

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/25/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

a. Legal Name: Commonwealth of Virginia

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-1083047

	c. Organizational DUNS:	809391881	PLUS 4:	
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### d. Address

Street 1: 600 East Main Street

Street 2: Suite 300

City: Richmond

County:

State: Virginia

Country: United States

Zip / Postal Code: 23219

### e. Organizational Unit (optional)

Department Name: Department of Housing & Community Development

Division Name: Housing

### f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Andriea

Middle Name:

Last Name: Ukrop

Suffix:

Title: CoC Program Coordinator

Organizational Affiliation: Commonwealth of Virginia

Telephone Number: (804) 371-7128

**Extension:**  
**Fax Number:** (804) 371-7091  
**Email:** andriea.urkop@dhcd.virginia.gov

## 1C. SF-424 Application Details

**9. Type of Applicant:** A. State Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-N-25

**Title:** Continuum of Care Homeless Assistance  
Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Virginia  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** BoS Coordinated Entry FY2019

**16. Congressional District(s):**

**a. Applicant:** VA-001, VA-002, VA-005, VA-006, VA-003, VA-004, VA-007, VA-008  
**b. Project:** VA-001, VA-002, VA-005, VA-006, VA-003, VA-004, VA-007, VA-008  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2020  
**b. End Date:** 06/30/2020

**18. Estimated Funding (\$)**

**a. Federal:**  
**b. Applicant:**  
**c. State:**  
**d. Local:**  
**e. Other:**  
**f. Program Income:**  
**g. Total:**

## 1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Erik

**Middle Name:**

**Last Name:** Johnston

**Suffix:**

**Title:** Director

**Telephone Number:** (804) 371-7077  
(Format: 123-456-7890)

**Fax Number:** (804) 371-7091  
(Format: 123-456-7890)

**Email:** erik.johnston@dhcd.virginia.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/25/2019



## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Commonwealth of Virginia

**Prefix:** Mr.

**First Name:** Erik

**Middle Name:**

**Last Name:** Johnston

**Suffix:**

**Title:** Director

**Organizational Affiliation:** Commonwealth of Virginia

**Telephone Number:** (804) 371-7077

**Extension:**

**Email:** erik.johnston@dhcd.virginia.gov

**City:** Richmond

**County:**

**State:** Virginia

**Country:** United States

**Zip/Postal Code:** 23219

**2. Employer ID Number (EIN):** 54-1083047

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$365,000.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
(For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
DHCD	HUD CoC Planning	\$110,298.00	Planning Activities
DHCD	HUD CoC HMIS	\$141,301.00	HMIS operating funds

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Homeward	05-0606153	Sub-Grantee - HMIS Administrator	\$90,000.00	63%

**Note: If there are no other people included, write NA in the boxes.**

### Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:** ☒

**Name / Title of Authorized Official:** Erik Johnston, Director

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/25/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Commonwealth of Virginia

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant 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 Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 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;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant'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.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 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;
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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
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 his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### 2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)  
Workplaces, including addresses, entered in the attached project application.  
Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying**

X

**documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

### **Authorized Representative**

**Prefix:** Mr.

**First Name:** Erik

**Middle Name**

**Last Name:** Johnston

**Suffix:**

**Title:** Director

**Telephone Number:** (804) 371-7077  
**(Format: 123-456-7890)**

**Fax Number:** (804) 371-7091  
**(Format: 123-456-7890)**

**Email:** erik.johnston@dhcd.virginia.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/25/2019

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her 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 of Lobbying Activities," 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 \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement 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 statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** Commonwealth of Virginia

**Name / Title of Authorized Official:** Erik Johnston, Director

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/25/2019

## 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Commonwealth of Virginia

**Street 1:** 600 East Main Street

**Street 2:** Suite 300

**City:** Richmond

**County:**

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 23219

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I certify that this information is true and complete.**

