



**VIRGINIA HOMELESS SOLUTIONS PROGRAM (VHSP) FY2022-2024 FUNDING REQUEST**

**INITIAL APPLICATION TEMPLATE**

AGENCY CONTACT INFORMATION	
<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 3 PAGES.**

**1) Summary**

**Total VSHP grant request: *if not applicable/not requesting funds, put \$0.00.***

Funding Programs	Amount
Outreach	\$
Coordinated Entry	\$
Targeted Prevention	\$
Emergency Shelter Operations	\$
Rapid Re-housing	\$
HOPWA	\$
<b>TOTAL</b>	\$

- i. **Brief description of the proposed eligible activities:**
  
- ii. **Proposed number of households to be served, per requested funding program:** \_\_\_\_\_
- iii. **Proposed number of individuals to be served, per requested funding program:** \_\_\_\_\_
- iv. **Target population(s):** \_\_\_\_\_
- v. **Average cost per household, per requested funding program (*for prevention, rapid re-housing, and shelter requests only*):** \$ \_\_\_\_\_

**REQUIRED ATTACHMENTS**

- Grantee certification and assurances using attached template (one response per agency)
- Job descriptions for case managers and housing locator positions
- Evidence of organizational capacity:
  - Organizational chart
  - Board of Director Listing
  - Project budget, including projected match contributions, using attached template

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

Email to Isaiah Mejah, CoC Coordinator, at [IsaiahM@harrisonburgrha.com](mailto:IsaiahM@harrisonburgrha.com) by <<DATE>>.