



Department of Veterans Affairs

**Legal Services for Veterans - Legal Assistance for Access to VA Programs  
(LSV-A) Grant Program  
APPLICATION FOR LSV-A GRANT**

**VA Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-XXXX, and it expires on XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 24 hours per response, per year, including the 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 this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control Number 2900-XXXX in any correspondence. Do not send your completed VA Form 10-366a to this email address.

**Privacy Act Statement:** VA is asking you to provide the information requested in this form under the authority of 38 U.S.C. section 2044 in order for HPO to determine eligibility to receive a legal services grant under the LSV Program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA grant programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide the requested information to VA; but if you do not, VA may be unable to process your request for consideration in this program. If you provide your Employer Identification Number (EIN), VA will use it to obtain information relevant to determining whether to award a grant and to administer your grant, if awarded. This information also may be used for other purposes as authorized or required by law

**Background:**

This form is to be completed by eligible applicants for LSV-A grants under VA's LSV Program. VA will use the collected information to evaluate and select recipients for LSV-A grants. Applicants may be asked to provide additional supporting evidence or to quantify details during the review process.

**Definitions and Legal Services for Veterans -Legal Assistance for Access to VA Programs (LSV-A) Grant Program Information:**

Definitions and LSV-A Grant Program information can be found in both the regulations (38 CFR Part 81) and the Notice of Fund Opportunity (NOFO) under which you are submitting this application. Both documents are included as attachments to this application package and are posted on the LSV Program web page (<http://www.va.gov/homeless/lsv.asp>). Please note that to be eligible for a grant under the LSV-A Program, the applicant must meet the criteria in 38 CFR 81.10.

**Submission:**

The application must be submitted in accordance with the NOFO. Applications must be submitted by following instructions at [www.va.gov/homeless/lsv.asp](http://www.va.gov/homeless/lsv.asp). Applications may not be submitted in any other way. Applications must be received by the LSV Program Office no later than 11:59 p.m. Eastern Time on the application deadline date. Applications must be submitted as a complete 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.

**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 will be made available for public inspection for a five- year period beginning not less than 30 days after the grant award. Material will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552).

**Warning:**

It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include a fine and imprisonment. For details see 18 U.S.C. 1001. Misrepresentation of material facts may also be the basis for denial of grant assistance by VA.

**For Further Information:**

Information on application technical assistance can be found on VA's LSV Program web page at: <http://www.va.gov/homeless/lsv.asp>  
If you have any questions regarding the LSV Program, please contact the LSV-A Program Office via e-mail at [lsv@va.gov](mailto:lsv@va.gov)

APPLICATION CHECKLIST
An application must include the following items.
<b>Complete sections A-F.</b>
<b>Section A: Background, Qualifications, Experience, &amp; Past Performance of Applicant and Any Identified Subcontractors (35 maximum points)</b> <ol style="list-style-type: none"> <li>1. Background and Organizational History</li> <li>2. Staff Qualifications</li> <li>3. Organizational Qualifications and Past Performance</li> <li>4. History past 10 years (table)</li> </ol>
<b>Section B: Program Concept &amp; Legal Services Plan (25 maximum points)</b> <ol style="list-style-type: none"> <li>1. Need for Program</li> <li>2. Outreach and Screening Plan</li> <li>3. Program Concept</li> <li>4. Program implementation timeline</li> <li>5. Collaboration and communication with VA</li> </ol>
<b>Section C: Quality Assurance &amp; Evaluation Plan (15 maximum points)</b> <ol style="list-style-type: none"> <li>1. Program Evaluation</li> <li>2. Monitoring and Remediation</li> <li>3. Management and Reporting</li> </ol>
<b>Section D: Financial Capability &amp; Plan (15 maximum points)</b> <ol style="list-style-type: none"> <li>1. Organizational Finances</li> <li>2. Financial Feasibility of Program</li> </ol>
<b>Section E: Area or Community Linkages and Relations (10 maximum points)</b> <ol style="list-style-type: none"> <li>1. Local Presence and Knowledge</li> <li>2. Area or Community Linkages (Exhibit II)</li> </ol>
<b>Section F: Certifications</b>
<b>Exhibits</b>
<b>Exhibit I:</b> Program Budget (Complete Attached Microsoft Excel Applicant Budget Template)
<b>Exhibit II:</b> (Optional) Relevant MOUs and MOAs Demonstrating Area or Community Linkages

