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**U.S. Department of Veterans Affairs (VA)**  
**Supportive Services for Veteran Families (SSVF) Program**  
**APPLICATION FOR SUPPORTIVE SERVICES GRANT**

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We are required to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 35 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person will be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This collection of information is intended to assist the SSVF Program Office to determine eligibility to receive supportive services grants under the SSVF Program and to rate and rank these applications. Response to this application is voluntary and failure to participate will have no adverse effect on benefits to which you might otherwise be entitled.

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**Background:** This form is to be completed by eligible applicants for supportive services grants under VA's SSVF Program. VA will use the collected information to evaluate and select recipients for supportive services grants. Applicants may be asked to provide additional supporting evidence or to quantify details during the review process.

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**Definitions and SSVF Program Information:** Definitions and SSVF Program information can be found in both the regulations (38 CFR Part 62) and the Notice of Fund Availability (NOFA) under which you are submitting this application. Both documents are included as attachments to this application package and are posted on the SSVF Program web page (<http://www.va.gov/homeless/SSVF.asp>). Please note that to be eligible for a grant under the SSVF Program, the applicant must be either a private nonprofit organization or a consumer cooperative. See 38 CFR 62.2 and 38 CFR 62.11 for definitions of these and other terms contained throughout the application.

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**Submission:** The application must be submitted in accordance with the NOFA. The NOFA specifies the number of copies and format in which the application must be submitted. Only timely and complete applications will be considered for funding; applications will not be reviewed if incomplete. To be considered timely, the number of required copies of the application must be received at the address and by the time and date specified in the NOFA. Applications received after that time and date will not be accepted even if postmarked by the deadline date. Following the application deadline, applicants will be notified that their applications have been received. To be considered complete, all items requested in this grant application must arrive as a single application package. Materials arriving separately will not be considered and may result in the application being rejected or not funded.

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**Documentation and Public Access Requirements:** VA will ensure that documentation and other information regarding each application submitted are sufficient to indicate the basis upon which assistance was provided or denied. This material will be made available for public inspection for a five-year period beginning not less than 30 days after the grant award. Material will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552).

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**Warning:** It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include a fine and imprisonment. For details see 18 U.S.C. 1001. Misrepresentation of material facts may also be the basis for denial of grant assistance by VA.

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**For Further Information:** Information on application workshops can be found on VA's SSVF Program web page at: <http://www.va.gov/homeless/SSVF.asp>. If you have any questions regarding the SSVF

Program, please contact the SSVF Program Office via e-mail at [SSVF@va.gov](mailto:SSVF@va.gov) or via phone at 1-877-737-0111 (this is a toll-free number).

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## APPLICATION CHECKLIST

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An application must include the following items.

