



**State Shelter Grant
and
Child Services Coordination Grant
Program Guidelines and Application
Fiscal Years 2011-12 (July 1, 2010 - June 30, 2012)
Due Date: 5:00 PM Friday May 14, 2010**

State Shelter Grant Overview

The Virginia Department of Housing and Community Development (DHCD) awards State Shelter Grants to nonprofit and local government providers of emergency shelter and transitional housing facilities for the homeless in Virginia. The State Shelter Grant (SSG) is comprised of both state and federal funds.¹ DHCD provides the state portion of the award through an appropriation from the State General Fund. The federal portion of the SSG is Temporary Assistance to Needy Families (TANF) funds which originate at the U.S. Department of Health and Human Services, Administration for Children and Families and are provided to the Virginia Department of Social Services (DSS). In turn DSS allots a portion to DHCD to administer and distribute as a part of the SSG program.

The goal of SSG is to assist homeless families and individuals by providing financial support, technical assistance and training opportunities for local government and nonprofit agencies that provide services and support through the operation of emergency shelters and transitional housing facilities in Virginia.

Grantees will be selected for a two year period (July 1, 2010 – June 30, 2012). Funds will be awarded through a formula allocation to qualifying applicants. One year contracts will be issued for the first year period (July 1, 2010 – June 30, 2011) and will be renewable based on compliance, performance and available funding.

Funding Levels

The total funding available through the State Shelter Grant will not be known until the budget is finalized after the reconvened session in late April.

DHCD reserves the right to de-obligate and reallocate grantee funds at any point during the contract term based on compliance, performance and the availability of funding.

Note: *It is anticipated that for fiscal year 2012 (July 1, 2011 – June 30, 2012) SSG will be comprised of State General Funds only. Revised guidelines will be issued prior to July 1, 2011.*

Eligible Service Areas

SSG is a statewide program and as such is available to providers throughout the Commonwealth of Virginia.

¹The availability of TANF funds for fiscal year 2011 is not final at the time of the release of these guidelines and application. It is anticipated that for fiscal year 2012 (July 1, 2011 – June 30, 2012) SSG will be comprised of State General Funds only. Revised guidelines will be issued prior to July 1, 2011.

Applicant Eligibility Criteria

Applicants must be nonprofits or units of local government and current on 990 filings (not applicable to units of government).

A primarily religious organization must establish a completely secular, private, nonprofit organization to serve as the grantee for SSG funding through this program. Please note this requirement does not prevent primarily religious organizations that do not currently meet this requirement from applying. A pending application for non profit status 501 (c) (3) is sufficient at the time of application. If the grantee's application results in a decision to fund the program then a funding agreement, contingent upon being granted the nonprofit status, will be issued. All approved services must be provided in a manner that is free from religious influences.

Applicants must be in compliance with SSG guidelines and applicable state and federal policies and procedures, including compliance with federal and state non-discrimination laws.

Applicants must have established standard accounting practices including internal control and fiscal accounting procedures and be able to track agency and program budgets by revenue sources and expenses.

Applicants with outstanding audit findings, IRS findings, DHCD monitoring findings, or other compliance issues are not eligible SSG grantees and any grantee will not be eligible to receive allocations if any of these conditions occur within the grant period. Please note that DHCD will work with all interested parties, where appropriate, toward the resolution of unresolved matters.

New Applicants

Nonprofit organizations or local governments that previously have not received SSG are required to provide an additional letter of support from their local Continuum of Care (CoC). This document should substantiate the indicated services outlined in the applicant's proposal and community need for them. Additionally, DHCD will conduct a site inspection visit prior to the final award of grant funds. The shelter grant funds are not intended for start up efforts. Applicants are expected to have an emergency shelter and/or transitional housing program in operation for one year prior to the submission of application for SSG funding.

DHCD reserves the right to deny funding to new applicants based on the above outlined criteria and/or additional organizational capacity concerns that are identified. New applicants will only be eligible for funds related to the number of beds offered and supportive services (see funding details in Funding Distribution Formula section).

Objective of SSG funding

- To provide grant funds to emergency shelters and transitional housing facilities for the delivery of services with the ultimate goal of clients achieving permanent housing.

Objectives of TANF funding

- To provide assistance to needy families.
- To end dependence of needy parents by promoting job preparation, work and marriage.
- To prevent and reduce out-of-wedlock pregnancies.
- To encourage the formation of two-parent families.

Eligible Activities

The state portion of the SSG may be used for one or more of the following activities:

- Grantees may use up to six percent of the SSG award for building related expenses such as minor rehabilitation, repairs and improvements to existing emergency shelters and transitional housing facilities (not intended for facility expansion). Amounts above six percent must receive approval by DHCD.
- Operation costs such as administration (including staff), maintenance, rent, utilities, insurance, supplies and furnishings for emergency shelters and transitional housing facilities.
- The delivery of essential human services that address issues such as employment, substance abuse, education or health. Such services may not duplicate or supplant existing local services and should only be conducted toward meeting program objectives.

The TANF portion of SSG may be used for the following activity:

Operations and supportive services intended to achieve the purpose of the program as described for the state portion of the SSG allocation with the exception of that related to structural rehabilitation, repair and improvements.

Requirements related to SSG TANF:

- SSG TANF funds must be used for services related to individuals who have custody of minor children (includes individuals who are pregnant, who have custody of children less than 18 years old or a full-time secondary school student less than 19 years old who resides with the family).
- There must be an income limit for services provided under TANF. This income limit can be up to 200 percent of the federal poverty limit.