X



**Authorized Representative**

**Prefix:** Mr.  
**First Name:** Erik  
**Middle Name:**  
**Last Name:** Johnston  
**Suffix:**  
**Title:** Director  
**Telephone Number:** (804) 371-7077  
**(Format: 123-456-7890)**  
**Fax Number:** (804) 371-7091  
**(Format: 123-456-7890)**  
**Email:** erik.johnston@dhcd.virginia.gov  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 09/25/2019

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$0**

Organization	Type	Sub-Award Amount
This list contains no items		

## **2B. Experience of Applicant, Subrecipient(s), and Other Partners**

### **1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

The Virginia Department of Housing and Community Development (DHCD) is committed to creating safe, affordable, and prosperous communities in which to live, work and do business in Virginia. DHCD partners with Virginia's communities to develop their economic potential, increase entrepreneurial capacity, and help produce affordable neighborhoods. By partnering with local governments, nonprofit groups, state and federal agencies, and others, DHCD is working to improve the quality of life for Virginians.

DHCD has extensive experience managing federal resources, to include the HUD funded HOME, BoS state CDBG, Neighborhood Stabilization, ESG, HOPWA, and when appropriated, Disaster Recovery programs, along with other federally funded programs including Weatherization Assistance, LIHEAP, and Rural Community Development Initiative. DHCD staff are experienced and equipped to navigate federal cross-cutting and housing-related requirements, including the Environmental Review Process, Section 3, Labor Standards, Lead, and Fair Housing.

In alignment with HUD's priorities and strategies, DHCD administers state resources through a coordinated approach to end homelessness throughout the commonwealth. This alignment has transformed Virginia's homeless services system and since 2010, total homelessness in Virginia has decreased 36%, unsheltered homelessness has decreased 47.6%, and chronic homelessness has decreased 46%. This was accomplished through effective coordination of existing resources and through the transformation of the delivery system to a community-based, data driven system, and best practices requirements such as coordinated entry and housing first.

Once awarded, DHCD will conduct a competitive grant competition for pre-identified lead agencies of each of the 12 BoS local planning groups. Based on the quality and need of the applications, sub-awards will be granted. Each of the twelve agencies that will be eligible for a sub-grant are current grantees of DHCD and are regularly monitored to ensure their homeless service programs are coordinated, aligned with best practices, and meet eligibility of ESG regulations.

### **2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

DHCD invests state and federal resources totaling more than \$100 million into homeless, housing and community development projects throughout the commonwealth. This strategic investment of financial and technical resources

fosters an environment that attracts private sector development and investment in communities. DHCD works to encourage and promote regional economic collaborations in economically distressed areas to stimulate job creation and economic development, build community capacity and leadership. By advocating for communities to work together on a regional basis, there are greater opportunities to package experiences more broadly, offering a wider array of economic opportunities to the communities.

To accomplish its mission of creating safe, affordable, and prosperous communities where citizens can live, work and do business in Virginia, DHCD must routinely collaborate with a wide range of groups, including other state agencies, municipalities, special interest groups, nonprofits and religious entities, foundations, the business community, and local outreach organizations.

Potential sub-grantees are required to match state and federal funds administered by the Commonwealth at 25% with private funds or in-kind donations.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

DHCD maintains a divisional organization and management structure. Each division is responsible for a particular type of service produced in collaboration with our partners throughout the Commonwealth in order to meet the agency mission of creating safe, affordable and prosperous communities to live, work and do business: Housing, Community Development, Building & Fire Regulation, Policy, and Operations. Each division uses delegated authority to measure performance therein. The agency maintains updated policies and procedures for all major functions (i.e. finance, procurement, human resources, etc.). Additionally, all programs (within the divisions) have standards and procedures that grantees must adhere to. Grantees are monitored based on established programmatic policies and procedures, to include risk assessments, desk reviews, and onsite monitoring, as appropriate to the program. DHCD uses a Centralized Application and Management System (CAMS) to communicate with grantees. CAMS is used for submission of program applications for funding, risk assessment of grantee organizations, program budgeting, grantee reimbursement requests (to include uploading applicable documentation), review and approval of grantee audits and audit documentation, and more. Each of these processes undergo a multi-level approval flow. CAMS interfaces with our internal Financial Management System (FMS), which interfaces with Cardinal, the Commonwealth of Virginia's financial system. These systems all have the capability to record and report receipt, obligation, and expenditures of individual grant funds (i.e. federal awards, reimbursements, match funds, program income, sub-awards and/or contracts, and expenditures). A reconciliation is conducted of these three financial systems, at least monthly to further ensure consistent and accurate reporting. These systems and accompanying processes and procedures help maintain appropriate and compliant financial records and accurate account of funds awarded.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** No