<b>Executive Summary</b>
<b>Section A: Background, Qualifications, Experience, &amp; Past Performance of Applicant and Any Identified Subcontractors (35 maximum points)</b> 1. Background and Organizational History 2. Staff Qualifications 3. Organizational Qualifications and Past Performance 4. Experience Working with Veterans
<b>Section B: Program Concept &amp; Supportive Services Plan (25 maximum points)</b> 1. Need for Program 2. Outreach and Screening Plan 3. Program Concept 4. Program Implementation Timeline 5. Collaboration and Communication with VA 6. Ability to Meet VA's Requirements, Goals and Objectives for the SSVF Program 7. Capacity to Undertake Program
<b>Section C: Quality Assurance &amp; Evaluation Plan (15 maximum points)</b> 1. Program Evaluation 2. Monitoring 3. Remediation 4. Management and Reporting
<b>Section D: Financial Capability &amp; Plan (15 maximum points)</b> 1. Organizational Finances 2. Estimated Monthly Program Cost Summary (one-year period) 3. Summary of Sources of Program Funds 4. Risks and Mitigation Strategies
<b>Section E: Area or Community Linkages and Relations (10 maximum points)</b> 1. Area or Community Linkages 2. Past Working Relationships 3. Local Presence and Knowledge 4. Integration of Linkages and Program Concept
<b>Section F: Certifications</b>
<b>Exhibits</b>
<b>Exhibit I:</b> Eligible Entity Legal Authority
<b>Exhibit II:</b> Applicant Organizational Chart
<b>Exhibit III:</b> Evidence of Relationship between Applicant and Identified Subcontractors
<b>Exhibit IV:</b> Articles of Incorporation, Corporate Resolutions, Certified Partnership, Joint Venture, or LLC Agreement
<b>Exhibit V:</b> Key Personnel Resumes and Hiring Criteria for Proposed Staff
<b>Exhibit VI:</b> Program Budget (Complete Attached Microsoft Excel Applicant Budget Template)
<b>Exhibit VII:</b> (Optional) Identified Subcontractor Information
<b>Exhibit VIII:</b> (Optional) Explanation of Any Legal Actions, Judgments, etc.
<b>Exhibit IX:</b> (Optional) Auditor's Opinion Letter
<b>Exhibit X:</b> (Optional) Relevant MOUs and MOAs Demonstrating Area or Community Linkages
<b>Exhibit XI:</b> (Optional) Exceptions to the Certification of Compliance with Civil Rights Provisions

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**Executive Summary**

Please complete Sections A-F of the application prior to completing the below Executive Summary. Total narrative for this section should not exceed 4 pages, excluding any exhibits.

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**A) Administrative Information. Provide the following information for the applicant:**

1. Applicant's Legal Name (as identified in your Articles of Incorporation):

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2. Other Names under Which Applicant Does Business:

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3. Employer Identification Number (EIN) that Corresponds to the Applicant's IRS Ruling Certifying Tax-Exempt Status under the IRS Code of 1986 (Note: EIN will be used to determine whether applicant is delinquent or in default on any Federal debt, in accordance with 31 U.S.C. 3701, et seq. and 5 U.S.C. 552a at note):

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4. DUNS Number:

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5. Business Address:

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6. Mailing Address (if different from above) – include both U.S. mailing address and courier (*i.e.*, no P.O. Box) address:

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7. Contact Person Name:

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8. Contact Person Title:

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9. Mailing Address for Contact Person (if different from above):

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10. Telephone for Contact Person (where the person can be reached during business hours):

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11. Fax for Contact Person:

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12. E-mail for Contact Person:

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13. Optional: If the applicant would like VA to consider any subcontractors when scoring the applicant, identify for each subcontractor the following information: name, EIN, business address, mailing address, contact person (name, title, mailing address, telephone, fax, e-mail). Identify the percentage of work expected to be subcontracted by applicant to each identified subcontractor. Please provide this information in Exhibit VII.

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**B) Amount of Supportive Services Grant Funds Requested. \$**

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**C) Number of Unique Participant Households Estimated to be Served.**

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**D) Average total supportive services grant amount request per participant household. \$ (NOTE: This amount should equal total grant amount divided by number of participant households served.)**

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**E) Geographic Region Served.**

- a) Describe the name(s) of the municipalities, counties (or parishes), or tribal lands that the proposed program will serve.
  
  
  
  
  
  
  
  
  
  
- b) Provide the Veterans Integrated Service Network (VISN) number in which the proposed program will operate (see <http://www.va.gov/homeless/SSVF.asp> for VISN map).
- c) Identify which of the following geographic regions applies to the primary area or community in which the proposed program will operate:
  - Urban community
  - Rural community
  - Tribal land
  - Other:

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**F) Compliance with Threshold Requirements (38 CFR 62.21). Check the appropriate box for each of the following questions.**

- a. **Application Completeness:** Application is complete. It contains each of required application sections (see pg. 3 of application for a checklist).
  - Yes
  - No
  