Ineligible Activities

The state and TANF portions of the SSG **may not be used** for the following activities or for any activity that is in violation of federal law or the laws of the Commonwealth of Virginia:

- The provision of shelter or services to persons other than those who are homeless.
- Services related to unaccompanied minors who are not legally emancipated.
- The provision of emergency shelter to the homeless where clients are charged a fee/rent or required to make a donation to receive shelter.
- Services for which Section 8 rental vouchers or other rental subsidies that cover fair market rent costs for transitional housing and/ or emergency shelter units are being received.
- The provision of transitional housing for the homeless if either of the following apply:
 - Program fees charged exceed 30 percent of the resident's income;
 - The total annual income from fees exceeds 50 percent of the last year's total budget for the transitional housing program.
- To acquire/purchase new property (buildings, land, and structures). *Mortgage payments on existing property directly related to shelter services and administration are permissible.*
- Homeless prevention activities such as, but not limited to, mortgage or rental assistance and rental or utility deposits.
- The provision of day shelters with no overnight accommodations.
- Juvenile justice activities.
- Licensed group homes.

The SSG TANF **may not be used** for the following activities:

- Services provided for individuals without a minor child.
- Structural rehabilitation, repair and improvements.
- To provide medical services other than pre-pregnancy family planning services.

Performance Measures

All emergency shelters receiving SSG funds (excluding thermal shelters) must be able to document placement of a minimum of 30 percent of the homeless households served in fiscal year 2011 into permanent housing.

Applicants providing transitional housing must be able to document placement of a minimum of 75 percent of the households that completed the transitional housing program in fiscal year 2011 into permanent housing. "Household" is defined as all clients including single individuals and families.

Program Fees

Transitional housing programs may under specific conditions charge clients a program fee for program support services (not rent or utilities). The program fee can never exceed 30 percent of the household income. All program fee policies must be written and applied consistently within the transitional housing program. Program fees are considered revenue and must be reflected and tracked as such in the program/agency budget and in the grantee's accounting system. Any program fee policy must be appropriate to the target population, used to provide services within the program and be approved by DHCD.

Documentation of Homelessness

Documentation of clients' homelessness situation is an important aspect of SSG program compliance. SSG grantees are required to maintain adequate documentation of homelessness status to determine the eligibility of persons served by DHCD's homeless assistance programs. The documentation is typically obtained from the client or a third party at the time of referral, entry, intake or orientation to the SSG-funded program. A completed *Homeless Certification Form* (required documentation) and any supporting documentation must be maintained in the client file.

Grantees will be monitored for compliance with this documentation requirement.

DHCD defines homelessness using the following definition: A homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without DHCD's homelessness assistance. A person is considered homeless only when he/she resides in one of the places/circumstances described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street;
- In an emergency shelter;
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation;
- Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or

- Is fleeing a domestic violence housing situation and no subsequent appropriate residence has been identified and the person lacks the resources and support networks needed to obtain housing.

Termination of Participation and Grievance Procedure

Grantees may terminate assistance provided by SSG-funded activities to clients who violate program requirements. The termination, however, must allow for the due process of the terminated client's rights and be based on written program policies subject to DHCD approval.

Grantees must have in place a procedure that governs the termination and grievance process. These procedures should describe the program requirements and the termination process, as well as the grievance procedure that might, for example, allow clients to request a hearing regarding the termination of their assistance.

Grantees must effectively communicate the termination and grievance procedures to clients and ensure that the procedures are fully understood. For example, the grantee staff might verbally explain the procedures to clients upon entry, intake, or orientation to the SSG-funded program and make the procedures readily available to clients either with written information or by posting the policy in a public place. Posting the policy on a bulletin board in a common area within the facility is an effective way to ensure that the procedures are available for clients to access at any time.

Grantees must be able to demonstrate compliance with the Termination of Participation and Grievance Procedures requirement, which will be confirmed through DHCD monitoring of grantees.

Participation of Homeless Persons in Policy-Making and Operations

The SSG program requires that grantees encourage the participation of homeless persons in projects in a number of ways.

Grantees of SSG funds are required to provide for the participation of at least one homeless or formerly homeless person in a policy-making function within the organization. This might include, for example, involvement of a homeless or formerly homeless person on the Board of Directors or similar entity that considers and sets policy or makes decisions for the grantee agency.

This requirement may be waived, however, only in the case that the grantee agrees to consult with homeless or formerly homeless persons in making policy or decisions. If needed contact DHCD for more details.

Grantees are required to involve program clients in the operation of the SSG-funded program. This involvement includes program clients' employment or volunteering in

program activities such as construction, renovation, maintenance, general operation of facilities, or provision of services. For example, a shelter might involve clients in ongoing maintenance tasks or other operations of the facility such as staffing the reception desk. This involvement can include paid and/or volunteer work.

Grantees will be monitored for compliance with these program requirements.

Ensuring Confidentiality

To ensure the safety and security of clients, grantees are required to develop and implement procedures to guarantee the confidentiality of client records. At a minimum, all client paper files and records should be secured when not in use in a locked file cabinet. Client records and files that are stored electronically must be password protected and should only be accessed by authorized agency personnel. Unique client identifiers should be used whenever possible. Confidentiality statements should be used and signed by any staff, volunteers or outside individuals who have access to client information.

Documentation of Service Provision

SSG grantees must maintain accurate client records and documentation. Client files will be reviewed carefully during on-site monitoring visits. Grantees are expected to provide documentation through client files and agency policy and procedure based on the level of supportive services indicated in the approved application.

Records shall be readily accessible to DHCD during the course of the grant agreement time frame and shall remain intact and accessible for **five years thereafter**. The exception is in the event that any litigation claim or audit is started before expiration of the five year period, in which case the records shall be retained until such action is resolved.

Admissions and Supportive Services Guidelines

Applicants for all emergency shelter and transitional housing programs are required to offer supportive services as outlined in the application.

Grantees of SSG funds may give preference to homeless persons who resided in their service area prior to becoming homeless. However, it is expected that any verified homeless person meeting the emergency shelter or transitional housing program's admission criteria will be provided with shelter and services if space is available, with no consideration to previous residency status or last address. Providers of emergency shelter for victims of domestic violence that receive funds through SSG may grant priority to domestic violence victims, but must provide services to women (and their dependents, when appropriate) who are homeless due to other causes when space is available.

