



Department of Veterans Affairs

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

Section B2 - Van Submission

VA Form
JAN 2003

10-0361-CG (VAN)

Capital Grant Van Application:

Applicant Summary:

Your Organization's Name:

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

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

Veterans Integrated Service Network (VISN):

In what VISN is your proposed project located? _____ (see map in appendix)

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

My VISN CNHC Member is:

1. Eligibility to Receive VA Assistance:

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

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

OR

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

AND

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

2. Project Summary:

Our Organization requests _____ for the acquisition of _____ van. (Note: limit is 1 Van).

The total cost of the van is _____. This is the amount requested from VA plus the remaining balance of funds required to complete acquisition.

3. For Scoring Purposes:

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

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

A. Project Narrative:

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

B. State/Local Government Applicants:

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

3. Major Milestones (Timeline):

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

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

4. Budget and Leveraging:

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

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

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

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

B. Leveraging Summary:

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

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

C. Supporting Documentation: Applicants that list the cash value of leveraged resources in the Leveraging Summary must document these resources on the appropriate organization letterhead stationary as outlined in the Assurances Section of this application (pages 10 & 11).

5. Description of Need:

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

- A. Identify the need for this van. Identify other sources of alternate public transportation available to homeless veterans in your project.** (Please answer in the space provided below.)

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

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

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

6. Targeting:

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

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

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

7. Project Plan:

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

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

(Please answer in the space provided below.)

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

8. Ability:

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

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

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

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

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

9. Coordination with Other Programs:

- A. How was the planning of this program coordinated with other organizations that assist the homeless? List the primary agencies with which you work that serve homeless veterans. Describe the nature and duration of your relationship with them. Include, your coordination with Veterans Service Organizations, State and Local Share-a-Ride or similar type programs in your response.**

(Please answer in the space provided below.)

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

10. VAN Description:

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

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

11. Assurances:

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

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

11. Assurances (cont):

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

A. Services Benefiting Veterans

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

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

B. Reports; Record Retention

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

C. Title to Vest with Grantee

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

D. Continued Financial Support

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

E. Fiscal Control

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

F. Non-Delinquency

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

G. Accuracy of Application Information

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

H. Applicant Cash Resources.

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

I. Compliance

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

Signature of Authorized Certifying Official Title	Date Submitted
Applicant Organization	Date

11. Assurances (cont):

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

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

J. Third Party Cash.

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

K. Third Party Non-Cash Resources.

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

Application Assembly Checklist

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

Items	VA Page Numbers	Applicant Page Number
Application for Federal Assistance (Standard Form 424)	Located in Forms Section	
Application Receipt Form (VA Form 10-0361A)	Located in Forms Section	
Application Assembly Checklist	First Submission – page 12	
Applicant Summary - - First Submission	First Submission - page 1	
Veterans Integrated Service Network	First Submission - page 1	
Eligibility to Receive VA Assistance - - First Submission	First Submission - page 1	
Project Summary - - First Submission a. Project Narrative b. State and Local Govt. (if applicable)	First Submission – page 2	
Major Milestones (Timeline) - - First Submission	First Submission - page 3	
Budget and Leveraging - - First Submission a. Budget Summary b. Leveraging Summary	First Submission - page 3	
Description of Need - - First Submission	First Submission - pages 4	
Targeting - - First Submission	First Submission - pages 5	
Project Plan - - First Submission	First Submission – page 6	
Ability - - First Submission a. Resumes of personnel b. Questions A & B	First Submission – page 7	
Coordination with other Programs - - First Submission	First Submission – page 8	
Van Description - - First Submission Areas A and B	First Submission – page 8 & 9	
Assurances - - First Submission Areas A through I Areas J through K on Letterhead Stationary Standard Form 424C, Assurances Non-Construction	First Submission – pages 9 through 11	
OMB Forms -- Section D a. Standard Form 424A, Non-Construction Budget (if applicable) b. Standard Form 424B, Non-Construction Assurances (if applicable) c. Standard Form 424C, Construction Budget d. Standard Form 424D, Construction Assurances	Located in Forms Section	