- b. **Eligible Entity:** Confirm that applicant is either a:
  - Private Nonprofit Organization (Attached in Exhibit I are one or more of the following: IRS ruling certifying tax-exempt status under the IRS Code of 1986, as amended; Partnership Agreement; Articles of Incorporation or By-Laws; and/or Indian Housing Plan Tribal Certification)
  - Consumer Cooperative (State certification of consumer cooperative status is attached in Exhibit I)
  
- c. **Eligible Activities:** Applicant proposes to use SSVF funding for eligible activities only (see 38 CFR 62.30-62.34 for list of eligible activities).
  - Yes
  - No

d. **Eligible Participants:** Applicant proposes to serve Veteran families who earn less than 50% area median income and are “occupying permanent housing” as defined in 38 CFR 62.11

Yes

No

e. **Compliance with Final Rule:** Applicant agrees to comply with Final Rule.

Yes

No

f. **Outstanding Obligations:** Applicant either:

Does not have an outstanding obligation to the Federal government that is in arrears and does not have an overdue or unsatisfactory response to an audit.

Has an outstanding obligation to the Federal government that is in arrears and/ or an overdue or unsatisfactory response to an audit. Describe below:

g. **Default:** Applicant either:

Is not in default by failing to meet the requirements for any previous Federal assistance.

Is in default by failing to meet the requirements for previous Federal assistance. Describe below:

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**SECTION A: Background, Qualifications, Experience, & Past Performance of Applicant and Any Identified Subcontractors**

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The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring the application, VA will award up to 35 points based on the applicant's responses to questions contained in this section.

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1. Background and Organizational History.

a) Provide a general overview of the applicant's mission and organizational history, including number of years in operation, total number of employees, services provided (past and present), the geographic areas in which those services are provided, and organizational competencies and/or areas of expertise.

b) If any subcontractors will be retained for the proposed program, list the type and percentage of work that will be subcontracted. (Note: The applicant is not required to have selected subcontractors at the time of this application's submission.)

i. Describe the subcontractor(s)' organizational missions and histories, number of years in operation, total number of employees, services provided (past and present), geographic areas in which those services are provided, and organizational competencies and/or areas of expertise.

ii. Describe the applicant's plan and ability to coordinate with such subcontractor(s).

iii. Identify which, if any, subcontractors the applicant would like VA to consider along with the applicant in the evaluation of this application (“identified subcontractors”). Include as Exhibit III any Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs), letters of intent or other documents evidencing the applicant’s relationship to the subcontractor(s).

c) In Exhibit IV, provide the following for the applicant and any identified subcontractors: (1) articles of incorporation/organization, partnership, joint venture, or limited liability company agreement, as applicable; (2) by-laws; (3) certificate of good standing; (4) copy of resolutions certified by an authorized officer authorizing the submission of the application and the applicant’s authority to proceed with the proposed program (if a supportive services grant award is made and VA’s approval is obtained).

d) Identify yes or no and explain in reasonable detail each instance within the past 10 years in which the applicant, any identified subcontractor, or any principal, partner, director, or officer of the applicant or identified subcontractor was:

Item	Yes/ No	If no, please describe (attach additional pages if necessary in Exhibit IX):
i.Convicted of or pleaded guilty or <i>nolo contendere</i> to a crime (other than a traffic offense).	Yes No	
ii.Subject to an order, judgment, or decree (including as a result of a settlement), whether by a court, an administrative agency, or other governmental body, or an arbitral or other alternative dispute resolution tribunal, in any civil proceeding or action in which fraud, gross negligence, willful misconduct, misrepresentation, deceit, dishonesty, breach of any fiduciary duty, embezzlement, looting, conflict of interest, or any similar misdeed was alleged (regardless of whether any wrongdoing was admitted or proven).	Yes No	
iii.Subject to an action or other proceeding, whether before a court, an administrative agency, governmental body, or an arbitral or other alternative dispute resolution tribunal, which, if decided in a manner adverse to the applicant, identified subcontractor, principal, partner, director, or officer (as applicable), would reasonably be expected to adversely affect the ability of the applicant or identified subcontractor to perform its obligations with respect to the proposed program.	Yes No	
iv.Debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any Federal department or agency.	Yes No	
v.Notified that it is in default of any Federal contract or grant, the reason for the default, and whether the default was cured.	Yes No	
vi.Had one or more public transactions (Federal, State, or local) terminated for cause or default.	Yes No	
vii.Party to litigation or a formal Alternative Dispute Resolution (ADR) process (e.g., binding arbitration) involving a claim in excess of \$50,000. For those matters involving a claim equal to or in excess of \$500,000, describe in detail the litigation or ADR process.	Yes No	

