas C. Clifford, MA,MSW,LCSW	Contract Nursing Home Coordinator	Community Support Center	25 North Spruce	Fort Harrison, MT 59636	406-442-6410 ext. 7597	406-447-7965
	Larry Hall, LCSW	Homeless Coordinator	VA Medical Center -575	2121 North Avenue	Colorado Springs, CO 80905	719-327-5660	719-327-5669
	See Evan Lewis		VA Medical Center -617	210 S. Winchester	Grand Junction, CO 81501	970-242-0731 ext. 2248	970-244-1323
	Rudy Johansen, LCSW (116HO)	Homeless Veterans Program Coord.	VA Medical Center -660	500 Foothill Blvd.	Miles City, MT 59301	801-582-1565 ext. 2611	801-584-2544
	Pauline Stoehr, Homeless Coord.	Mental Health Program (116)	VA Medical Center -666	1898 Fort Road	Salt Lake City, UT 84148	307-672-3473 ext. 3214	307-672-1911
V/ISN 20	Greg Borders, MSW	Social Work	VA Medical Center -648	P. O. Box 1035	Portland, OR 97207	503-220-8262	360-905-1756
	William David Hamilton (116)	Dtr., Homeless Dom. Pt. Care Line	VA Puget Sound HCS	American Lake Division	Tacoma, WA 98493	253-582-8440 ext. 7-6784	253-589-4084
	Shane Arnett, MSW	Director, Homeless Veterans Outreach	VA Medical Center -363	1313 East 3rd Ave.	Anchorage, AK 99501	907-258-5095 ext. 27	907-276-7482
	David W. Herring, MSW	Homelessness Coordinator	VA Medical Center -531	500 West Fort Street	Boise, ID 83702	208-422-1000	

Bob Young	Homeless Coordinator	VAPC	100 River Ave	Eugene, OR 97404	EXT.4204	541-607-7560	541-607-7573
Alan F. Castle, MSW (122)	HCHV Coordinator	VA Medical Center -663	1660 S. Columbian Way	Seattle, WA 98108	541-607-7560	206-764-2080	206-553-0380
John Davis	HCHV Coordinator	VA Medical Center -668	4815 N. Assembly	Spokane, WA 99205	509-353-2699	509-353-2709	509-353-2709
Christopher Oliver (122)	HCHV Coordinator	VA Medical Center -687	77 Wainwright Drive	Walla Walla, WA 99362	509-525-5200 ext. 2690	509-527-6113	509-527-6113
Michael Twist, LCSW	Social Work Service	VA Domiciliary-692	White City, OR 97503	White City, OR 97503	541-826-2111 ext.3439	503-830-3518	503-830-3518
<b>VISN 21</b>							
Bobbie Rosenthal (122)	Chief, Social Work Service	VA Medical Center -662	4150 Clement Street	San Francisco, CA 94121	415-551-7312	415-551-7312	415-750-6976
Scott Hollander, LCSW	HCHV Coordinator	VA Medical Center -570	2615 E. Clifton Avenue	Fresno, CA 93703	559-228-6975	559-228-6903	559-228-6903
Rick Valasquez, MSW (151)	Social Worker	VA Med/Regional Office Center -459	P. O. Box 50188	Honolulu, HI 96850	808-566-2037	808-566-2037	808-566-2037
see Curt Klaus below		VA Medical Center -599	4951 Arroyo Road	Livermore, CA 94550			
See Peter Almazol below		Oakland Army Base	West 21st St. Bldg 762	Oakland, CA 94607			
Curt Klaus, LCSW (122MPPD)	Community Care Housing Coord.	VAMC	795 Willow Road	Menlo Park, CA 94025	650-493-5000 ex.22462	650-617-2614	650-617-2614
Paula Rowles, LCSW	Clinical Social Worker	VA Medical Center -654	1000 Locust Street #116	Reno, NV 89520-0111	775-328-1761	775-328-1403	775-328-1403
Peter Almazol, MSW	Acting Chief, Social Work Svc (122)	VANCHCS-Social Work Service (122)	150 Muir Road	Martinez, CA 94553	925-372-2887	925-372-2501	925-372-2501
See Peter Almazol above		Sacramento, CA					
<b>VISN 22</b>							
William R. Frink, MSW (600/11)	Social Work, Profession Leader	VA Medical Center -600	5901 East 7th Street	Long Beach, CA 90822	562-494-2611 ext. 4684	562-494-5951	562-494-5951
Ed Atchison	Coordinator,CBOC	CBOC -758	1581 N. Main Street	Las Vegas, NV 89101	702-386-3164	702-386-3180	702-386-3180
Isreal Jones, LMSW (122)	Chief, Primary/Extended Care & Hmls.	Jerry L. Pettis VA Med Ctr -605	11201 Benton Street	Loma Linda, CA 92357	909-422-3071 FTS	909-422-3186	909-422-3186
Joetta Brown Higgins, MSW	Site Manager	LAAACC	351 E. Temple Street	Los Angeles, CA 90012-3328	213-253-2677 ext. 4534	213-253-5555	213-253-5555
Suzanne Demong, LCSW (122)	Chief, Social Work Service	VA Medical Center -664	3350 Lajolla Village Drive	San Diego, CA 92161	858-552-7548	619-552-7455	619-552-7455
Paul Burton, MSW (122)	Site Manager	SACC	16111 Plummer Street	Sepulveda, CA 91343	818-895-9596	818-895-9339	818-895-9339
William Daniels, MSW (122)	Dir., West LA Comprehensive Hmls Ctr	West LA VA Med Ctr -691	11301 Wilshire Blvd.	Los Angeles, CA 90073	310-268-3885	310-268-4743	310-268-4743

