

**WESTERN VIRGINIA COC
COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION
FY2021-2022 FUNDING REQUEST**

CDBG FUNDING 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

- i. **Total CDBG grant request:**

Funding Programs	Amount
The non-congregate sheltering	
TOTAL	

- i. **Brief description of the proposed eligible non-congregate sheltering 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:**

2) Provide a budget of the project:

APPLICANT EXPERIENCE/GRANT COMPLIANCE

3) Describe and provide evidence of your agency’s organizational capacity to include governance, leadership, experience in serving the target population and operating non-congregate sheltering activities, and financial management.

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

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

PROGRAM OVERVIEW

- 8) List the jurisdictions within the Western VA CoC this request proposes to serve and describe how your program fills an identified gap in Western VA CoC services. Be sure to include local data that demonstrates the gap and/or demand in homeless services. Identify how the proposal will address these needs.
- 9) Describe eligible non-congregate sheltering activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC/LPG level.
- 10) Describe how your agency leverages mainstream resources. Provide a specific example.

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, bylaws, Board of Director and staff listing, *current agency budget* (one response per agency)
- *Project budget using attached template*
- Relevant MOUs

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