



Department of Veterans Affairs

**Legal Services for Veterans -- Legal Assistance for Access to
VA Programs (LSV-A) Grant Program
RENEWAL 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 XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 20 hours per respondent, 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. Please refer to OMB Control Number 2900-XXXX in any correspondence. Do not send your completed VA Form 10-366b 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 renewal grant under the LSV-A 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 grantees applying for renewal of an LSV-A grant. VA will use the collected information to evaluate and select recipients to renew their 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 Funding Opportunity (NOFO) under which you are submitting this application. Both documents are included as attachments to this renewal application package and posted on the LSV Program web page (<http://www.va.gov/homeless/lsv.asp>) Please note that to be eligible for a renewal grant under the LSV-A Grant Program, the applicant must have received a legal services grant award in the previous fiscal year. See 38 CFR 81.xx for definitions of the terms contained throughout the application.

Instructions:

Please answer the application questions in the space provided on each page of the form.

Submission:

Applications must be submitted by following instructions at 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 USC 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-A Grant Program, please contact the LSV Program Office via e-mail at lsv@va.gov.

RENEWAL APPLICATION CHECKLIST

A renewal application must include the following items:

Complete Sections A-C.

Administrative Information

Section A: LSV-A Grant Program Outcomes (55 maximum points)

- ☐ Operational Effectiveness
- ☐ Number of participants assisted
- ☐ Demographics of participants (gender, age, race, service era)
- ☐ A description of the legal services provided to each participant
- ☐ Participation Satisfaction
- ☐ Program implementation and progress

Section B: Cost Effectiveness (30 maximum points)

- ☐ Average Total Grant Cost Per Participant
- ☐ Program Budget and Expenditures

Section C: Compliance with Program Goals and Requirements (15 maximum points)

- ☐ LSV Program Goals
- ☐ Applicable Laws, Regulations and Guidelines
- ☐ Grant Agreement

Exhibits:

- ☐ **Exhibit I:** Program Budget (Complete Attached Microsoft Excel Applicant Budget Template)
- ☐ **Exhibit II:** Detailed Description of Each Line Item Contained in this Budget and the Underlying Assumptions Associated with each line item.
- ☐ **Exhibit III:** Certificate of Good Standing
- ☐ **Exhibit IV:** Self Certification Statement

ADMINISTRATIVE INFORMATION	
PROVIDE THE FOLLOWING INFORMATION FOR THE APPLICANT	
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. COMPLIANCE WITH THRESHOLD REQUIREMENTS <i>(38 CFR 81.xx)</i>	
1. APPLICATION FILED ON TIME: CONFIRM THAT APPLICATION IS FILED WITHIN THE TIME PERIOD ESTABLISHED IN THE NOFO: <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. APPLICATION IS COMPLETE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. ELIGIBLE ACTIVITIES: APPLICANT PROPOSES TO USE LSV FUNDING FOR ELIGIBLE ACTIVITIES ONLY <i>(see 38 CFR 79.20 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 79.15: <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. COMPLIANCE WITH FINAL RULE: APPLICANT AGREES TO COMPLY WITH FINAL RULE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. OUTSTANDING OBLIGATIONS: APPLICANT EITHER <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> A. IS NOT IN DEFAULT BY FAILING TO MEET THE REQUIREMENTS FOR ANY PREVIOUS FEDERAL ASSISTANCE <input type="checkbox"/> B. IS IN DEFAULT BY FAILING TO MEET THE REQUIREMENTS FOR PREVIOUS FEDERAL ASSISTANCE. DESCRIBE BELOW:	
8. AMOUNT OF LSV-A GRANT FUNDS REQUESTED:	

C. CHANGES TO PROPOSED PROGRAM

1. PLEASE DESCRIBE ANY CHANGES THAT YOU WOULD LIKE TO MAKE TO YOUR PROPOSED PROGRAM. *(Note: In order to be eligible for renewal, your program must remain substantially the same as the program concept you proposed during the initial application. Please refer to the NOFO for additional details. You are not required to make any changes to your proposed program.)*:

D. BUDGET

1. **QUARTERLY BUDGET:** ATTACH AS EXHIBIT III TO THIS APPLICATION A PROPOSED QUARTERLY BUDGET FOR THE RENEWAL PERIOD USING THE MICROSOFT EXCEL TEMPLATE INCLUDE AS AN ATTACHMENT TO THIS APPLICATION.
2. **BUDGET NARRATIVE:** ATTACH AS EXHIBIT IV TO THIS APPLICATION A DESCRIPTION OF EACH OF THE LINE ITEMS CONTAINED IN YOUR BUDGET AND UNDERLYING ASSUMPTIONS ASSOCIATED WITH EACH LINE ITEM AMOUNT:

E. CERTIFICATION

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:

SECTION A: LSV-A PROGRAM OUTCOMES

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 this section of the application, VA will award up to 55 points.