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2. Staff Qualifications.

- a) Describe the applicant's staff members', and any identified subcontractors' staff members', experience delivering and administering supportive services to very low-income families, who may include individuals with or without dependents, including any experience with homelessness prevention, rapid re-housing or other programs that house and/or provide support to homeless persons.

b) Provide resumes for key personnel (including case managers and other supportive services staff) that will be involved in operating the proposed program in Exhibit V. If the majority of staff for the proposed program will need to be hired, provide minimum hiring criteria in Exhibit V.

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3. Organizational Qualifications and Past Performance. Describe the applicant's, and any identified subcontractors', organizational experience providing and coordinating supportive services for very low-income families, who may include individuals with or without dependents, including any experience with homelessness prevention, rapid re-housing or other programs that house and/or provide support to homeless persons. List specific examples of programs and/or supportive services provided.

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4. Experience Working with Veterans.

a) Describe the applicant's, and any identified subcontractors', staff members' experience working with and providing supportive services to Veterans.

b) Describe the applicant's, and any identified subcontractors', organizational experience coordinating services for Veterans among multiple organizations, Federal (including VA), State, local and tribal governmental agencies.

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**SECTION B: Program Concept & Supportive Services Plan**

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The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring the application, VA will award up to 25 points based on the applicant's responses to questions contained in this section. Applicants should reference the requirements set forth in the NOFA in preparing these responses.

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1. Need for Program.

a) Estimate the following:

- i. Total number of homeless Veteran families (households) in the area or community to be served. (Note: Include a description of the basis for the calculation and list all information sources, such as Veteran Homelessness; A Supplemental Report to the Annual Homeless Assessment Report to Congress (VA-AHAR), Homeless Management Information System (HMIS) data, etc.)
  
- ii. Total number of very low-income Veteran families (households) residing in permanent housing in the area or community to be served. (Note: Include a description of the basis for the calculation and list all information sources.)
  
- iii. Total number of very low-income Veteran families (households) who are at-risk of homelessness in the area or community to be served. (Note: Supporting data may also be found on the following websites: <http://www.hudhre.info>; <http://www.va.gov/homeless/NationalCenter.asp>; <http://www.census.gov/acs/www/>)

b) To what extent is the need for supportive services unmet in your proposed area or community?

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2. Outreach and Screening Plan. Describe the proposed outreach and referral plan to identify and assist eligible very low-income Veteran families who are most in need of supportive services. Include the following components in your response:

- Coordination with affordable housing providers and other local service providers (including VA)
- Locations where applicant will conduct outreach
- Referral process
- Process for referring ineligible Veteran families to other providers
- Process to assess and accommodate the needs of incoming participants and set individual goals
- Identification of target population(s) to be served

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3. Program Concept.

- a) Describe in narrative form how the applicant will provide the following services: i) case management services; ii) assistance in obtaining VA benefits; iii) assistance in obtaining and coordinating other public benefits; and iv) other supportive services (if any). (Note: Specify any case management philosophies, approaches or evidence-based practices to be employed.)

b) Identify in the table below which of the following other public benefits the applicant will either provide directly and/or assist participants in obtaining through referrals to other organizations:

Type of Benefit/Service (See 38 CFR 62.33 for definitions of these services)*	Applicant will provide benefit directly using SSVF funds (Yes/No)		Applicant will assist participants in obtaining benefit through referrals to other organizations (who will not use SSVF funds) (Yes/No)	
	Yes	No	Yes	No
Health care services	Yes	No	Yes	No
Daily living services	Yes	No	Yes	No
Personal financial planning services	Yes	No	Yes	No
Transportation services	Yes	No	Yes	No
Income support services	Yes	No	Yes	No
Fiduciary and representative payee services	Yes	No	Yes	No
Legal services	Yes	No	Yes	No
Child care	Yes	No	Yes	No
Housing counseling, housing search	Yes	No	Yes	No
Other: _____	Yes	No	Yes	No
Other: _____	Yes	No	Yes	No
Other: _____	Yes	No	Yes	No

\*Note: 38 CFR 62.33 requires grantees to assist participants to obtain, and coordinate the provision of, the above-listed public benefits if they are being provided by Federal, State, local, or tribal government agencies, or any eligible entity in the area or community served by the grantee by referring the participant to and coordinating with such entity. With the exception of health care services and daily living services, grantees may also elect to provide directly to participants the listed public benefits in accordance with the requirements set forth in 38 CFR 62.34. If an applicant is NOT providing one of the above-noted benefits/services (either directly or through referral), please describe the reason for this decision.

c) Identify below which of the following other supportive services (if any) will be offered to participants (see 38 CFR 62.33 and 38 CFR 62.34 for descriptions of these supportive services):

- |  |                                 |
|--|---------------------------------|
| Rental Assistance                      | Child Care Financial Assistance |
| Utility-Fee Payment Assistance         | Transportation                  |
| Security or Utility Deposit Assistance | Other: _____                    |
| Moving Costs Assistance                | Other: _____                    |
| Emergency Supplies Assistance          |                                 |

d) Describe the proposed average ratio of case managers to participants and provide an organizational chart in Exhibit II illustrating the staffing plan for the proposed program, including any subcontractors involved.

e) Describe the setting in which services will be provided (e.g., congregate permanent supportive housing, scattered-site permanent supportive housing, unsubsidized/private market housing, etc.).

f) Describe the process and methods that will be used to maintain the confidentiality of participants and participants' records.

g) Describe the process and methods that will be used to maintain the safety of participants.

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4. Program Implementation Timeline.

a) Describe a program implementation plan that will result in the applicant beginning outreach services within 30 days of grant agreement execution and having their programs fully operational within 60 days of grant agreement execution, including any hiring plan if required.

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5. Collaboration and Communication with VA. Describe the applicant's plan to coordinate outreach and services with local VA facilities. Indicate whether you have discussed your application with any local VA staff.

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6. Capacity to Undertake Program. Describe the time commitments of key personnel, including any new hires, who will be involved in the proposed program. Include a description of workload for each case manager (if applicable) and the expected allocation of time to the proposed program.

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**SECTION C: Quality Assurance & Evaluation Plan**

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The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring the application, VA will award up to 15 points based on the applicant's responses to questions contained in this section.

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1. Program Evaluation. Describe in narrative form the proposed program's expected goals and outcomes (Note: Goals should reflect the SSVF Program's aim of reducing and preventing homelessness among very low-income Veteran families.)

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2. Monitoring.

- a) Describe how the applicant will regularly monitor the quality of the supportive services provided to participants and the program's compliance with all applicable laws, regulations, and guidelines.

- b) Describe the applicant's operational and financial controls that will be put in place to ensure compliance with SSVF Program requirements and the proper use of supportive services grant funds.

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- 3. Management, Reporting and Remediation. Describe the applicant's management plan to ensure the timeliness, quality, and accuracy of information submitted to VA in reports and of data entered into the web-based Homeless Management Information System (HMIS) for use by VA in monitoring program outcomes. Explain how the applicant will remediate non-compliant aspects of the program if and when they are identified.

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**SECTION D: Financial Capability & Plan**

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The following items concern the applicant's financial plan. The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. Exhibit VI below must also be provided in the Microsoft Excel template. In scoring the application, VA will award up to 15 points based on the applicant's responses to questions contained in this section.