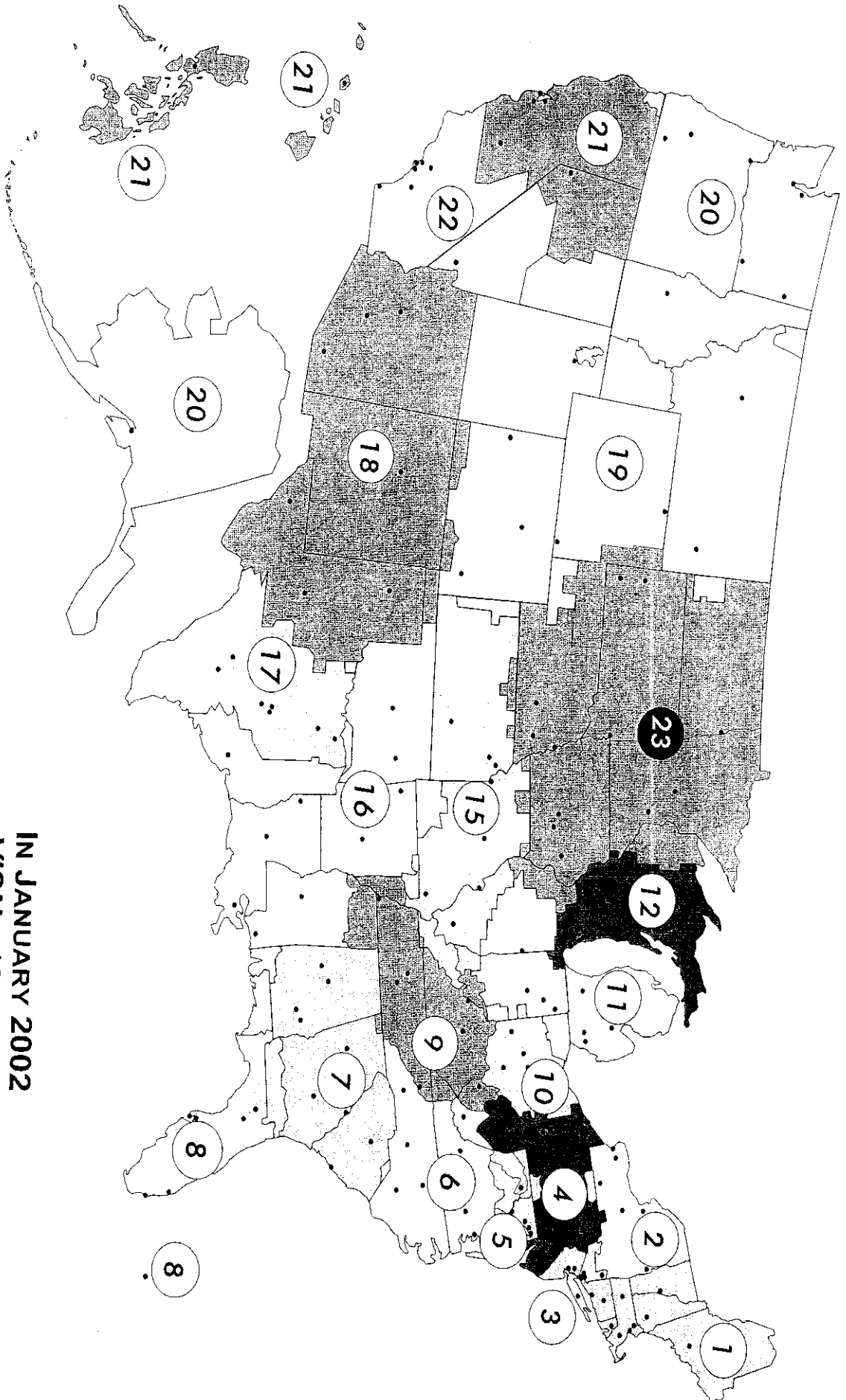


## Council of Network Homeless Coordinators Listing

(revised 2/14/00)

VISN	Contact Person	Facility	City	Phone
1	Robert Hallett	VA Medical Center	Bedford, MA	(781) 687-2381
1	Richard T. Symott	VA Medical Center	Providence, RI	(401) 253-8000 x528
2	Robert Van Keuren	VA Medical Center	Canandaigua, NY	(716) 393-7413
3	Henrietta Fishman	Veterans Healthcare Center	Bronx, NY	(718) 741-4254
4	John E. Barlich	VA Medical Center	Pittsburgh, PA	(412) 784-3511
5	Paul E. Smits	VA Medical Center	Martinsburg, WV	(304) 263-0811 x3810
6	James L. Robinson	VA Medical Center	Salisbury, NC	(704) 638-3450
7	Craig Burnette	VA Medical Center	Decatur, GA	(404) 327-4033
8	Daniel Robbin	VA Medical Center	Miami, FL	(305) 541-5864 x136
9	David Hansard	VA Medical Center	Mountain Home, TN	(423) 926-1171 x2874
10	Jeff Quarles	VA Medical Center	Cleveland, OH	(216) 231-3479
11	Mary Sherrill	VISN 11 (10N11)	Ann Arbor, MI	(734) 930-5992
