



Department of Veterans Affairs

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***Homeless Provider Grant and  
Per Diem Program  
Per Diem Only  
Application***

***Section B - Submission***

**Per Diem Only Application:**

**Applicant Summary:**

Your Organization's Name:

	<b>Name</b>	<b>Phone</b>	<b>Fax</b>
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 per diem for: (check all that apply)

**TRANSITIONAL HOUSING**

~~SERVICE CENTER~~ **Not Applicable**

Is this a renewal of a previous "Per Diem Only" award?  Yes  No **Not Applicable**

If yes, what is the project number? \_\_\_\_\_ **Not Applicable**

**Service Provider and Geographic Area:** Check all that apply:

Non-Profit Organization

Consider agency to be a faith-based organization

Indian-Tribal Government

Rural project location

State/Local Government

Urban project location

**A. Target Populations** Below is a list of homeless veteran populations. Check those populations that you have targeted to be served as a part of this application. Keep in mind; there is an expectation that if you identify a population to be served, the specific services (including staff) and or housing that meet the needs of the identified populations should be addressed in the project plan section of this application. Failure to do so may decrease the overall score of the application.

Female homeless veterans

Homeless veterans and their families

Frail and elderly homeless veterans

Homeless veterans with substance abuse problems

Terminally ill homeless veterans

Homeless veterans with dual diagnosis

Chronically mentally ill homeless veterans

Veterans being released from prison

HIV positive population

Disabled homeless veterans

Veterans with PTSD diagnosis

Homeless veterans with mental illness

Native American homeless veterans

Other \_\_\_\_\_

(Please specify)

**B. Innovation of Project** Complete this block if you wish for your project to be considered as innovative. (See rules §61.13 (f) for innovative quality of proposal.)

Please consider this project for additional points for innovation because...

**2. Project Summary (cont.):**

**C. Beds and Bedroom Breakdown**

All applicants must enter the requested information in the “projected level” column below. If this is a new component of an existing project, you must also complete the “current level” column. If this is a new project, please enter “N/A in the “current” column. Estimates should reflect the count when the project is fully operational.

<b><u>Projected Bedrooms, Beds, and Participants</u></b>		
<b>Beds and Bedroom Categories</b>	<b>(A) Current Level at the project site</b>	<b>(B) Projected Level</b>
1. Total number of bedrooms for <u>all</u> homeless persons		
2. Number of bedrooms for <u>just</u> homeless veterans		
3. Total number of beds for <u>all</u> homeless persons (include cribs and children’s beds)		
4. Number of beds for <u>just</u> homeless veterans		
5. If service center, number of anticipated non-repeat visits per month (number of different veterans per month)	Not Applicable	Not Applicable
<b><u>Bed and Visit Request</u></b>		<b><u>Totals</u></b>
1. Therefore, the number of beds we are asking VA to fund is...		
2. Therefore, the number of unique service center visits we are asking VA to fund is...	Not Applicable	

**D. Project Narrative:**

Please provide a brief abstract of the project to include: The project design, supportive services provided, project collaboration with the VA and community, and any special population of homeless that will be served. Please indicate if the program is new or an expansion of current services. (Please answer in the space provided below.)

2. Project Summary (cont.)

D. Project Narrative Continued (Please answer in the space provided below.)

[Empty rectangular box for project narrative]

**E. State/Local Government Applicants:**

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

**3. Major Milestones (Timeline):**

Please enter the number of estimated days from execution of the per diem agreement that each of the milestones will occur. (e.g., If execution of agreement is 9/30/99 and it will take 30 days for item one, enter: 30 days). Enter N/A if the event is not part of the proposal. (Please answer in the space provided below.)

<b>Milestone</b>	<b>Days from Execution of Per Diem Award</b>
1. Operations Staff Hired	
2. Residents begin to Occupy	
3. Supportive Services Begin	

**4. Life Safety Code Notice:**

If awarded, as a condition of funding all entities receiving grants and or per diem under PL 107-95 must ensure that the project facilities meet the fire and safety requirements applicable under the Life Safety Code of the National Fire Protection Association as well as any local or state codes as required. Failure to meet this requirement may lead to loss of the award.

**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. How did you identify the need for this project?** (Please answer in the space provided below.)

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

**C. List the sources of this information. Please be specific.** (Please answer in the space provided below.)



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

**E. Describe any special characteristics or need of this group to be served to demonstrate understanding of the population.** (Please answer in the space provided below.)