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1. Organizational Finances.

- a) Provide a general overview of the applicant's, and any identified subcontractors', financial stability. Provide a summary of the total sources and uses of funds for the organization(s). If available, attach in Exhibit IX the auditor's opinion letter from your most recent financial audit.

- b) Describe any other circumstances that VA should take into account in reviewing the financial position of the applicant and any identified subcontractors.

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2. Estimated Monthly Program Cost Summary (one-year period).

- a) Provide a detailed one-year program budget that is itemized on a monthly basis. To meet this requirement, applicants must complete these tasks in the Microsoft Excel template provided and attached it as Exhibit VI. The Microsoft Excel file, along with the rest of the application, must be included on the CD.
- b) Average total supportive services grant amount request per participant household: \$ \_\_\_\_\_ (NOTE: This amount should equal total grant amount divided by number of participant households served. All of these figures are requested in Executive Summary.) Describe why this amount is reasonable.
  
- c) Provide a description of each of the line items contained in your budget and the underlying assumptions associated with each line item amount.



d) Describe the applicant's plan for implementing the proposed program on-budget.

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3. Summary of Sources of Program Funds. Describe all sources of funds to be used to operate the proposed program and specify the nature of the sources. Sources should include separate line items, as applicable, for Federal grants, State grants, local government grants, and any other contributions, including any borrowing (specify type of borrowing). For each line item, describe the status of the source (*e.g.*, requested, committed, and received).

Note: Total sources and uses should be equal to one another and equal the estimated total proposed program costs. All estimates should be expressed on a cash (year-of-expenditure/receipt) basis.

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**SECTION E: Area or Community Linkages and Relations**

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The information requested below should be typed into the boxes following each question in the application form. Limit your responses to the space provided. In scoring the application, VA will award up to 10 points based on the applicant's responses to questions contained in this section.

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1. Area or Community Linkages. Provide a plan to establish linkages or provide evidence of existing linkages with the Federal government (including VA), State, local or tribal governmental agencies, or private entities for the purposes of providing additional services to participants (e.g., HUD's Homelessness Prevention and Rapid Re-Housing Program (HPRP), Low-Income Home Energy Assistance Program (LIHEAP), HUD-VASH, Community Services Block Grant services, etc.). Reference specific entity names, including any State and/or County (parish) Veterans' affairs departments/agencies that you have contacted. Attach relevant MOUs and MOAs in Exhibit X of the application.

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2. Local Presence and Knowledge. Provide evidence of knowledge of and presence in the area or community in which the proposed program will be operated.

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3. Integration of Linkages and Program Concept. Describe how linkages to the local area or community are expected to enhance the effectiveness of the proposed program and the provision of supportive services to participants.

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## SECTION F: Applicant Certifications & Assurances

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The following items require a single certification on the following page by an authorized representative of the applicant requesting a supportive services grant. The list below should be included in the application packet with responses attached and numbered to correspond to the relevant item. VA may require that applicants provide documentation of these certifications.

1. Compliance. Applicant assures that the applicant and any subcontractors will comply with all requirements of 38 CFR Part 62. If the applicant intends to request waivers to any requirements included in the preceding citation, please explain.

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2. Accuracy of Application Information. All information submitted with this application is accurate, and does not contain any false, fictitious or fraudulent statement or entry.

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3. Non-Delinquency. The applicant further certifies that the applicant is not currently in default or delinquent on any debt or loans provided or guaranteed by the Federal Government.

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4. Debarment. The applicant further certifies that the applicant has not been in the preceding three years: a) debarred, suspended or declared ineligible from participating in any Federal program; b) formally proposed for debarment, with a final determination still pending; c) voluntarily excluded from participation in a Federal transaction; or d) indicted, convicted, or had a civil judgment rendered against it for any of the offenses listed in the Regulations Governing Debarment and Suspension (Governmentwide Nonprocurement Debarment and Suspension Regulations: 49 CFR Part 29).