A. OPERATIONAL EFFECTIVENESS

1. DESCRIBE HOW YOUR PROGRAM'S PARTICIPANTS MADE PROGRESS WITH THEIR LEGAL NEEDS AND THEIR STATUS OF HOUSING STABILITY DURING THE GRANT AWARD PERIOD:

B. NUMBER OF PARTICIPANTS ASSISTED

1. PROVIDE THE NUMBER OF PARTICIPANTS ASSISTED. DESCRIBE YOUR PROGRAM'S PROGRESS IN ENGAGING THE VETERANS:

C. DEMOGRAPHICS OF PARTICIPANTS *(Gender, Age, Race, Service Era)*

1. DESCRIBE THE DEMOGRAPHICS OF YOUR PROGRAM'S PARTICIPANTS. DESCRIBE HOW YOUR PROGRAM IS IDENTIFYING ANY DISPARITIES OR INEQUALITIES OF LEGAL SERVICES PROVIDED:

D. A DESCRIPTION OF THE LEGAL SERVICES PROVIDED TO EACH PARTICIPANT

1. DESCRIBE THE TYPE OF LEGAL SERVICES THAT WERE PROVIDED TO EACH PROGRAM PARTICIPANT AND THE OUTCOME:

E. PARTICIPANT SATISFACTION

1. DESCRIBE HOW YOU RECEIVE AND RESPOND TO FEEDBACK FROM PARTICIPANTS IN YOUR PROGRAM *(e.g., exit interviews, internal surveys, etc.)*. WHAT IS YOUR AVERAGE NUMBER OF RESPONSES? DESCRIBE ANY CHANGES YOU HAVE MADE AS A RESULT OF PARTICIPANT FEEDBACK:

F. PROGRAM IMPLEMENTATION AND PROGRESS

1. SPECIFY THE AVERAGE TIME BETWEEN CLIENT INTAKE AND START OF SERVICE DELIVERY, AVERAGE TIME TO RESOLUTION OF LEGAL ISSUE, AND AVERAGE LENGTH OF SERVICE (*enrollment to exit*). DESCRIBE ANY PROGRAMMATIC OR ORGANIZATIONAL DELAYS ASSOCIATED WITH ONSET OF LEGAL SERVICES DELIVERY. DESCRIBE THE TIMELINE FOR ANY PROPOSED PROGRAM MODIFICATIONS:

SECTION B: COST-EFFECTIVENESS

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 this section of the application, VA will award up to 30 points.

1. COST PER PARTICIPANT

1. AVERAGE TOTAL GRANT COST PER PARTICIPANT:

2. PLEASE PROVIDE AN EXPLANATION OF THIS FIGURE (*including number of participants served*) AND JUSTIFY ITS REASONABLENESS. (*Note: This figure relates to your previous grant award period and not the proposed renewal period.*)

2. PROGRAM BUDGET AND EXPENDITURES

2a. PLEASE COMPLETE THE TABLE BELOW SPECIFYING LAST YEAR'S BUDGETED VS. ACTUAL SPENDING (*Oct 1st through Sept 30th*):

CATEGORY	APPROVED BUDGET AMOUNT	ACTUAL AMOUNT SPENT	% VARIANCE (<i>Actual vs. Budget</i>)
SERVICES			
ADMIN			
TOTAL			

2b. PLEASE EXPLAIN WHETHER YOUR PROGRAM WAS IMPLEMENTED CONSISTENT WITH YOUR APPROVED BUDGET IN YOUR PREVIOUS YEAR OF OPERATION (*Oct 1st through Sept 30th*). EXPLAIN ANY MAJOR DEVIATIONS OR VARIANCES FROM ORIGINAL BUDGET:

2c. PLEASE PROVIDE INFORMATION ON WHETHER YOUR PROGRAM:

- A) REQUIRED AN EXTENSION IN ORDER TO EXPEND FULLY, AND/OR B) RETURNED FUNDS.
IF YOU HAVE RETURNED FUNDS, EXPLAIN YOUR PLAN TO FULLY EXPEND YOUR CURRENT GRANT AMOUNT.

SECTION C: COMPLIANCE WITH LSV-A PROGRAM GOALS AND REQUIREMENTS

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 this section of the application, VA will award up to 15 points.

1. LSV-A PROGRAM GOALS

1. Describe how your program was implemented in accordance with VA'S goal's *(as described in the Final Rule and NOFO)* for LSV-A Grant Program:

2. APPLICABLE LAWS, REGULATIONS AND GUIDANCE

1. CERTIFY THAT YOUR PROGRAM WAS ADMINISTERED ACCORDANCE WITH ALL APPLICABLE LAWS, REGULATIONS, AND GUIDANCE. PROVIDE THE RESULTS OF YOUR MOST RECENT MONITORING VISIT AND REMEDIATION PLAN FOR ANY FINDINGS/CONCERNS IDENTIFIED IN THE REPORT:

3. GRANT AGREEMENT

1. CERTIFY THAT YOUR PROGRAM WAS ADMINISTERED IN ACCORDANCE WITH YOUR LEGAL SERVICES GRANT AGREEMENT. IF NOT, EXPLAIN THE CIRCUMSTANCES:

EXHIBIT III: APPLICANT BUDGET TEMPLATE (Microsoft Excel File)

Applicants are required to provide a detailed one year program budget in Exhibit III that itemizes on a quarterly basis the legal services and administrative costs associated with the proposed program. Applicants must also provide as Exhibit IV to this application a detailed description of each line item contained in this budget and the underlying assumptions associated with each line item amount. The 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-A funded personnel (e.g., Program Director, Case Manager, Employment Specialist, etc.) and the organization at which they are or will be employed (i.e., list applicant organization or subcontractor organization name as applicable).
 - *# 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-A funded program (e.g., full-time staff would be shown at 100%)
 - *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 supportive services expenses in this section and the quarterly costs associated with those expenses.
- c. *Lease & Maintenance of Vehicle(s)*: Per 38 CFR 32.33, 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 quarter associated with these vehicles.

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

List all administrative expenses and the quarterly costs associated with each expense. Per 38 CFR 81.xx, 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.