## 3A. Project Detail

**1a. CoC Number and Name:** VA-521 - Virginia Balance of State CoC

**1b. CoC Collaborative Applicant Name:** Commonwealth of Virginia-Virginia Department of Housing and Community Development

**2. Project Name:** BoS Coordinated Entry FY2019

**3. Project Status:** Standard

**4. Component Type:** SSO

**5. Does this project use one or more properties that have been conveyed through the Title V process?** No

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?**

X

## 3B. Project Description

### 1. Provide a description that addresses the entire scope of the proposed project.

A SSO-CE entry project for the VA BoS will help the CoC address all the necessary and required components of an effective coordinated entry system. A new position (coordinated entry program administrator) will work across all 12 LPGs to conduct in person and online trainings related to CE; review prioritization lists for homeless and prevention services; facilitate CE committee meetings; conduct annual CE evaluation; and monitor LPG's compliance with BoS CE policies and procedures. Additionally, the new position will provide TA and support to locally designated CE agencies; develop/review and monitor marketing strategies, outreach efforts, and after-hour plans for each LPG; facilitate planning and stakeholder consultation concerning CE; and update or enhance CE policies and procedures according to feedback, evaluation, and promising practices.

Of the total request, approximately 70% will be sub-granted via a competitive grant application. Depending on need and quality of the applications up to 12 LPGs will be eligible to receive a SSO-CE sub-grant. These funds will be used in accordance with CoC Program Interim Rule 24 CFR Part 578.53 and directly related to implementing CE in the Virginia BoS. All costs must fall under Case Management, Outreach, and/or Transportation.

### 2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	60			
Participant enrollment in project begins?	120			
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
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Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**\* 3. Please identify the project's specific population focus.**  
**(Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Other (Click 'Save' to update)			<input type="checkbox"/>

**4. Please select the type of SSO project:** Coordinated Entry

**4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area?** Yes

**4b. Will the coordinated entry process funded in part by this grant be easily accessible?** Yes

**4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

Based on current CE policies, each LPG will have marketing materials for coordinated entry to address FAQs. At a minimum, the questions listed below will be answered. The answers to these questions may vary depending on the local planning group; but in general, the answers provided below give a general template for how the questions are answered. This documented will be distributed across the LPG to stakeholders including but not limited to: Dept. of Social Services, Food Banks, Community Service Boards, Police Dept., Public Schools, Community Colleges, Community Action Agencies, Homeless Service Providers, Housing Authorities, etc.

1. Who is the point of contact for Coordinated Entry?

Will depend on LPG CE PoC.

2. What happens when a client shows up at a program for housing assistance?

Clients presenting at any community provider are referred to the nearest



coordinated entry access point for triage via phone or physical location.

3. What does the coordinated entry process look like for clients at an access point?

a. Client identifies current housing crisis and is triaged to address current need (prevention or homeless services).

b. Based on need, immediate crisis is addressed (mediation, housing search, resource referral, emergency shelter referral, etc.).

c. All households who are not unsheltered or in shelter are screened for diversion. This occurs by having a strengths-based conversation with the household to help them identify alternatives to shelter.

d. Once immediate crisis is averted, an assessment is conducted to prioritize further services to obtain and/or stabilize housing.

e. Referrals to prevention, rapid re-housing, and permanent supportive housing (where available) are made based on prioritization.

f. This process is conducted over the course of three to five days.