Grantees of SSG must have written client admissions policies which are posted or otherwise made known to clients. These must include re-entry policies and procedures, eligibility criteria, rules and responsibilities. All policies and procedures cannot discriminate against clients and must be enforced consistently.

Habitability Standards

The following are basic standards to ensure that emergency shelter and transitional housing facilities funded by SSG are safe, sanitary and adequately maintained:

Structure and Materials - The shelter building should be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents.

Access - The shelter must be accessible and there should be a second means of exiting the facility in the case of emergency or fire.

Space and Security - Each resident should have adequate space and security for themselves and their belongings. Each resident must have an acceptable place to sleep.

Interior Air Quality - Each room or space within the shelter/facility must have a natural or mechanical means of ventilation. The interior air should be free of pollutants at a level that might threaten or harm the health of residents.

Water Supply - The shelter's water supply should be free of contamination.

Sanitary Facilities - Each resident should have access to sanitary facilities that are in proper operating condition. These facilities should be able to be used in privacy and be adequate for personal cleanliness and the disposal of human waste.

Thermal Environment - The shelter/facility must have any necessary heating/cooling facilities in proper operating condition.

Illumination and Electricity - The shelter/facility should have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There should be sufficient electrical sources to permit the safe use of electrical appliances in the shelter.

Food Preparation – Emergency Shelter programs that offer food preparation areas should contain suitable space and equipment to store, prepare and serve food in a safe and sanitary manner.

Transitional housing programs are required to offer separate food storage, preparation and service areas that are safe and sanitary.

Sanitary Conditions - The shelter should be maintained in a sanitary condition.

Fire Safety-Sleeping Areas - There should be at least one working smoke detector in each occupied unit of the shelter facility. In addition, smoke detectors should be located near sleeping areas where possible. The fire alarm system should be designed for a hearing-impaired resident. Shelters are expected to pass a fire safety inspection to be conducted by the local fire marshals office on an annual basis.

Fire Safety-Common Areas - All public areas of the shelter must have at least one working smoke detector. Shelters are expected to pass a fire safety inspection to be conducted by the local fire marshals office on an annual basis.

Grantees will be monitored for required documentation and compliance with this program requirement.

Other Programmatic Requirements

Americans with Disability Act (ADA) and Fair Housing Act Requirements (FHA)

SSG grantees must be in compliance with ADA and FHA requirements.

Further information can be found at <http://www.ada.gov> and <http://www.hud.gov/offices/fheo/FHLaws/index.cfm>

Four types of obligations must be met:

1. Implementation of nondiscriminatory policies and procedures
2. Affording reasonable accommodations as necessary in policies and procedures in order to provide equal enjoyment and use of their services
3. Providing auxiliary aids and services as necessary for effective communication (within a reasonable accommodation standard)
4. Providing physical access to and within the shelter (to the extent it is “readily achievable” to do so).

Additional guidance can be found at

http://www.nlchp.org/content/pubs/Q&A_DV_CivilRightsJuly%2020091.pdf

Preclusions of Service

SSG grantees may provide services to a specific targeted population. However, nondiscriminatory policies and procedures must be implemented. Any preclusions of service to individuals meeting the minimum targeted population criteria must be based on individualized assessments. These assessments must be based on objective evidence that the individual poses a “direct threat” to the health and safety of others and

that risk cannot be mitigated by reasonable modifications to the shelter's policies and procedures. "Direct threat" is determined by the nature and severity of the risk and how likely it is to occur. It cannot be based on stereotypes or generalizations.

Restrictions on children's ages for emergency shelter or transitional housing programs are not permitted. Determination of the provision of services should be made on an individual basis.

Programs may consider factors related to sexual privacy as it relates to the structural layout of the program (i.e. if there are shared sleeping and bathroom facilities). Reasonable accommodations should be made in order to be as inclusive as possible.

Mandated Reporter Policy

Agencies receiving SSG funds must have a comprehensive policy in effect for mandatory reporting of suspected child abuse and neglect. All staff members must review and sign acknowledgement of the policy. All clients with children must review and sign acknowledgement of the policy. Appropriate training should be conducted and documented on this issue on a regular basis. Agencies are strongly encouraged to contact the local department of social services and domestic violence programs for on-going guidance on this issue.

Continuum of Care Planning Groups

DHCD requires applicants to be actively involved in their local Continuum of Care (CoC) planning group. Each applicant must be certified as an active client and as performing a needed and unduplicated service by their CoC Chairperson. If the chair for the applicant's CoC is an employee or volunteer at the applicant's agency, another CoC member in a leadership position should certify this assurance. A completed *Continuum of Care Participation Certification* must be submitted (see required documents).

Match

Grantees are required to provide a dollar-for-dollar match for the entire SSG award amount. The match must be for the specific project for which SSG funding is awarded and must be received and expended within the grant year. Allowable sources of match are cash, the value or fair rental value of any donated material or building, the value of any lease on a building, any salary paid to staff to carry out the program of the grantee and the value of the time and services contributed by volunteers to carry out the program of the grantee. Grantees must maintain and make available upon request source documentation related to match (volunteer logs, donation records, donation documentations, etc.).

Financial Management

Grantees must ensure compliance with regulations and requirements pertaining to the **following key areas of financial management:**

- Allowable costs
- Source documentation
- Internal controls
- Budget controls
- Cash management
- Accounting records
- Procurement
- Property asset controls
- Audits

Grantees must use SSG program funds only for eligible activities and in accordance with the DHCD-approved program budget. Any changes from the planned expenditures must be approved in advance by DHCD. SSG funds may not be used for activities other than those authorized in the regulations and approved by DHCD.