ADMINISTRATIVE INFORMATION	
<b>PROVIDE THE FOLLOWING INFORMATION FOR THE APPLICANT</b>	
1. APPLICANT'S LEGAL NAME <i>(as identified in your Articles of Incorporation)</i> :	
2. OTHER NAMES UNDER WHICH APPLICANT DOES BUSINESS:	
3. EMPLOYER IDENTIFICATION NUMBER (EIN) THAT CORRESPONDS TO THE APPLICANT'S IRS RULING CERTIFYING TAX-EXEMPT STATUS UNDER THE IRS CODE OF 1986 <i>(Note: EIN will be used to determine whether applicant is delinquent or in default on any Federal debt, in accordance with 31 U.S.C. 3701, et seq. and 5 U.S.C.552a at note)</i> :	4. UNIQUE ENTITY ID (UEI) that corresponds to SAM.gov:
5. BUSINESS ADDRESS:	
6. MAILING ADDRESS <i>(if different from above)</i> <i>(include both U.S.mailing address and courier (i.e., no P.O. Box) address)</i> :	
7. CONTACT PERSON NAME:	8. CONTACT PERSON TITLE:
9. MAILING ADDRESS FOR CONTACT PERSON <i>(if different from above)</i> :	
10. TELEPHONE FOR CONTACT PERSON <i>(where the person can be reached during business hours)</i> :	11. FAX FOR CONTACT PERSON
12. EMAIL FOR CONTACT PERSON:	
<b>B. LEGAL SERVICES GRANT FUNDS REQUESTED</b>	
1. AMOUNT OF LSV-A GRANT FUNDS REQUESTED:	
<b>C. PROJECTED ELIGIBLE INDIVIDUALS TO BE SERVED</b>	
1. NUMBER OF UNIQUE VETERANS ESTIMATED TO BE SERVED:	
<b>D. AVERAGE PROJECTED COST PER VETERANS</b>	
1. AVERAGE TOTAL LSV-A GRANT AMOUNT REQUEST PER VETERAN:	
<i>(This amount should equal total grant amount divided by number of unique Veterans served.)</i>	
<b>E. GEOGRAPHIC REGION SERVED</b>	
1. DESCRIBE THE NAME(S) OF THE MUNICIPALITIES, COUNTIES (OR PARISHES), OR TRIBAL LANDS THAT THE PROPOSED PROGRAM WILL SERVE.	
2. PROVIDE THE VETERANS INTEGRATED SERVICE NETWORK (VISN) NUMBER IN WHICH THE PROPOSED PROGRAM WILL OPERATE: <a href="https://www.va.gov/HEALTH/visns.asp">https://www.va.gov/HEALTH/visns.asp</a>	
3. IDENTIFY WHICH OF THE FOLLOWING GEOGRAPHIC REGIONS APPLIES TO THE PRIMARY AREA OR COMMUNITY IN WHICH THE PROPOSED PROGRAM WILL OPERATE:	
<input type="checkbox"/> A. URBAN COMMUNITY <input type="checkbox"/> C. TRIBAL LAND <input type="checkbox"/> B. RURAL COMMUNITY <input type="checkbox"/> D. OTHER: _____	
<b>F. COMPLIANCE WITH THRESHOLD REQUIREMENTS (38 CFR 81.30)</b>	
1. <b>APPLICATION FILED ON TIME:</b> CONFIRM THAT APPLICATION IS FILED WITHIN THE TIME PERIOD ESTABLISHED IN THE NOFO:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. <b>APPLICATION IS COMPLETE:</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. <b>ELIGIBLE ACTIVITIES:</b> APPLICANT PROPOSES TO USE LSV FUNDING FOR ELIGIBLE ACTIVITIES ONLY <i>(see 38 CFR 81.20 for list of eligible activities)</i> :	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