4. How are clients prioritized for services?

Clients are assessed using either the BoS Prevention Screening Tool or the VI-SPDAT depending on the housing crisis. These tools help determine a household's vulnerability and barriers to housing. The score is used as the basis for prioritizing those who are in need of services. Although, there may be extenuating circumstances that lead to an increased prioritization [target population (vets, DV, youth), funding availability, eligibility, pilot projects, etc.] for a specific household.

5. Will clients be automatically deemed eligible for housing services?

The access points do not determine eligibility or conduct a program intake; however, the access points do make referrals based on the information provided and coordinate with prevention, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs.

Each LPG reviews/updates CE advertising and marketing materials at least annually to ensure that all individuals and families in need know how to access the CE system. CE system partners must post these materials in locations at their agency that are accessible to the public. The CoC also makes these materials available to other community-based organizations and at events. In addition, each LPG provides access updates to 211 annually.

In addition, Each LPG has either a centralized or multiple, physical, coordinated access points that ensure persons from across the entire geography of the LPG are able to access the homeless crisis response system. In addition to access points, each LPG has one phone number where persons can access services.

This number is published on the DHCD website (<http://www.dhcd.virginia.gov/images/Housing/Crisis-Assistance-Directory.pdf>) and throughout each LPG.

If awarded, additional marketing and outreach to those who are least likely to access services will be a top priority of the for the CE program administrator in collaboration with all 12 LPGs (regardless of sub-granted funding).

**4d. Does the coordinated entry process use a comprehensive, standardized assessment** Yes

New Project Application FY2019	Page 25	10/02/2019
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## process?

### **4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.**

CE access points collect minimal client information to triage the current housing crisis and assess safety. If safety is a concern due to fleeing, or attempting to flee domestic violence, or a victim of trafficking the CE staff assist the person in developing a temporary safety plan and provide immediate referral to the local domestic violence agency. The household is then prioritized and served via shelter and permanent housing services to meet their safety needs.

All households are engaged in a problem-solving conversation to address the household's current housing crisis. This includes a discussion of alternative resources available to the household, linkages to mainstream and natural supports, and light-touch assistance. If diversion is not an appropriate option, then a shelter referral is made.

All LPGs will have a coordinated entry project in HMIS (HCIS). HMIS is used for data collection, and tracking (except when DV is the reason for homelessness). At a minimum, the following data elements for the head of household are collected: name, gender, race, ethnicity, DoB, SSN, and other "red" questions as able.

Access points have knowledge of all possible referrals available, eligibility requirements, and utilization/capacity information. However, access points do not determine eligibility or conduct a program intake. Although, the access points do make referrals based on the information provided and coordinate with prevention, shelter, transitional housing, rapid re-housing, and permanent supportive housing programs where applicable.

The BoS CoC uses two assessment tools to help determine prioritization of services.

A prevention prioritization tool that includes both homeless vulnerability and housing barriers to prioritize the limited prevention resources. The prevention assessment tool is used to help determine prioritization for all household compositions.

Once a household's housing crisis is triaged at an access point and it is determined that the household is at imminent risk of homeless (14 days or less), then the CE staff conduct the prevention prioritization assessment. Based on eligibility and assessment score prevention providers are guided on service needs of households.

The BoS CoC uses the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common standardized assessment tool for those who are literally homeless. This assessment is conducted 3 to 5 days after the household has been referred to shelter or once an outreach worker is able to establish rapport with an unsheltered or un-engaged household.

Each LPG manages their own By-Name List that is designed to provide a count of all homeless persons or specific sub-population experiencing homelessness, serve as a prioritization list, and is used to match households with the most appropriate housing intervention available.

Based first on triaged need, the available resources in each LPG, and the requests of the household, the most appropriate crisis intervention is made available including to a domestic violence provider, if applicable. After assessments are administered, additional services (case management, rapid

re-housing, or permanent supportive housing) are made available based on priority level. All projects in the BoS obtain referrals from the coordinated entry process. The access points and the service programs coordinate referrals and ensure the access points have knowledge of program eligibility, availability, and intake processes in order to make appropriate referrals.