12	Mary Ann Romeo	Edward Hines Jr. Veterans Hospital	Hines, IL	(708) 202-2055
13	Michael P. Keough	VAMROC	Fargo, ND	(701) 239-3764
14	Ellen L. Mathes	VA Central Iowa HCS	Knoxville, IA	(641) 828-5161
15	George Templeton	VA Medical Center	St. Louis, MO	(314) 289-6391
16	Estella L. Morris	VA Medical Center	North Little Rock, AR	(501) 212-1000 x1001
17	Greta Mankins	VA Medical Center	Dallas, TX	(214) 857-0388
18	Stephen Cohen	VA Medical Center	Tucson, AZ	(520) 792-1450 x5475
19	Larry W. Melka	VA Medical Center	Cheyenne, WY	(307) 778-7353
20	William D. Hamilton	VA Puget Sound HCS	Tacoma, WA	(253) 582-8440 x6784
21	Roberta L. Rosenthal	VA Medical Center	San Francisco, CA	(415) 551-7338
22	William L. Daniels	WestLA VA Medical Center	Los Angeles, CA	(310) 478-3711 x43623

# 21 Veterans Integrated Service Networks (VISN)



IN JANUARY 2002  
VISNS 13 AND 14  
WERE INTEGRATED AND  
RENAMED VISN 23