GREATER RICHMOND COC
VIRGINIA HOMELESS SOLUTIONS PROGRAM APPLICATION 2024-2026
FY25 (Year 1) REQUEST

COORDINATED ENTRY REQUEST

APPLICANT CONTACT INFORMATION	
Organization Information	
Name of Agency	
Agency Address	
Primary Contact Information	
Name	
Email Address	
Phone Number	
Secondary Contact Information	
Name	
Email Address	
Phone Number	

PLEASE NOTE THAT RESPONSES TO QUESTIONS MAY NOT EXCEED 5 PAGES.

1) Summary:
Target population(s):
Proposed number of individuals to be served:
Proposed number of households with minor children to be served:
Proposed total households to be served:
Total VSHP grant request:
Brief description of the proposed activities (1000-word limit):

2) List the jurisdictions within the Greater Richmond CoC this request proposes to serve.

3) Will the proposed project begin activities on July 1, 2024? If not, please detail an expected timeline for activities to begin.

4) Is any portion of the funding request is to pay for a new staff position? If yes, how will your agency ensure the position is filled in a timely manner?

APPLICANT EXPERIENCE/GRANT COMPLIANCE (1-page limit)

5) Describe and provide evidence of your agency's organizational capacity to include governance, leadership, experience in serving the target population, and financial management.

6) Describe program capacity implement the proposed activities. Detail experience of staff. Include a list of the applicable certificates or training for direct program staff.

7) Please provide specific examples of your program using a housing first approach such as organizational or programmatic policies, procedures, guidelines, etc.

8) Describe your participation in the GRCoC's collaborative planning and service coordination.

9) Explain any negative monitoring concerns or findings and lack of progress in spending federal, state, or local grant funds. Describe your plan to address the issues identified.

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10) Describe how your program's process for intake, assessment, prioritization, and referral.

11) Describe how access to your program is available and easily accessible throughout the entire GRCoC region on an equal basis.

12) Describe how your program ensures participants are prioritized in accordance with GRCoC adopted prioritization criteria.

13) Describe the use of a standardized assessment tool at all sites.

14) Describe how Diversion services are provided to each program participant.

ATTACHMENTS

- Job Descriptions for staff positions covered by budget
- Evidence of organizational capacity: organizational chart, bylaws, Board of Director and staff listing, current board-approved agency budget (one response per agency)
- Grantee certification and assurances using attached template (one response per agency)
- Project budget form (use template)
- Proposed match form (use template)
- Letter of Intent to establish a FY25 Coordinated Entry Memorandum of Understanding with the GRCoC (see template)

PLEASE SUBMIT EACH DOCUMENT AS AN INDIVIDUAL FILE ATTACHMENT. DO NOT COMBINE IN A SINGLE PDF.