Internal controls refer to the combination of policies, procedures, defined responsibilities, personnel and records that allow an organization to maintain adequate oversight and control of its finances. As such, internal controls reflect the overall financial management system of an organization or agency. Budget controls, cash management, accounting records, procurement and property controls are sub-sets of the overall financial system.

Grantees will be monitored for required documentation and compliance with the program requirements.

A compliance monitoring may review the following:

- An organizational chart showing titles and lines of authority for all individuals involved in approving or recording financial (and other) transactions
- Written position descriptions that provide details of the responsibilities of all key employees
- A written policy manual specifying approval authority for financial transactions and guidelines for controlling expenditures
- Written procedures for the recording of transactions, as well as an accounting manual and a chart of accounts
- Adequate separation of duties to assure that no one individual has authority over an entire financial transaction
- Hiring policies to ensure that staff qualifications are equal to job responsibilities and that individuals hired are competent to do the job

- Control of access to accounting records, assets, blank forms, and confidential records are adequately controlled, such that only authorized persons can access them
- Procedures for regular reconciliation of its financial records, comparing its records with actual assets and liabilities of the organization
- Accounting records/source documentation
- Cash management procedures
- Procurement procedures
- Property controls
- Annual audit

HMIS

SSG grantees are required to report program participant-level data, such as the number of persons served and their demographic information, in a Homeless Management Information System (HMIS) database. HMIS is an electronic data collection system that facilitates the collection of information on persons who are homeless or at risk of becoming homeless that is managed and operated locally.

Please note that domestic violence shelters are exempt from the HMIS requirement, however these types of programs will be required to provide aggregate data for reporting purposes.

Audits

Grantees operating with an annual budget of \$500,000 or more are required to have annual audits conducted in compliance with OMB A-133 standards. Those grantees with annual budgets of less than \$500,000 should complete a review of financial statements annually conducted by an independent agent. Annual audits or review of financial statements, whichever is appropriate, must be within six months following the end of the grantee's fiscal year.

Time Sheets

Employee time sheets should reflect actual times, not percentages. Likewise, time sheets should be signed and dated (or equivalent electronic approval) by the employee and the supervisor having first-hand knowledge of the work performed. If the expenditures are paid for by more than one source (e.g., state, federal, United Way, private donations) the split costs should be accurately tracked within the grantee's accounting system.

Method of Payment

Disbursements will be made every other month based on DHCD's schedule. Grantees must submit *Requests for Reimbursement*. The *Requests for Reimbursement* are reviewed by DHCD staff and approved for reimbursement based on the information

submitted. SSG monitoring will review full source documentation for specific reimbursement periods. Any item found to be ineligible and/or unsupported must be paid back in full to DHCD. DHCD reserves the right to reduce subsequent reimbursements by the amount of any ineligible and/or unsupported cost. Any grantee with unresolved findings or compliance issues may have reimbursement suspended. Any applicant with unresolved findings or compliance issues is ineligible for SSG funding through this program.

Grantees are required to receive funds via electronic transfer. To establish an account go to the Virginia Department of Accounts web site (<http://www.doa.virginia.gov>) and select EDI (Electronic Data Interchange) from the links on the right hand side of the page. The EDI guide then may be accessed through a link under the Trading Partner Information section.

DUNS Number

Grantees are required to register with Dun and Bradstreet to obtain a DUNS number, if they have not already done so. For more information see 73 FR23483, April 30, 2008 or go to: http://www.dnb.com/US/duns_update/.

Recordkeeping

Grantees must keep any records and submit any reports (including those pertaining to race, ethnicity, gender, and disability status data) that DHCD may require within the timeframe required. All program and program client records must be maintained for a minimum of five years.

Monitoring

DHCD is responsible for monitoring all SSG activities carried out by a grantee, to ensure that the program requirements are met. Monitoring may also be conducted by the Virginia Department of Social Services² to determine whether the grantee complied with the requirements of this program.

Communications

All forms, publications and applications are available electronically on the DHCD website: <http://www.dhcd.virginia.gov>. In addition, DHCD uses email as the primary means of regular and on-going communication with grantees. Therefore, it is required that awarded agencies have ready access to a computer, with internet access and email addresses for employees. Grantees must inform DHCD of contact information changes.

² This assumes the availability of TANF funds as a part of SSG funding. This availability is not final at the time of the release of these guidelines and application.

Funding Distribution Formula for SSG

DHCD wants to ensure that the limited pool of funding that is received is used in the most effective way possible to help enable organizations to provide the necessary shelter services to homeless individuals and families of the Commonwealth. In order to do this, funding will be based on performance measures in addition to the number of “beds” offered by organizations. It is the intent of DCHD to help organizations build their capacity and operate more efficiently and effectively.

SSG funds will be divided into three allotments – 60 percent, 20 percent and 20 percent.

- The 60 percent allotment will be used as base line funding and will be awarded on a per bed formula.
- The 20 percent utilization allotment will be awarded based strictly on the historical utilization rates for agencies that have established grant projects related to this funding July 1, 2008 to December 31, 2009. This information is included on an Attachment A that will be electronically transmitted to agencies currently SSG funded by DHCD. This allotment of funds will not be available to new applicants.
- The 20 percent supportive services allocation will be awarded based on the level of supportive services provided as outlined in the application.

Quarterly Reports

In order to maintain funding, organizations **must** electronically submit quarterly reports for all funded programs to DHCD by the 10th of the month following the end of the quarter. Late, incomplete or inaccurate information is grounds for delay in payment and/or termination of the grant agreement.

Child Services Coordination Grant (CSCG) Overview

The Virginia Department of Housing and Community Development (DHCD) awards Child Services Coordination Grant (CSCG) funds to qualifying SSG grantees through an appropriation from the State General Fund.

The goal of CSCG is to support a child service coordinator referral system in homeless shelters serving families with minor children.

Grantees will be selected for a two year period (July 1, 2010 – June 30, 2012). Funds will be awarded through a formula allocation to qualifying applicants. One year contracts will be issued for the first year period (July 1, 2010 – June 30, 2011) and will be renewable based on compliance, performance and available funding.