4. **ELIGIBLE PARTICIPANTS:** APPLICANT PROPOSES TO SERVE VETERANS WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS AS DEFINED AT 38 CFR 81.15:

☐ YES ☐ NO

5. **COMPLIANCE WITH FINAL RULE:** APPLICANT AGREES TO COMPLY WITH FINAL RULE:

☐ YES ☐ NO

6. **OUTSTANDING OBLIGATIONS:** APPLICANT EITHER

☐ A. DOES NOT HAVE AN OUTSTANDING OBLIGATION TO THE FEDERAL GOVERNMENT THAT IS IN ARREARS AND DOES NOT HAVE AN OVERDUE OR UNSATISFACTORY RESPONSE TO AN AUDIT.

☐ B. HAS AN OUTSTANDING OBLIGATION TO THE FEDERAL GOVERNMENT THAT IS IN ARREARS AND/OR AN OVERDUE OR UNSATISFACTORY RESPONSE TO AN AUDIT. DESCRIBE BELOW:

7. **DEFAULT:** APPLICANT EITHER

☐ A. IS NOT IN DEFAULT BY FAILING TO MEET THE REQUIREMENTS FOR ANY PREVIOUS FEDERAL ASSISTANCE

☐ B. IS IN DEFAULT BY FAILING TO MEET THE REQUIREMENTS FOR PREVIOUS FEDERAL ASSISTANCE. DESCRIBE BELOW:

### SECTION A: BACKGROUND, QUALIFICATIONS, EXPERIENCE, & PAST PERFORMANCE OF APPLICANT AND ANY IDENTIFIED SUBCONTRACTORS

The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring the application, VA will award up to 35 points based on the applicant's responses to questions contained in this section.

#### A. BACKGROUND AND ORGANIZATIONAL HISTORY

1. DESCRIBE YOUR ORGANIZATION'S BACKGROUND AND HISTORY PROVIDING LEGAL SERVICES TO VETERANS AND/OR POPULATIONS WHO ARE HOMELESS, AT RISK OF HOMELESSNESS, OR VERY LOW INCOME. INCLUDE BACKGROUND AND HISTORY FOR ANY SUBCONTRACTORS. DESCRIBE YOUR ORGANIZATIONAL REPORTING STRUCTURE AND RESPONSIBILITIES OF KEY ROLES. DESCRIBE YOUR HISTORY COMPLYING WITH AGREEMENTS AND MEETING FINANCIAL OBLIGATIONS:

2. DESCRIBE YOUR EXISTING AND PROSPECTIVE STAFF'S EXPERIENCE WORKING WITH HOMELESS OR VERY LOW INCOME POPULATIONS, AND EXPERIENCE WORKING WITH VETERANS:

3. DESCRIBE YOUR ORGANIZATIONAL QUALIFICATIONS AND PAST PERFORMANCE: (I) APPLICANT, AND ANY IDENTIFIED SUBCONTRACTORS, HAVE ORGANIZATIONAL EXPERIENCE PROVIDING LEGAL SERVICES TO INDIVIDUALS WHO ARE HOMELESS, AT RISK FOR HOMELESSNESS, OR WHO HAVE VERY LOW INCOME AS DEFINED IN THIS PART; (II) APPLICANT AND ANY IDENTIFIED SUBCONTRACTORS, HAVE ORGANIZATIONAL EXPERIENCE ADMINISTERING A PROGRAM SIMILAR IN TYPE AND SCALE TO THE GRANT PROGRAM:

4. EXPERIENCE WORKING WITH VETERANS:

☐ STAFF HAVE EXPERIENCE WORKING WITH VETERANS

☐ STAFF HAVE ORGANIZATIONAL EXPERIENCE PROVIDING LEGAL ASSISTANCE TO VETERANS

5. IDENTIFY YES OR NO AND EXPLAIN IN REASONABLE DETAIL EACH INSTANCE WITHIN THE PAST 10 YEARS IN WHICH THE APPLICANT, ANY IDENTIFIED SUBCONTRACTOR, OR ANY PRINCIPAL, PARTNER, DIRECTOR, OR OFFICER OF THE APPLICANT OR IDENTIFIED SUBCONTRACTOR WAS:		
ITEM		IF NO, PLEASE DESCRIBE (attach additional pages if necessary in Exhibit IX):
A. Subject to an order, judgment, or decree (including as a result of a settlement), whether by a court, an administrative agency, or other governmental body, or an arbitral or other alternative dispute resolution tribunal, in any civil proceeding or action in which fraud, gross negligence, willful misconduct, misrepresentation, deceit, dishonesty, breach of any fiduciary duty, embezzlement, looting, conflict of interest, or any similar misdeed was alleged (regardless of whether any wrongdoing was admitted or proven).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B. Debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any Federal department or agency.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C. Notified that it is in default of any Federal contract or grant, the reason for the default, and whether the default was cured.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D. Had one or more public transactions (Federal, State, or local) terminated for cause or default.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E. Party to litigation or a formal Alternative Dispute Resolution (ADR) process (e.g., binding arbitration) involving a claim in excess of \$50,000. For those matters involving a claim equal to or in excess of \$500,000, describe in detail the litigation or ADR process.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>SECTION B: PROGRAM CONCEPT &amp; LEGAL SERVICES PLAN</b>		
<p>The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring the application, VA will award up to 25 points based on the applicant's responses to questions contained in this section. Applicants should reference the requirements set forth in the NOFO in preparing these responses.</p>		
<p>1. DESCRIBE YOUR OUTREACH AND SCREENING PLAN: (I) FEASIBLE OUTREACH AND REFERRAL PLAN TO IDENTIFY AND ASSIST VETERANS MOST IN NEED OF LEGAL SERVICES; (II) PLAN TO PROCESS AND RECEIVE REFERRALS; (III) PLAN TO ASSESS AND ACCOMMODATE THE NEEDS OF INCOMING ELIGIBLE VETERANS:</p>		
<p>2. DESCRIBE YOUR PROGRAM CONCEPT, SIZE, SCOPE AND STAFFING PLAN AND HOW YOUR PROGRAM IS DESIGNED TO MEET THE LEGAL NEEDS OF ELIGIBLE VETERANS:</p>		
<p>3. DESCRIBE YOUR PROGRAM IMPLEMENTATION TIMELINE, HOW LEGAL SERVICES WILL BE DELIVERED AS QUICKLY AS POSSIBLE WITHIN A SPECIFIED TIMELINE, HIRING PLAN IN PLACE OR EXISTING STAFF TO MEET TIMELINE:</p>		
<p>4. HOW WILL YOU COORDINATE OUTREACH SERVICES WITH LOCAL VA FACILITIES:</p>		

### SECTION C: QUALITY ASSURANCE AND EVALUATION PLAN

The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring the application, VA will award up to 15 points based on the applicant's responses to questions contained in this section.

1. THE GOAL OF LSV-A IS TO ADDRESS THE NEEDS OF HOMELESS AND AT RISK VETERANS BY ADDRESSING LEGAL NEEDS THAT CONTRIBUTE TO HOUSING INSTABILITY. PROGRAMS FUNDED NEED TO HAVE MEASURABLE GOALS THAT REFLECT THE APPLICANT'S ABILITY TO ADDRESS THE LEGAL NEEDS OF ELIGIBLE VETERANS. DESCRIBE YOUR EVALUATION PLAN, INCLUDING YOUR GOALS, AND WHAT DATA YOU WILL COLLECT TO MONITOR IF YOU HAVE MET THOSE GOALS:

2. DESCRIBE YOUR MONITORING STRUCTURE, INCLUDING MONITORING OF SUBCONTRACTORS, FOR COMPLIANCE WITH LAWS, REGULATIONS AND GUIDELINES. DESCRIBE YOUR FINANCIAL MONITORING TO ENSURE PROPER USE OF GRANT FUNDS. DESCRIBE YOUR STAFF TRAINING PLAN. WHAT PROCESSES WILL YOU PUT IN PLACE TO REMEDIATE ANY NON-COMPLIANT ASPECTS OF THE PROGRAM:

3. DESCRIBE YOUR MANAGEMENT AND REPORTING AND HOW YOUR PROGRAM MANAGEMENT TEAM HAS THE CAPABILITY AND A SYSTEM IN PLACE TO PROVIDE TO VA TIMELY AND ACCURATE REPORTS AT THE FREQUENCY SET BY VA:

### SECTION D: FINANCIAL CAPABILITY AND PLAN

The following items concern the applicant's financial plan. The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. Exhibit I below must also be provided in the Microsoft Excel template. In scoring the application, VA will award up to 15 points based on the applicant's responses to questions contained in this section.

1. DESCRIBE FINANCIAL CONTROLS IN PLACE TO ENSURE THAT PROGRAM FUNDS ARE USED APPROPRIATELY AND PROGRAM IS COST EFFECTIVE. USING THE ATTACHED TEMPLATE, PROVIDE A REALISTIC PLAN FOR OBTAINING ALL FUNDING REQUIRED TO OPERATE THE PROGRAM AND DETAILED ONE-YEAR PROGRAM BUDGET THAT IS ITEMIZED ON A QUARTERLY BASIS:

2. SPECIFY ALL SOURCES OF FUNDS TO BE USED TO OPERATE THE PROPOSED PROGRAM FOR APPLICANT AND ANY IDENTIFIED CONTRACTORS. IDENTIFY EACH SOURCE IN A SEPARATE LINE ITEM AND THE STATUS OF THE FUNDING, WHETHER THE FUNDING IS REQUESTED, COMMITTED, OR RECEIVED:

### SECTION E: AREA OR COMMUNITY LINKAGES AND RELATIONS

The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring the application, VA will award up to 10 points based on the applicant's responses to questions contained in this section.

1. DESCRIBE HOW COMMUNITY RELATIONSHIPS WITH AREA PROVIDERS, GOVERNMENTAL AGENCIES, VA, MEDICAL LEGAL PARTNERSHIPS AND CONSUMER GROUPS WILL ASSIST IN THE DELIVERY OF LSV LEGAL SERVICES. REFERENCE SPECIFIC ENTITY NAMES, ATTACHING MEMORANDUMS OF AGREEMENT OR OTHER EVIDENCE OF RELEVANT, FORMAL AGREEMENTS (*Exhibit II*):

2. DESCRIBE YOUR CURRENT EFFORTS TO COORDINATE LEGAL SERVICES IN THE COMMUNITY OR COMMUNITIES WHERE YOU PLAN TO DELIVER SERVICES:

## SECTION F: APPLICANT CERTIFICATIONS AND ASSURANCES

The following items require a single certification on the following page by an authorized representative of the applicant requesting an LSV-A grant. The list below should be included in the application packet with responses attached and numbered to correspond to the relevant item. VA may require that applicants provide documentation of these certifications.

