Grant Application Checklist Tool

Use this tool to help ensure your application is complete; however, all documentation outlined in the NOFA is the official guidance of record. **Be sure to thoroughly read the NOFA for all instructions.**

### Completed Application Package

- Original signed and dated application package
- Two (2) collated copies of original application package
- Original copy is marked “original”
- Text is typed, single-spaced
- Text is Arial 12
- Pages are numbered
- Pages are single-sided
- Narrative uses same titles as NOFA
- Narrative is in the same order as NOFA
- Package is binder clipped (no staples, spiral binding, or fasteners)
- Date sent to GPD Office: _____________________
- Application Tracking # (US Mail, UPS, FedEx, etc. – no electronic copies accepted): _____________________

### Individual Application Elements

1. **Standard Forms (~9 pages)**
   - SF-424: Application for Federal Assistance
   - SF-424A: Non-Construction Budget
   - SF-424B: Non-Construction Assurances

2. **Eligibility to Receive VA Assistance (~3 pages)**
   - CPA certified letter documenting functioning accounting system in accordance with GAAP
   - IRS tax-exempt status

3. **Documentation of Active Registration in SAM (~1 page)**
   - System Award Management (SAM): DUNS
   - System Award Management (SAM): CAGE code
   - System Award Management (SAM): Legal Business Address
   - System Award Management (SAM): 9-digit Zip Code

4. **State/Local Government**
   - *(if applicable)* State or Local Government recommendations pursuant to Executive Order 12372
### 5. Project Summary (~3 pages)
- Name of the closest VA Medical Center
- Name and number of local COC
- Numbers of beds for per diem request
- Type(s) of model(s) clearly stated and number of beds for each
- *(if applicable)* Number of annual Service Center Visits
- Address of housing/services provided (Street, City, State, 9-digit Zip)
- County site located in
- Congressional district
- Description of space configuration (sq. feet, # of beds, bunked beds)
- Genders served
- Special populations served or none

### 6. Contact Information (~4 pages)
- Executive Director/President/CEO contact information
- Agency Name
- Address of administrative office (Street, City, State, 9-digit Zip)
- County site located in
- Congressional district
- Alternate address
- Name of Executive Director/President/CEO (phone, fax, email)
- Name of Management Employee (phone, fax, email)
- Board of Directors list (phone, fax, email for each)

### 7. Project Abstract (<1 page)
- Project design
- Supportive services
- Types of assistance provided
- Special program provisions, if any

### 8. Detailed Project Plan
Please refer to Section 8 of the NOFA for specific requirements for this section including elements of Outreach, 20 questions relating to the Project Plan, Ability, Need, Coordination (including letters of support/coordination) and model-specific questions.

### Additional Requirements
- FOR HOSPITAL-TO-HOUSING MODELS ONLY: Memorandum of Understanding (MOU) signed by partnering VA Medical Center
- *(If applicable)* Indirect Cost Agreement