Funding Levels

The total funding available through the Child Services Coordination Grant will not be known until the budget is finalized after the reconvened session in late April.

DHCD reserves the right to de-obligate and reallocate grantee funds at any point during the contract term based on compliance, performance and the availability of funding.

Should a CSCG grantee's SSG funding be suspended or terminated due to compliance or performance issues, CSCG funding will be suspended and/or terminated accordingly.

Eligible Service Areas

CSCG is a statewide program and as such is available to providers throughout the Commonwealth of Virginia.

Applicant Eligibility

Applicants must currently receive State Shelter Grant funding through DHCD for the 2009-2010 fiscal year to be eligible for CSCG funding. In addition, applicants must meet all requirements for State Shelter Grant funding and be awarded SSG funds through this application process to be eligible to receive CSCG. *Please see Applicant Eligibility criteria in the State Shelter Grant Guidelines.*

Eligible Activities

CSCG funds must be used to support coordination efforts that address the special health care, mental health and educational needs of homeless children residing in homeless shelters.

Activities must include:

- Referrals to address health concerns.
- Referrals to address mental health concerns.
- Coordination with the local Project Hope liaison.

- Referrals as appropriate to Department of Social Service.

Case files must include evidence of the above stated activities.

Funding Allocations

Awards will be based on the monthly average number of children served over the 18 month period from July 1, 2008 to December 30, 2009. For applicants with less than an 18 month history of SSG funding through DHCD, awards will be based on the monthly average number of children served over the six month period from July 1, 2009 to July 30, 2009. All numbers reported in this application will be verified through the quarterly reports submitted to DHCD from July 1, 2008 to December 31, 2009.

Awards will be made to qualifying emergency shelter (includes domestic violence) applicants as follows:

- Shelters serving fewer than five new children per month on average will not be funded.
- Shelters serving between five and 11 new children per month on average will receive Level I funding.
- Shelters serving between 12 and 17 new children per month on average will receive Level II funding.
- Shelters serving between 18 and 23 new children per month on average will receive Level III funding.
- Shelters serving between 24 and 29 new children per month on average will receive Level IV funding.
- Shelters serving 30 or more new children per month on average will receive Level V funding.

Awards will be made to qualifying transitional housing facilities applicants as follows:

- Transitional housing facilities serving fewer than 20 children per month on average will not be funded.
- Transitional housing facilities serving between 20 and 45 children per month on average will receive Level I funding.
- Transitional housing facilities serving between 46 and 70 children per month on average will receive Level II funding.
- Transitional housing facilities serving more than 70 children per month on average will receive Level III funding.

Organizations with emergency (includes domestic violence) and transitional programs are eligible for funding in both categories.

The levels of funding will be determined by the number of qualifying applicants and the available funding. Each funding level (Levels I – V) will increase proportionately. For

example, if funding Level I is \$5,000, funding Level II will be \$10,000, funding Level III will be \$15,000, funding Level IV will be \$20,000 and funding Level V will be \$25,000.

Note: These funding level amounts are examples only; actual funding levels will be determined by the number of qualifying applicants and the available funding.
Application Instructions

General Directions

Applicants should reference these accompanying materials for details on applicant eligibility, eligible/ineligible activities, program client eligibility, and other program requirements.

Submission Requirements

The deadline for the receipt of applications to include all necessary supplemental information and attachments is 5:00 PM Friday, May 14, 2010. Applications received after this time or with incomplete information will not be accepted and funding for those agencies and organizations will be denied.

Applications will be reviewed “as is.” Missing and/or incomplete information may impact funding levels or eligibility status.

Applicants must submit **one unbound original and two unbound copies** of the application and all required documents. Applications should be mailed to:

Nicole Poulin, Program Manager
Homeless and Special Needs Housing
Department of Housing and Community Development
Main Street Centre
600 East Main Street, Suite 300
Richmond, Virginia 23219

Hand delivered applications must be received at DHCD by the deadline. Please request a receipt upon delivery.

Hand written applications will not be accepted. Attachments (originals) must have original signatures.

All narratives must be single spaced in 12 point font Arial with one inch margins.

The complete legal name of the applicant organization and the program must appear in the upper right corner of each page.

Applications should be assembled in the order of the application.

All questions regarding the application should be directed to Nicole Poulin at 804-371-7113 or nicole.poulin@dhcd.virginia.gov.

DHCD is offering two “How to Apply” conference calls for prospective grantees. These conference calls will review program parameters and application requirements. While it is not mandatory, it is highly recommended that all applicants participate in one of the conference calls.

The “How to Apply” conference calls will be held as follows:

**Friday, April 16, 2010
10:00 AM-12:00 PM**

and

**Monday, April 19, 2010
10:00 AM-12:00 PM**

To access the conference call:

Dial 866-842-5779 (toll free)

The access code for this call is:

8043717100

DHCD anticipates the announcement of awards by July 1, 2010.

Any updates related to this funding will be posted on DHCD’s website at www.dhcd.virginia.gov . It is incumbent upon the invested parties to check for updates.



SSG Application

Applicant Name:

Program Type:

- Transitional Housing
- Emergency Shelter
- Domestic Violence Emergency Shelter
- Thermal Emergency Shelter

1. Is this organization a 501 C 3? (a) YES NO PENDING

Is this organization a unit of local government? (b) YES NO

2. Please check all that apply to the applicant:

- (a) Current on 990 filing
- (b) No findings on most recent agency financial audit
- (c) No unresolved IRS findings
- (d) No outstanding DHCD findings

3. Applicant – Prior year information (July 1, 2008 - June 30, 2009)

Applicant Prior Year Information	
(a) Prior year total <u>agency budget</u> *	\$
(b) Prior year <u>number of households</u> served by program	

**Total agency/organizational budget). For units of local government only specify appropriate division or department budget. For national non profits please specify only the local chapter.*

Applicant Legal Name:

Administrative Office Mailing Address (provide both physical and P.O. Box addresses if applicable):

DUNS Number:

Primary Contact Person Name:

Contact Person Position Held:

Telephone Number: (area code)

Email:

Please tell us what the proposed primary service areas are:

Primary Service Areas (city/county)

**Add additional rows as needed.*

Does the organization impose requirements other than experiencing homelessness as criteria for receiving housing and services (i.e. victim of domestic violence, substance abuser, release from a correctional facility, previous residency status)?