If a person's needs fall outside of the homeless crisis response system, referrals are made to the most appropriate mainstream resource or when the access points do not have knowledge of the appropriate service; the access points make a referral to 211 Virginia-  
<http://www.211virginia.org/consite/index.php>

**4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?**

Yes

**4g. This Coordinated Entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to project participants for which they may be eligible?**

X

## 3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? No

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

### a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
HUD	54%	1308582.00

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Select a grant term: 1 Year

\* 5. Select the costs for which funding is being requested:

Supportive Services ☒

6. If awarded, will this project require an initial grant term greater than 12 months? Yes

**6a. Select the number of months required for the initial grant term:** 16 months

## 6F. Supportive Services Budget

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE. salary plus benefits CE prog. admin., up to 6 FTE salary plus benefits to be sub-granted for staff CE points of access	\$257,150
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Up to 1.5 FTE plus benefits for LPG staff to conduct and coordinate outreach	\$70,000
14. Substance Abuse Treatment Services		
15. Transportation	Mileage, gas, insurance, car repair for staff vehicle to travel to meet with clients	\$5,000
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$332,150</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$332,150</b>

**Click the 'Save' button to automatically calculate totals.**

## 6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

### Summary for Match

Total Value of Cash Commitments:	\$91,250
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$91,250

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	VHSP - state funding	08/07/2019	\$91,250



## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** VHSP - state funding  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/07/2019
- 6. Value of Written Commitment:** \$91,250

## 6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$332,150	1 Year	\$332,150
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$332,150
8. Admin (Up to 10%)			\$32,850
9. Total Assistance Plus Admin Requested			\$365,000
10. Cash Match			\$91,250
11. In-Kind Match			\$0
12. Total Match			\$91,250
13. Total Budget			\$456,250

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Indirect Cost Plan	08/16/2019
3) Other Attachment(s)	No	CE match	08/19/2019

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** Indirect Cost Plan

## Attachment Details

**Document Description:** CE match

## 7D. Certification

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Erik Johnston

**Date:** 09/25/2019

**Title:** Director

**Applicant Organization:** Commonwealth of Virginia

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

X

**statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

☐

**Active SAM Status Requirement.**  
**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

☒

## 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/19/2019
1E. SF-424 Compliance	08/05/2019
1F. SF-424 Declaration	08/05/2019



<b>1G. HUD 2880</b>	08/05/2019
<b>1H. HUD 50070</b>	08/05/2019
<b>1I. Cert. Lobbying</b>	08/05/2019
<b>1J. SF-LLL</b>	08/05/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/25/2019
<b>3A. Project Detail</b>	08/05/2019
<b>3B. Description</b>	09/25/2019
<b>3C. Expansion</b>	08/05/2019
<b>6A. Funding Request</b>	08/08/2019
<b>6F. Supp Srvcs Budget</b>	08/07/2019
<b>6I. Match</b>	08/16/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/19/2019
<b>7D. Certification</b>	08/19/2019

**1301 Young Street, Room 732  
Dallas, TX 75202  
PHONE: (214) 767-3261  
FAX: (214) 767-3264  
EMAIL: [CAS-Dallas@psc.hhs.gov](mailto:CAS-Dallas@psc.hhs.gov)**

**March 21, 2019**

**Mr. Erik Johnston**  
**Director**  
**Virginia Department of Housing & Community Development**  
**600 East Main Street, Ste. 300**  
**Richmond, VA 23219**

Dear Mr. Erik Johnston:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement is issued on behalf of your organization's cognizant agency, Department of Housing and Urban Development. It reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement can be sent to me by email or fax, while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

**An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 06/30/19, should be submitted by 12/31/19 to:**

**Department of Housing and Urban Development**  
**Attention: Lisa Abell**  
**451 7<sup>th</sup> Street, SW, Room 7236**  
**Washington, DC 20410**  
**[Lisa.S.Abell@hud.gov](mailto:Lisa.S.Abell@hud.gov)**