**6. Targeting:**

**A. Settings**

**The information you provide here will be used in rating targeting and quality of the project plan. Complete the chart below, estimating the percentage of project participants who:**

(Please answer in the space provided below.)

	<b>Projected Percentage (must total 100%)</b>
1. Regularly sleep in places not designed for, or ordinarily used as sleeping accommodations for human beings.	
2. Reside in an emergency shelter.	
3. Are otherwise homeless.	

**A. Description of “Otherwise Homeless”:**

**(1.) If Item A, line 3, is greater than 0%, explain how participants will meet VA’s homeless definition.**

(VA definition of homeless or homeless individual is located in the Rules and Regulations §61.1 Definitions section in the appendix. Please answer in the space provided below.)

**(2.) If you described an “other wise homeless” population to be served, how will you determine that these individuals actually need your services (i.e., would spend the night in a shelter or on the street)?**

(Please answer in the space provided below.)

6. **Targeting (cont.):**

C. **Outreach Plan:**

**Please describe how your agency will identify and serve homeless veterans by responding to the following 7 questions:**

- (1.) Briefly describe the veteran who would qualify for housing and/or services. Describe the process your agency will use to screen homeless people for veteran status.** (Please answer in the space provided below.)

- (2.) Describe how your agency will reach out to homeless people living on the streets or in shelters.**  
(Please answer in the space provided below.)

**6C. Targeting (cont.):**

**(3.) How will you identify where homeless people can be found?**

(Please answer in the space provided below.)

**(4.) How will you sweep each site and engage the homeless to use your services?**

(Please answer in the space provided below.)

**6C. Targeting (cont.):**

**(5.) What initial services will you provide?** (Please answer in the space provided below.)

**(6.) In addition to outreach, are there other ways in which the homeless will access your services?**  
(Please answer in the space provided below.)

**6C. Targeting (cont.):**

**(7.) Describe, if applicable, the population that you will serve that will not be veterans.**

(Please answer in the space provided below.)

**7. Project Plan:**

**This is the portion of the application that describes your program, as VA Reviewers will focus on how the project plan addresses the goals. The project plan section consists of 8 areas.**

**Please keep your answers within the boxed space provided after each question.**

**Area 1 questions begin with the goal. Be sure to address the goal in your answers.**

**Area 1. The information you provide here should relate to the following goals:**

- 1. Residential stability of participants;**
  - 2. Increased skill level and/or income of participants; and**
  - 3. Greater self-determination of participants.**
- 

For each of the three goals listed above, describe in the space provided:

- a) The specific measurable objective(s) that will be used to assess the program's success,
- b) How you decided on the objective(s)
- c) How the success of the program will be evaluated on an ongoing basis, and
- d) How you will determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program more fully realize its objectives.

**BEGIN ON NEXT PAGE.**

**7. Project Plan (cont.):**

**Area 1. (1a) The goal is residential stability of participants.** - - What is/are the specific measurable objective(s) that will be used to assess program success? (Please answer in the space provided below.)

**Area 1. (1b) The goal is residential stability of participants.** - - How did you decide on the objectives? (Please answer in the space provided below.)



**7. Project Plan (cont.):**

**Area 1. (1c) The goal is residential stability of participants** - - How will the success of the program be evaluated on an ongoing basis? (Please answer in the space provided below.)

**Area 1. (1d) The goal is residential stability of participants** - - How will you determine whether program modifications are necessary, and if so how such changes will be implemented to make the program fully realize its objectives? (Please answer in the space provided below.)

7. Project Plan (cont.):

**ATTENTION APPLICANT! YOU ARE BEGINNING A NEW GOAL.**

**Area 1. (2a) The goal is increased skill level and/or income of participants** - - What are the specified measurable objective(s) that will be used to assess the program's success? (Please answer in the space provided below.)

**Area 1. (2b) The goal is increased skill level and/or income of participants** - - How did you decide on the objective(s)? (Please answer in the space provided below.)

**7. Project Plan (cont.):**

**Area 1. (2c) The goal is increased skill level and/or income of participants** - - How will the success of the program be evaluated on an ongoing basis? (Please answer in the space provided below.)

**Area 1. (2d) The goal is increased skill level and/or income of participants** - - How will you determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program fully realize its objectives? (Please answer in the space provided below.)