Yes No

If yes, provide an explanation of these requirements:

Approval of Authorized Official (For the Applicant)

_____ Signature	_____ Title
_____ Name (Printed or Typed)	_____ Date

Need Narrative

Please describe what local needs and services gap this program seeks to fill or currently fills. Be sure to note any supporting evidence for this need. This should be specific to the proposed service area.

Program Description

Please describe the proposed program. Be sure to include details on the following:

- Target population (s)
- Outreach methods
- Details of the types of assistance and services that will be provided to the individuals/households in the program (include information on intake processes and shelter rules and regulations)
- Details on the length program
- How service will be coordinated with other programs (including mainstream services)
- Program outcomes (current and/or projected)

Collaboration

Please describe the key collaborations (current and/or proposed) specific to this program.

Organizational Capacity

Please describe your agency's capacity to provide homeless shelter services (emergency and transitional housing).

HMIS Current Capacity and Plans

Describe in detail your agency's current and proposed levels of HMIS capacity.

FACILITY INFORMATION

Name of Facility	Street Address (Please indicate if this is a confidential location or address)	Location (indicate City, County or Town where facility is located, not mailing address)	Enter type of facility (see key below)	Populations served in facility (see key below)	Number of units (beds) *	Total number of beds used for homeless persons **
<i>EXAMPLE: ABC Shelter</i>	<i>101 Main St.</i>	<i>Anytown</i>	<i>ES</i>	<i>SPF UAW</i>	<i>5 (25)</i>	<i>50</i>

* Indicate the number of rooms and the number of beds within those rooms that are reserved for family households or similar cohabitants. For example: If there are five rooms reserved for families with a total of 25 beds enter 5 (25).

** Indicate the total number of beds used for homeless persons to include the number of beds listed in the previous column. For example: If there are 25 beds for individuals and additionally 25 beds within 5 units enter 50.

KEY:

Enter type of facility using the following abbreviations

ES (*full-year emergency shelter*) TH (*transitional housing*)
 DVES (*full-year emergency shelter serving victims of domestic violence*)
 TS (*thermal or seasonal shelter*)

Enter populations served in each facility using the following abbreviations

UAM (*Unaccompanied Adult Men*) UAW (*Unaccompanied Adult Women*)
 UMY (*Unaccompanied Male Youth*) UFY (*Unaccompanied Female Youth*)
 SPF (*Single-Parent Families*) TPF (*Two Parent Families*)
 ACWC (*Adult Couples without Children*) OFC (*Other Family Composition*)

Full Year Emergency Shelter Programs (programs offered for up to six months)
(Those programs that primarily target domestic violence victims should complete the domestic violence shelter section)

1. Total number of emergency shelter beds available for the homeless on **July 1, 2010** (this number should match that on the facility section of the application): _____
2. Total number of emergency shelter beds for which funding is requested in this application: _____
3. Provide a brief explanation if the total number of emergency beds available is different than the total number of emergency beds for which funding is requested in this application:
4. Total number of emergency beds funded for by DHCD's SSG programs in fiscal year 2010 (established grantees see electronically transmitted Attachment A): _____
5. What is the maximum number of days that clients are informed they are allowed to stay in emergency shelter? _____
6. What is the actual average length of stay for clients in emergency shelter?

7. Of the emergency shelter beds for which fiscal year 2011 funding is being requested in this application, do any of the following apply:
 - ✓ Section 8 Program rental subsidy? Yes No
 - ✓ Other rental subsidies that cover fair market rent costs for emergency shelter units?
 Yes No
 - ✓ Program fees or required donations? Yes No

Delivery of Supportive Services for Emergency Shelter Programs

Name of Emergency Shelter Program:

Check the service category which most accurately describes the services provided to the homeless clients in the facility. All services listed in the service description must be provided to meet that particular service level. For example: An applicant providing six of the eight services in the top service level (Intensive Case Management) does not meet the necessary criteria for that level and therefore should check the second level (Base Case Management). Services should be appropriate and adequate for the homeless populations served by the agency.

✓	Service Level	Service Description
	Intensive Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Thorough client assessment • Detailed service plan developed • Weekly documented, face to face, meetings that review service plan • Advocacy and referrals to needed services • Group trainings/education • Case files kept with frequent and consistent notes on client progress, agencies referred, budgets • Formally trained case workers who receive on-going, documented, training on issues relevant to the client population *
	Basic Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Basic, documented assessment • Basic, documented service plans • Regular, documented meetings with clients • Referrals to needed services • Group meetings • Case files kept with client information
	Information and Referrals	<ul style="list-style-type: none"> • Homelessness verified • Information and referrals made on an as-needed basis

* Case workers must have a minimum of 20 hours of formal training, either through an institution of higher learning or recognized training classes or sessions in the last three years, on issues related to the homeless population and/or case management skills.

