

2018 Per Diem Only (PDO) Grant Application Checklist

Due Date: **Wednesday, 02/28/2018: 4pm Eastern**

Grant applications must be submitted to the following address:
VA Homeless Providers GPD Program Office
10770 N. 46th Street, Suite C-200
Tampa, Florida 33617

Grant documents and the Notice of Funding Availability (NOFA) at:
<https://www.va.gov/HOMELESS/GPD.asp>

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.**

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

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| 1. Standard Forms (~9 pages) | <input type="checkbox"/> SF-424: Application for Federal Assistance <input type="checkbox"/> SF-424A: Non-Construction Budget <input type="checkbox"/> SF-424B: Non-Construction Assurances |
| 2. Eligibility to Receive VA Assistance (~3 pages) | <input type="checkbox"/> CPA certified letter documenting functioning accounting system in accordance with GAAP <input type="checkbox"/> IRS tax-exempt status |
| 3. Documentation of Active Registration in SAM (~1 page) | <input type="checkbox"/> System Award Management (SAM): DUNS <input type="checkbox"/> System Award Management (SAM): CAGE code <input type="checkbox"/> System Award Management (SAM): Legal Business Address <input type="checkbox"/> System Award Management (SAM): 9-digit Zip Code |
| 4. State/Local Government | <input type="checkbox"/> (if applicable) State or Local Government recommendations pursuant to Executive Order 12372 |

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| 5. Project Summary (~3 pages) | <input type="checkbox"/> Name of the closest VA Medical Center <input type="checkbox"/> Name and number of local COC <input type="checkbox"/> Numbers of beds for per diem request <input type="checkbox"/> Type(s) of model(s) clearly stated and number of beds for each <input type="checkbox"/> (if applicable) Number of annual Service Center Visits <input type="checkbox"/> Address of housing/services provided (Street, City, State, 9-digit Zip) <input type="checkbox"/> County site located in <input type="checkbox"/> Congressional district <input type="checkbox"/> Description of space configuration (sq. feet, # of beds, bunked beds) <input type="checkbox"/> Genders served <input type="checkbox"/> Special populations served or none |
| 6. Contact Information (~4 pages) | <input type="checkbox"/> Executive Director/President/CEO contact information <input type="checkbox"/> Agency Name <input type="checkbox"/> Address of administrative office (Street, City, State, 9-digit Zip) <input type="checkbox"/> County site located in <input type="checkbox"/> Congressional district <input type="checkbox"/> Alternate address <input type="checkbox"/> Name of Executive Director/President/CEO (phone, fax, email) <input type="checkbox"/> Name of Management Employee (phone, fax, email) <input type="checkbox"/> Board of Directors list (phone, fax, email for each) |
| 7. Project Abstract (<1 page) | <input type="checkbox"/> Project design <input type="checkbox"/> Supportive services <input type="checkbox"/> Types of assistance provided <input type="checkbox"/> 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 | <input type="checkbox"/> FOR HOSPITAL-TO-HOUSING MODELS ONLY: Memorandum of Understanding (MOU) signed by partnering VA Medical Center <input type="checkbox"/> (If applicable) Indirect Cost Agreement |