**7. Project Plan (cont.):**

**ATTENTION APPLICANT! YOU ARE BEGINNING A NEW GOAL.**

**Area 1. (3a) The goal is greater self-determination of participants** - - What are the specific measurable objective(s) that will be used to access the program's success? (Please answer in the space provided below.)

**Area 1. (3b) The goal is greater self-determination of participants** - - How did you decide on the objective(s)? (Please answer in the space provided below.)

**7. Project Plan (cont.):**

**Area 1. (3c) The goal is greater self-determination of participants** - - How will the success of the program be evaluated on an on going basis? (Please answer in the space provided below.)

**Area 1. (3d) The goal is greater self-determination of participants** - - How will you determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program fully realize its objectives? (Please answer in the space provided below.)

**7. Project Plan (cont.):**

**Area 2. Describe the process for assessing the initial service needs of potential participants in the program as well as the process for assessing the ongoing needs of individuals once they become program participants.**

(Please answer in the space provided below.)

**7. Project Plan (cont.):**

**Area 3. Provide a brief description of the supportive services to be offered participants and the way in which supportive services will help participants meet the goals specified above. If the project will be providing case management, describe how case management services will be provided in the program. Include in the description the ratio of case managers to program participants.** (Please answer in the space provided below.)

**7. Project Plan (cont.):**

**Area 4. Describe what role participants will have in governance of the program.**

(Please answer in the space provided below.)

Empty response box for describing the role of participants in governance of the program.



**7. Project Plan (cont.):**

**Area 5. Describe how this program will enable participants to gain greater access to neighborhood activities, services, and institutions.** (Please answer in the space provided below.)

[Empty response area for Area 5]

**7. Project Plan (cont.):**

**Area 6. Describe how you will implement your program in accordance with your timeline.**  
(Please answer in the space provided below.)

[Empty response area for describing program implementation]

**7. Project Plan (cont.):**

**Area 7. For applications proposing per diem for transitional housing, describe what permanent affordable housing will be available to participants upon leaving transitional housing and how participants will be readied for this event.** (Please answer in the space provided below.)

[Empty response box for Area 7]

**7. Project Plan (cont.):**

**Area 8. Describe any follow-up services that will be provided once participants leave transitional housing. Include specific services to be provided.** (Please answer in the space provided below.)

[Empty response area for Area 8]

**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.

**Note:** All applicants must complete Items A through H, while Items I through J should be completed as appropriate for the proposal.

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

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

**B. Describe the experience of your organization in engaging the participation of homeless veterans residing in places not ordinarily meant for human habitation or in emergency shelters;** (Please answer in the space provided below.)

**C. Describe the experience of your organization in assessing the housing and supportive service needs of homeless veterans;** (please answer in the space provided below.)

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

**D. Describe the experience of your organization in accessing housing and supportive service resources, including entitlement benefits;** (Please answer in the space provided below.)

**E. Describe the experience of your organization in providing supportive services to homeless persons that aid them in achieving and maintaining stable long term housing; increasing their skill levels and income; and gaining more influence over their lives;** (Please answer in the space provided below.)

**F. Describe the experience of your organization's ability to provide for the special needs of veterans;** (Please answer in the space provided below.)

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

**G. Describe the experience of your organization in monitoring and evaluating individuals' progress in meeting personal goals;** (Please answer in the space provided below.)

**H. Describe the experience of your organization in evaluating overall effectiveness of programs and using the evaluation to make improvements;** (Please answer in the space provided below.)

**I. If applicable, describe the experience of your organization in operating a rental assistance program;**  
(Please answer in the space provided below.)

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

**J. For those programs' applications involving operation/maintenance of a housing facility, describe the experience of your organization in operating housing for homeless persons. (Please answer in the space provided below.)**

**9. Coordination with other Programs:**

**Please provide a description of each of the following in the box space provided:**

**A. How was the planning of this program coordinated with other organizations that assist the homeless. List the primary agencies with which you work that serve homeless veterans. Describe the nature and duration of your relationship with them. (Please answer in the space provided below.)**



**9. Coordination with other Programs (Cont.):**

**B. How will program operations be integrated with existing services in the community (i.e., nonprofit organizations and governmental entities, including VA medical facilities, VA regional offices, and your VISN). (Please answer in the space provided below.)**

[Empty response box for program operations integration]

**9. Coordination with other Programs (cont.):**

**C. Attach here any VA or other coordination letters you have received in support of this project.**

**D. Describe your involvement in VA-community networking for homeless veterans (e.g., Community Homeless Assessment and Local Education and Networking Groups (CHALENG) for Veterans). Who is your closest VA Medical Center or VA Regional Office CHALENG Point of Contact with whom you have networked?** (If you have not networked with your CHALENG Point of Contact, see the CHALENG Contact Person List in the appendix and please contact him or her.) (Please answer in the space provided below.)