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5. Reports and Record Retention. If this supportive services grant is awarded, applicant assures that any and all reports required by VA will be made available in such form and contain such information as VA may require. Applicant further assures that upon demand, VA has access to the records upon which such information is based.

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6. Fiscal Control. If this supportive services grant is awarded, applicant assures that it will establish and maintain such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the supportive services grant.

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7. Civil Rights. Applicant certifies that this program will comply with all provisions of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.). If applicant does not certify this, applicant has provided information in Exhibit XI explaining any exceptions to this certification.

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8. Lobbying. The undersigned certified, to the best of their knowledge and belief, that:
  - (a) 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 any 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.
  - (b) 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 Forms-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(c) 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.

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**Signature:** By submitting this application, the applicant certifies that the facts stated and the certifications and representations made in this application are true, to the best of the applicant's knowledge and belief after due inquiry, and that the applicant has not omitted any material facts. The undersigned is an authorized representative of the applicant.

Applicant:

Signed: \_\_\_\_\_

Name and Title:

Date:

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## **Exhibit VI Applicant Budget Template (Microsoft Excel File)**

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Applicants are required to provide a detailed one-year program budget in Exhibit VI that itemizes on a monthly basis the supportive services and administrative costs associated with the proposed program. Applicants must also provide a detailed description of each of the line items contained in this budget and the underlying assumptions associated with each line item amount in Section D of the application form. The one-year program budget must be completed in the Microsoft Excel template provided. Instructions on the use of this template are as follows:

### General

- a. Applicant is responsible for filling in yellow cells only.
- b. All non-yellow cells are locked and populate automatically.

### Provision and Coordination of Supportive Services (Total must be a minimum of 90% of the total SSVF Grant Amount)

- a. *Personnel/Labor* (Note: The spreadsheet will spread these costs evenly across all 12 months. If the applicant does not anticipate an even spread of costs, this should be explained in the narrative.):
  - *Title and Organization* – input the titles of all SSVF-funded personnel (e.g., Program Director, Case Manager, Employment Specialist, etc.) and the organization at which they are or will be employed (i.e., list applicant organization or team member organization name as applicable). Add additional lines to the spreadsheet as necessary.
  - *# of Full-Time Employees (FTE)* – input the number of FTE who will hold the specified title at the specified organization
  - *% FTE* – input the percentage of time the staff member will devote to the SSVF-funded program (e.g., full-time staff would be shown at 100%)
  - *Base Annual Salary / Wage* – input the annual salary of the specified personnel, assuming full-time employment
  - *Fringe Benefits* – cost of fringe benefits as a percentage of annual salary (if any)
- b. *Temporary Financial Assistance*: Input the estimated cost of temporary financial assistance, which includes time-limited payments to third parties for rent, utilities, moving expenses, security and utility deposits, transportation, child care and emergency supplies. (Note: Please reference the NOFA for limitations on the percentage of the total SSVF grant that can be used for this purpose.)
- c. *Other Non-Personnel Provision and Coordination of Supportive Services Expenses*: List any other expenses related to the provision and coordination of supportive services expenses in this section and the monthly costs associated with those expenses.
- d. *Lease & Maintenance of Vehicle(s)*: Per 38 CFR 62.33, if public transportation options are not sufficient within an area or community, costs related to the lease of vehicle(s) may be included in the application. Specify the number of vehicles to be leased and the cost per month associated with these vehicles.

### Administrative Expenses (Total cannot exceed 10% of total SSVF Grant Amount)

List all administrative expenses and the monthly costs associated with each expense. Per 38 CFR 62.70, administrative expenses are defined as all direct and indirect costs associated with the management of the program. These costs will include the administrative costs, both direct and indirect, of subcontractors. A line item of “administrative costs” is not sufficiently descriptive. Administrative costs must be broken down into multiple line items by category.

**END OF FORM**