- 1. Compliance** Applicant assures that the applicant and any subcontractors will comply with all requirements of 38 CFR Part 81. If the applicant intends to request waivers to any requirements included in the preceding citation, please explain.
- 2. Accuracy of Application Information** All information submitted with this application is accurate, and does not contain any false, fictitious, or fraudulent statement or entry.
- 3. Non-Delinquency** The applicant further certifies that the applicant is not currently in default or delinquent on any debtor loans provided or guaranteed by the Federal Government.
- 4. Debarment** The applicant further certifies that the applicant has not been in the preceding three years: a) debarred, suspended or declared ineligible from participating in any Federal program; b) formally proposed for debarment, with a final determination still pending; c) voluntarily excluded from participation in a Federal transaction; or d) indicted, convicted, or had a civil judgment rendered against it for any of the offenses listed in the Regulations Governing Debarment and Suspension (Government wide Nonprocurement Debarment and Suspension Regulations: 49 CFR Part 29).
- 5. Reports and Record Retention** If this legal services grant is awarded, applicant assures that any and all reports required by VA will be made available in such form and contain such information as VA may require. Applicant further assures that upon demand, VA has access to the records upon which such information is based.
- 6. Fiscal Control** If this legal services grant is awarded, 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 legal services grant.
- 7. Civil Rights** Applicant certifies that this program will comply with all provisions of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.). If applicant does not certify this, applicant has provided information in Exhibit XI explaining any exceptions to this certification.
- 8. Lobbying** The undersigned certifies, to the best of their knowledge and belief, that:
  - a) 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 any 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.
  - b) 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 15 Standard Forms LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
  - c) 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 \$10,000 and not more than \$100,000 for each such failure.

**By submitting this application, the applicant certifies that the facts stated and the certifications and representations made in this application are true, to the best of the applicant's knowledge and belief after due inquiry, and that the applicant has not omitted any material facts. The undersigned is an authorized representative of the applicant.**

APPLICANT:	SIGNATURE:	DATE (MM/DD/YYYY)
NAME AND TITLE:		



## EXHIBIT I: APPLICANT BUDGET TEMPLATE (*Microsoft Excel File*)

Applicants are required to provide a detailed one-year program budget in Exhibit I that itemizes on a quarterly basis the legal services and administrative costs associated with the proposed program. Applicants must also provide a detailed description of each of the line items contained in this budget and the underlying assumptions associated with each line item amount in Section D of the application form. The one-year program budget must be completed in the Microsoft Excel template provided. Instructions on the use of this template are as follows:

### General

- a. Applicant is responsible for filling in yellow cells only.
- b. All non-yellow cells are locked and populate automatically.

### Provision and Coordination of Legal Services (Total must be a minimum of 90% of the total LSV-A Grant Amount)

- a. *Personnel/Labor* (Note: The spreadsheet will spread these costs evenly across all 12 months. If the applicant does not anticipate an even spread of costs, this should be explained in the narrative.):
  - *Title and Organization* - input the titles of all LSV-funded personnel (e.g., Program Director, Attorney, etc.) and the organization at which they are or will be employed (i.e., list applicant organization or team member organization name as applicable). Add additional lines to the spreadsheet as necessary
  - *# of Full-Time Employees (FTE)* - input the number of FTE who will hold the specified title at the specified organization
  - *% FTE* - input the percentage of time the staff member will devote to the LSV-funded program (e.g., full-time staff would be shown at 100%)
  - *Base Annual Salary / Wage* - input the annual salary of the specified personnel, assuming full-time employment
  - *Fringe Benefits* - cost of fringe benefits as a percentage of annual salary (if any)
- b. *Other Non-Personnel Provision and Coordination of Legal Services Expenses*: List any other expenses related to the provision and coordination of legal services expenses in this section and the monthly costs associated with those expenses.
- c. *Lease & Maintenance of Vehicle(s)*: Per 38 CFR 62.33, if public transportation options are not sufficient within an area or community, costs related to the lease of vehicle(s) may be included in the application. Specify the number of vehicles to be leased and the cost per month associated with these vehicles.

### Administrative Expenses (Total cannot exceed 10% of total LSV-A Grant Amount)

List all administrative expenses and the monthly costs associated with each expense. Per 38 CFR 62.70, administrative expenses are defined as all direct and indirect costs associated with the management of the program. These costs will include the administrative costs, both direct and indirect, of subcontractors. A line item of "administrative costs" is not sufficiently descriptive. Administrative costs must be broken down into multiple line items by category.