

WESTERN VIRGINIA COC  
VIRGINIA HOMELESS SOLUTIONS PROGRAM APPLICATION 2018-2020  
FY19 (Year 1) REQUEST

**OUTREACH REQUEST**

<b>APPLICANT CONTACT INFORMATION</b>	
<b>Organization Information</b>	
Name of Agency	
Agency Address	
<b>Primary Contact Information</b>	
Name	
Email Address	
Phone Number	
<b>Secondary Contact Information</b>	
Name	
Email Address	
Phone Number	

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

**1) Summary**

**Proposed number of households to be served:**

**Proposed number of individuals to be served:**

**Target population(s):**

**Total VSHP grant request:**

**Average cost per household:**

**Brief description of the proposed eligible activities:**

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**2) List the jurisdictions within the Western Virginia CoC this request proposes to serve.**

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**3) Provide a complete budget of the project, including all sources of funding.**

**APPLICANT EXPERIENCE/GRANT COMPLIANCE**

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

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**5) Describe program capacity to include experience, training, and staff to program participant ratio.**

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**6) Describe your participation and level of involvement in CoC planning and initiatives.**

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

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8) Describe how your program fills an identified gap in Western Virginia CoC services.

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9) Describe how your program/proposed program is aligned with federal, state, and Western Virginia CoC policies and incorporates best practices such as targeting and engaging the hardest to reach individuals and using a client-centered, housing first approach.

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10) Describe how your program ensures consistent community-wide coverage by outreach staff, uses the adopted community assessment tool, connects program participants to housing through the Western Virginia CoC Coordinated Entry System, and assists program participants to access needed benefits and services.

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11) Describe how your agency leverages mainstream resources. Provide a specific example.

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12) Describe how your agency is meeting the requirement of reducing barriers to homeless services and the specific barriers that have been reduced. Describe in detail how you meet the Prohibition against Involuntary Family Separation and Equal Access and Prohibited Inquiries requirements.

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**ATTACHMENTS**

Job Descriptions for case managers and housing locator positions

Evidence of organizational capacity: organizational chart, bylaws, Board of Director and staff listing, current agency budget (one response per agency)

Grantee certification and assurances (one response per agency)

Project budget

Relevant MOUs

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