Full Year Emergency Domestic Violence Shelter Programs (*emergency shelter programs offered for up to six months that primarily target domestic violence victims*)

1. Total number of domestic violence shelter beds available for the homeless on **July 1, 2010** (*this number should match that on the facility section of the application*): _____
2. Total number of domestic violence shelter beds for which funding is requested in this application: _____
3. Provide a brief explanation if the total number of domestic violence shelter beds available is different than the total number of emergency beds for which funding is requested in this application:
4. Total number of domestic violence beds funded for by DHCD's SSG programs in fiscal year 2010 (*established grantees see electronically transmitted Attachment A*): _____
5. What is the maximum number of days that clients are informed they are allowed to stay in the domestic violence shelter? _____
6. What is the actual average length of stay for clients in the domestic violence shelter? _____
7. Of the emergency shelter beds for which fiscal year 2011 funding is being requested in this application, do any of the following apply:
 - ✓ Section 8 Program rental subsidy? Yes No
 - ✓ Other rental subsidies that cover fair market rent costs for domestic violence shelter units?
 Yes No
 - ✓ Program fees or required donations? Yes No

Delivery of Supportive Services for Emergency Domestic Violence Shelter Programs

Name of Emergency Domestic Violence Shelter Program:

Check the service category which most accurately describes the services provided to the homeless clients in the facility. All services listed in the service description must be provided to meet that particular service level. For example: An applicant providing six of the eight services in the top service level (Intensive Case Management) does not meet the necessary criteria for that level and therefore should check the second level (Basic Case Management). Services should be appropriate and adequate for the homeless populations served by the agency.

✓	Service Level	Service Description
	Intensive Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Thorough client assessment • Detailed service plan developed • Weekly documented, face to face, meetings that review service plan • Advocacy and referrals to needed services • Group trainings/education • Case files kept with frequent and consistent notes on client progress, agencies referred, budgets • Formally trained case workers who receive on-going, documented, training on issues relevant to the client population *
	Basic Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Basic, documented assessment • Basic, documented service plans • Regular, documented meetings with clients • Referrals to needed services • Group meetings • Case files kept with client information
	Information and Referrals	<ul style="list-style-type: none"> • Homelessness verified • Information and referrals made on an as-needed basis

* Case workers must have a minimum of 20 hours of formal training, either through an institution of higher learning or recognized training classes or sessions in the last three years, on issues related to the homeless population and/or case management skills.

Transitional Housing Programs (programs offered for up to 24 months)

1. Total number of transitional housing beds available for the homeless on **July 1, 2010** (this number should match that on the facility section of the application):

2. Total number of transitional housing beds for which funding is requested for in this application: _____
3. Provide a brief explanation if the total number of transitional housing beds available is different than the total number of transitional housing beds for which funding is requested in this application:
4. Total number of transitional housing beds funded by DHCD's SSG/ESG programs in fiscal year 2010 (established grantees see electronically transmitted Attachment A): _____
5. What is the maximum length of time that clients are informed they are allowed to stay in transitional housing? _____
6. What is the actual average length of stay for clients in transitional housing?

7. What is the maximum number of days a client can stay in transitional housing?

8. Is there a transitional program fee requirement? _____
Is so, what is it?
9. Is there a transitional living agreement signed by clients? _____
10. Of the transitional housing beds for which fiscal year 2011 funding is being requested, do any of the following apply:
 - ✓ Section 8 Program rental subsidy? Yes No
 - ✓ Other rental subsidies that cover total fair market rent costs for transitional units? Yes No
 - ✓ Program fees that exceed 30 percent of client's gross income or that exceed 50 percent of the last year's total budget for the transitional housing program? Yes No

Delivery of Supportive Services for Transitional Housing Programs

Name of Transitional Housing Program:

Check the service category which most accurately describes the services provided to the homeless clients in the facility. All services listed in the service description must be provided to meet that particular service level. For example: An applicant providing six of the eight services in the top service level (Intensive Case Management) does not meet the necessary criteria for that level and therefore should check the second level (Base Case Management). Services should be appropriate and adequate for the homeless populations served by the agency.

✓	Service Level	Service Description
	Intensive Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Thorough client assessment • Detailed service plan developed • Weekly documented, face to face, meetings that review service plan • Advocacy and referrals to needed services • Group trainings/education • Case files kept with frequent and consistent notes on client progress, agencies referred, budgets • Formally trained case workers who receive on-going, documented, training on issues relevant to the client population *
	Basic Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Basic, documented assessment • Basic, documented service plans • Regular, documented meetings with clients • Referrals to needed services • Group meetings • Case files kept with client information
	Information and Referrals	<ul style="list-style-type: none"> • Homelessness verified • Information and referrals made on an as-needed basis

* Case workers must have a minimum of 20 hours of formal training, either through an institution of higher learning or recognized training classes or sessions in the last three years, on issues related to the homeless population and/or case management skills.

Thermal Shelter Programs

1. Number of months the facility will be used to house homeless persons in fiscal year 2011 (*July 1, 2010 through June 30, 2011*). If there are multiple facilities please indicate the number of months each will be used by location: _____
2. Total number of thermal shelter beds available for the homeless on **July 1, 2010** (*this number should match that on the facility section of the application*): _____
3. Total number of thermal shelter beds for which funding is requested for in this application (if there are multiple facilities please indicate the number of beds by location): _____
4. Provide a brief explanation if the total number of thermal shelter beds available is different than the total number of thermal shelter beds for which funding is requested in this application:
5. Total number of thermal shelter beds funded by DHCD's SSG/ESG programs in fiscal year 2010 (*established grantees see electronically transmitted Attachment A*): _____

Delivery of Supportive Services for Thermal Shelter Programs

Name of Thermal Shelter Program:

Check the service category which most accurately describes the services provided to the homeless clients in the facility. All services listed in the service description must be provided to meet that particular service level. For example: An applicant providing six of the eight services in the top service level (Intensive Case Management) does not meet the necessary criteria for that level and therefore should check the second level (Basic Case Management). Services should be appropriate and adequate for the homeless populations served by the agency.

