

## 2018 Transition In Place (TIP) Grant Application Checklist

Due Date: **Wednesday, 02/21/2018: 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.**

<b>Completed Application Package</b>	<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

<b>1. Standard Forms (~9 pages)</b>	<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
<b>2. Eligibility to Receive VA Assistance (~3 pages)</b>	<input type="checkbox"/> CPA certified letter documenting functioning accounting system in accordance with GAAP <input type="checkbox"/> IRS tax-exempt status
<b>3. Documentation of Active Registration in SAM (~1 page)</b>	<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

<b>4. State/Local Government</b>	<input type="checkbox"/> (if applicable) State or Local Government recommendations pursuant to Executive Order 12372
<b>5. Project Summary (~1 pages)</b>	<input type="checkbox"/> Number of beds to be provided under the TIP model <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
<b>6. Contact Information (~4 pages)</b>	<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)
<b>7. Project Abstract (&lt;1 page)</b>	<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
<b>8. Detailed Project Plan</b>	Please refer to Section 8 of the NOFA for specific requirements for this section including elements of Outreach, 23 questions relating to the Project Plan, Ability, Need, Coordination (including letters of support/coordination) and site description.
<b>Additional Requirements</b>	<input type="checkbox"/> (If applicable) Indirect Cost Agreement if the agency wishes to charge indirect costs to the grant.