**Thank you for your cooperation. If you have any questions, please call Wanda Rayfield at (214) 767-5249.**

**Sincerely,**  
**Darryl W. Mayes -S**  
**Darryl W. Mayes**  
**Deputy Director**  
**Cost Allocation Services**

Digitally signed by Cheryl W Mayes -S  
DN: cn=US, o=US Government,  
ou=USG, ou=DoD,  
u=923421020010010011-20001316  
R, cn=Cheryl W Mayes -S  
Date: 2019.03.25 15:18:46 -0400

**Enclosure**

## STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 54-1083047

DATE:03/21/2019

ORGANIZATION:

Virginia Department of Housing and  
Community Development

600 East Main Street, Ste 300  
Richmond, VA 23219

FILING REF.: The preceding  
agreement was dated  
02/28/2018

The rates approved in this agreement are for use on grants, contracts and other  
agreements with the Federal Government, subject to the conditions in Section III.

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### SECTION I: INDIRECT COST RATES

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RATE TYPES:      FIXED              FINAL              PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2017	06/30/2018	41.50	On Site	Comm Local Gov
FINAL	07/01/2017	06/30/2018	62.17	On Site	Div of Comm Development
FINAL	07/01/2017	06/30/2018	54.13	On Site	Division of Housing
PROV.	07/01/2018	06/30/2020			Use same rates and conditions as those cited for fiscal year ending June 30, 2018.

\*BASE

Direct salaries and wages excluding all fringe benefits.

ORGANIZATION: Virginia Department of Housing and Community  
Development

AGREEMENT DATE: 3/21/2019

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe Benefits -

Retirement  
Short Term/Long Term  
Deferred Compensation  
Employee Assistance Program  
Flexible Spending Accountants  
Paid Leave  
Wellness Program  
Health Insurance  
Telework  
Long Term Care  
Educational Assistance  
Optional Life Insurance  
Group Life Insurance  
12 Paid Holidays

Equipment means article of nonexpendable, tangible personal property having a useful life of more than 1 year(s) and an acquisition cost of \$5,000 or more per unit.

This Rate Agreement is issued in accordance with the Customer Service Agreement (CSA) between DHHS/CAS and Housing and Urban Development.

Your next proposal based on actual costs for the fiscal year ending 06/30/19 is due by 12/31/19. All proposals should be submitted to HUD.

ORGANIZATION: Virginia Department of Housing and Community Development

AGREEMENT DATE: 3/21/2019

### SECTION III: GENERAL

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Virginia Department of Housing and Community Development

(INSTITUTION)

*Erik C. Johnston*

(SIGNATURE)

*Erik Johnston*

(NAME)

*Director*

(TITLE)

*3/26/2019*

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

**Darryl W. Mayes -S**

Digitally signed by Darryl W. Mayes -S  
DN: cn=U.S. Government, ou=HHS, ou=PSC,  
ou=People, o=U.S. Government, ou=1.1=2000131668,  
cn=Darryl W. Mayes -S  
Date: 2019.03.25 15:17:53 -0400

(SIGNATURE)

for **Arif Karim**

(NAME)

**Director, Cost Allocation Services**

(TITLE)

**3/21/2019**

(DATE) 7310

HHS REPRESENTATIVE: **Wanda Rayfield**

Telephone: **(214) 767-3261**



Ralph S. Northam  
Governor

R. Brian Ball  
Secretary of  
Commerce and Trade

# COMMONWEALTH of VIRGINIA

DEPARTMENT OF  
HOUSING AND COMMUNITY DEVELOPMENT

Erik C. Johnston  
Director

August 7, 2019

Virginia Balance of State CoC,

Through the Virginia Homeless Solutions Program (VHSP), Virginia Balance of State grantees will receive a minimum of \$91,250 to support CoC Coordinated Entry eligible activities. Coordinated Entry eligible activities are in accordance with CoC Program Interim Rule 24 CFR Part 578.53 and directly related to implementing CE in the Virginia BoS LPGs. These funds can be used to match the Virginia BoS HUD CoC CE-SSO grant activities.

Sincerely,

Pamela G. Kestner  
Deputy Director  
Division of Housing