✓	Service Level	Service Description
	Intensive Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Thorough client assessment • Detailed service plan developed • Weekly documented, face to face, meetings that review service plan • Advocacy and referrals to needed services • Group trainings/education • Case files kept with frequent and consistent notes on client progress, agencies referred, budgets • Formally trained case workers who receive on-going, documented, training on issues relevant to the client population *
	Basic Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Basic, documented assessment • Basic, documented service plans • Regular, documented meetings with clients • Referrals to needed services • Group meetings • Case files kept with client information
	Information and Referrals	<ul style="list-style-type: none"> • Homelessness verified • Information and referrals made on an as-needed basis

* Case workers must have a minimum of 20 hours of formal training, either through an institution of higher learning or recognized training classes or sessions in the last three years, on issues related to the homeless population and/or case management skills.

CHILD SERVICES COORDINATION GRANT (CSCG) APPLICATION

Statistical information based on the four quarters of fiscal 2009 (July 1, 2008-June 30, 2009) and the first two quarters of fiscal year 2010 (July1, 2009-December 31, 2009).

Total number of new children admitted (for emergency and DV shelters only)	
Average number of children in residence on a monthly basis (TH programs only)	

Program Description

Please describe the proposed program provides for the coordination of services for children. Be sure to include details on the following:

- Strategies that will be used to ensure all school aged children who enter the program during the school year are enrolled in school and methods of monitoring school performance
- The agency's working relationship, if any, with Project HOPE staff
- How the agency collaborates with other service providers on behalf of children in residence
- Program outcomes (current and/or projected)

Required Documentation	
<i>Type</i>	<i>Attached</i>
Documentation of Non profit Status	<input type="checkbox"/>
Relevant M.O.U.s/Written Agreements/Service Contracts (specific to this program)	<input type="checkbox"/>
Fire Inspection Report (most recent) – if applicable	<input type="checkbox"/>
Program Fee Policy and Agreement – if applicable	<input type="checkbox"/>
Agency Budget (current year – must include all programs and funding sources)*	<input type="checkbox"/>
Continuum of Care Participation Certification	<input type="checkbox"/>
Certifications and Assurances	<input type="checkbox"/>
Most Recent Audit**	<input type="checkbox"/>
Local Government Certification	<input type="checkbox"/>
Attachment A (to be sent electronically to current SSG recipients)	<input type="checkbox"/>

*Units of government should provide department or agency budget.

**Not applicable if DHCD already has a copy of the applicant's most recent audit.

Continuum of Care Participation Certification

DHCD considers the following to be a working definition: An “active member agency/ organization/service provider” of a local Continuum of Care (CoC) is one that attends at least 51 percent of the overall CoC meetings, serves on at least one committee and contributes work hours and staffing in the CoC application process by writing sections, proof reading, and/or researching, etc.

DHCD acknowledges that Continuums of Care are unique organizations, specifically tailored to fit the needs and available resources within a community. For this reason, if the local CoC uses a different definition to describe “active member agency/organization”, please enter it in the box provided and describe how the organization works within that framework:

SSG Applicant Name:

Continuum of Care Name :

My signature below attests that this SSG applicant agency/organization:

1. Is an active participant, of the above named Continuum of Care, according to DHCD’s working definition or another stated definition:

Yes No

If no, please provide an explanation:

2. Is filling a gap, or the lack of this established program, would cause hardship for homeless individuals and/or families, in our community’s continuum of services by providing services and/or shelter through their programs

Yes No

Signature of Continuum of Care Chairperson

Date

Printed Name, Title

Agency

CERTIFICATIONS AND ASSURANCES

I, _____ (*enter name*), authorized representative of _____ (*enter name of organization*) on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application for fiscal years 2010-11 and 2011-2012 program years, in the grant agreement, and in the program guidelines while conducting grant activities for the program funded.

To this end, I certify/assure the following:

1. The program supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law;
2. The organization will provide all activities under the program in a manner that is free from religious influence;
3. The organization will not require a fee or donation as a condition for receiving emergency shelter or related services;
4. The organization operates in a facility that is in compliance with applicable state and local health, building, and fire safety codes, meeting the U. S. Department of Housing and Urban Development's Housing Quality Standards and Habitability Standards as a minimum, or agrees to make necessary improvements/repairs for code compliance;
5. The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds;
6. The organization will administer a policy to ensure each homeless facility is free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries;
7. The organization will maintain and operate under a standardized conflict of interest procedure for employees, volunteers and members of the board;
8. The organization will insure the confidentiality of victims of domestic violence;
9. The organization will adhere to 24 CFR Part 85 and OMB A-87;
10. The organization (unless a unit of local government) was incorporated under Virginia law on _____; and
11. The organization (unless a unit of local government) has received Federal tax-exempt status under Section 501 (c) of the U. S. Internal Revenue Code.

Signature of Authorized Representative

Date

Title of Authorized Representative (*print or type*)

LOCAL GOVERNMENT CERTIFICATION

I, ___(*enter name and title*), duly authorized to act on behalf of (*enter name of jurisdiction*) ___ hereby approve the following program proposed by (*enter name of non profit organization*) ___ which is (are) located in (*enter name of all applicable jurisdictions*) ___

Signature of Authorized Local Government Official

Date

Name and Title of Authorized Local Government Official

State Shelter Grant Program (SSG) HOMELESS CERTIFICATION

SSG Program Participant/ Client Name or Unique Identifier:

- Household without dependent children (complete one form for each adult in the household)
 Household with dependent children (complete one form for household)
Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.
 The person(s) named above being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is not longer considered meant for human habitation.*
 The person(s) named above is fleeing a domestic violence housing situation and no subsequent appropriate residence has been identified and the person lacks the resources and support networks needed to obtain housing.**

Description of current living situation:

Homeless Street Outreach Program (if applicable) Name:

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature:

_____ Date: _____

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name:

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Agency Representative Signature:

_____ Date: _____

Living Situation: Transitional Housing

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name:

This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

emergency shelter OR a place unfit for human habitation

Authorized Agency Representative Signature:

_____ Date: _____

**attach eviction notice*

***attach any available documentation (protective orders, warrants, etc.)*