**10. Site Description:** (Please answer in the space provided below.)

**A. Address of Site (please make sure actual address of site(s) is listed and not the address of the agency):**

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**B. Type of Housing:** Check the one box that describes the type of living situation for participants.

- |                                                |                                                     |
|------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Dormitory             | <input type="checkbox"/> Shared apartment           |
| <input type="checkbox"/> Shared Bedroom        | <input type="checkbox"/> Single Family House        |
| <input type="checkbox"/> Single Room Occupancy | <input type="checkbox"/> Shared single family house |
| <input type="checkbox"/> Apartment             | <input type="checkbox"/> Other (describe below)     |

**OR**

- The site does not involve housing

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

1. Describe the neighborhood where the site is located (e.g., rural, urban, suburban; residential or commercial; prevalence of single family or multi-family dwellings);
2. How receptive the neighborhood residents are to a homeless facility; and
3. The site's accessibility to supportive services.

**10. Site Description (cont.):** (Please answer in the space provided below.)

**D. Photograph:** Attach a photograph of the site clearly showing the main entrance of the building(s) in the space provided below.

**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 G, please complete the necessary blocks and sign where appropriate.

**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. Not more than 25 percent of participants at any one time will consist of participants who are not receiving such services as veterans;
3. Services provided will meet standards prescribed by the Secretary of Veterans Affairs;
4. 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;
5. 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. 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.

**D. 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 per diem award.

**E. 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.

**F. Accuracy of Application Information**

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

**G. 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

**12. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

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

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

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

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

**B. PRIMARY COVERED TRANSACTIONS**

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

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

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Organization Name

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Name and Title of Authorized Representative

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Signature of Authorized Representative

Date

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

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

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

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



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

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

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

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Organization Name

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Name and Title of Authorized Representative

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Signature of Authorized Representative Date

### **13. CERTIFICATION REGARDING DRUG-FREE WORKPLACE**

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

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

1. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
2. For grantees other than individuals, Alternate I applies.
3. For grantees who are individuals, Alternate II applies.
4. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
5. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
6. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:
  - Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308-11 through 1308.15);
  - Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;
  - Criminal drug statute means a federal or non-federal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;
  - Employee means the employee of a grantee directly engaged in the performance of work under a grant, including:
    - (i) All direct charge employees;
    - (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and
    - (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

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

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

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

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

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

\_\_\_\_\_  
Organization Name

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

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

\_\_\_\_\_  
Date

**14. CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

\_\_\_\_\_  
Organization Name

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

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

\_\_\_\_\_  
Date

## 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
Cover letter		
Application for federal Assistance (Standard Form 424)	In Forms Section	
Application Receipt Form (VA Form 10-0361A)	In Forms Section	
Application Assembly Checklist	PDO – page 44	
Applicant Summary - - PDO	PDO - page 1	
Veterans Integrated Service Network	PDO - page 1	
Eligibility to Receive VA Assistance - - PDO	PDO - page 1	
Project Summary - - PDO a. Target Populations b. Innovation of Project c. Beds & Bedroom Breakdown d. Existing Project Narrative e. State and Local Govt. (if applicable)	PDO – pages 2 through 6	
Major Milestones (Timeline) - - PDO	PDO - page 6	
Description of Need - - PDO	PDO - pages 7 & 8	
Targeting - - PDO a. Settings b. Description of Otherwise Homeless c. Outreach Plan	PDO - pages 9 through 13	
Project Plan - - PDO Areas 1 through 8	PDO – pages 14 through 27	
Ability - - PDO a. Resumes of personnel b. Questions B through H (required) and I through J if applicable	PDO – pages 28 through 31	
Coordination with other Programs - - PDO a. Questions A, B, D b. Question C Letters of Support	PDO – pages 31 through 33	
Site Description - - PDO Areas A through D	PDO – pages 34 through 35	
Assurances - - PDO Areas A through G	PDO – pages 36	
Certifications - - PDO	PDO -- Pages 37 through 43	
OMB Forms -- Section D a. Standard Form 424A, Non-Construction Budget b. Standard Form 424B, Non-Construction Assurances	Located in Forms Section D	