

Grant and Per Diem Program – VA Letters of Coordination

Introduction

VA annually publishes Notices of Funding Opportunity (NOFO) for the Grant and Per Diem (GPD) Program (www.va.gov/homeless/gpd.asp). During the open period of a NOFO, you may be approached by community organizations requesting letters of coordination. This guidance clarifies how to respond to such requests. Please note applications are due to the GPD National Program Office by the date and time stated in the NOFO. No exceptions to the due date and time are permitted.

Evidence of Coordination

If requested by an applicant, Veterans Integrated Service Networks (VISN) and local VA medical facility staff members may use the attached format (Attachment A: Sample VA Coordination Letter) to provide objective feedback describing VA's knowledge of the applicant organization.

GPD requires that applicants describe how they consulted directly with the VA medical facility Director (or the appropriate authorized representative per the local practice) regarding coordination of project plans relevant to the goals of the NOFO. GPD asks applicants to provide a plan to ensure that the goals of the NOFO will be met. Applicants are invited, but not required, to include a letter of coordination to corroborate the information in the application and to demonstrate coordination with the VA medical facility. The presence of, and/or content within, a letter can influence an application's score, particularly in the areas of need and coordination. VA encourages you to consider how the need for the proposed activities are tailored to the location of the project and to the ability of the applicant.

Process

For a letter to be considered part of an organization's application, it should be available to the applicant in time for them to include it in their online application package by the due date and time stated in the NOFO. Any materials arriving separately or late will not be accepted as part of the application. VA encourages applicants to submit their applications early in order to avoid the risk of unanticipated delays, computer service outages or other submission-related problems that might result in ineligibility. Also, applicants are asked to give VA staff as much time as possible, and preferably at least 30 days, for providing a letter. Similarly, we encourage medical facilities to support applicants' efforts to submit as early as possible by responding in a timely manner.

Conclusion

You are encouraged to review the NOFO materials for a full understanding of the goals and requirements the applicants are attempting to fulfill (www.va.gov/homeless/gpd.asp).

If you have any questions or require further guidance, please do not hesitate to contact the GPD National Program Office at gpdgrants@va.gov.

Thank you in advance for your assistance.

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ATTACHMENT A: Sample VA Coordination Letter

[SUBMIT LETTERS ON VA MEDICAL FACILITY LETTERHEAD. SUBMIT LETTERS TO THE APPLICANT IN TIME FOR INCLUSION IN THE ONLINE APPLICATION BY THE DUE DATE AND TIME STATED IN THE NOFO. ANY MATERIALS ARRIVING SEPARATELY OR LATE WILL NOT BE ACCEPTED AS PART OF THE APPLICATION.]

Date:

Grant and Per Diem (GPD) National Program Office

RE: [INSERT APPLICANT NAME]

To Whom It May Concern:

The [INSERT VA MEDICAL FACILITY NAME AND #] in [INSERT VISN #] understands the above-noted entity is applying for a [INSERT ONLY ONE GRANT TYPE: PDO TRANSITIONAL HOUSING, PDO SERVICE CENTER, TRANSITION IN PLACE, OR SPECIAL NEED] grant which, if selected for funding, would begin **October 1, 2026**.

The applicant engaged in a collaborative consultation with our medical facility regarding the staffing, services, and overall scope of the project proposed within their GPD application. [Insert the total number of Veterans served from October 1, 2023, through September 30, 2025, under their current GPD award and insert the average length of stay for Veterans served]

As a result, we have gained a clear understanding that the applicant proposes to provide the following:

Facility address(es) (if available)	Proposed model(s): Bridge Housing Clinical Treatment Hospital to Housing Low Demand Service Intensive Service Center Transition in Place Special Need	Proposed number of GPD beds (For Service Centers enter the number of hourly visits monthly)	Proposed number of beds for minor dependents of Veterans (if applicable)	Proposed number of beds, staffing and services will meet the needs of Veterans in the community (yes / no)

[*Note applicants may request up to 15 SI beds per application, if there are more than 15 SI beds, please apply the [SITH Calculator](#) to confirm proposed number of beds is allowable.]

We have worked with the above-noted entity since [INSERT DATE]. This entity provides [INSERT LIST OF SERVICES AND NOTE IF APPLICANT IS ABLE TO PROVIDE SAME DAY ADMISSIONS] to Veterans in the above-noted area. VA has worked with this entity in the following capacity [INSERT ROLES IN WHICH VA HAS WORKED WITH THE APPLICANT TO PLAN THE OPERATION OF THE PROPOSED PROJECT. INCLUDE THE DURATION OR FREQUENCY AND IF APPLICANT WAS SUBJECT TO A CORRECTIVE ACTION PLAN IN THE LAST AWARD CYCLE].

[INSERT ANY OTHER INFORMATION RELATED TO THE APPLICANT'S EXPERIENCE PROVIDING SUPPORTIVE HOUSING OR SERVICES UNDER PROGRAMS SUCH AS GPD. INCLUDE A DISCUSSION OF

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PAST PERFORMANCE IN RELATIONSHIP TO EXITS TO PERMANENT HOUSING, DECREASING NEGATIVE EXITS, EMPLOYMENT. WAS THE APPLICANT SUBJECT TO A PERFORMANCE IMPROVEMENT PLAN (PIP) IN THE LAST AWARD CYCLE]

[INSERT ANY OTHER INFORMATION RELATED TO THE APPLICANT’S BED UTILIZATION (AS APPLICABLE)].

[INSERT ANY OTHER INFORMATION THAT MAY INCLUDE THE GRANTEE’S CHANGE IN STAFFING (ANY POSITIONS REMOVED, MODIFIED, OR ADDED) FROM PREVIOUS GRANT AWARD AND DISCUSSION OF DEMONSTRATING THEIR ABILITY TO MEET SUPPORTIVE SERVICES UNDER GPD]

[INSERT ANY OTHER INFORMATION CONCERNING THE APPLICANT AND THEIR PARTICIPATION IN EFFORTS SUCH AS COMMUNITY-WIDE PLANNING, COORDINATED ENTRY, VA-SPECIFIC COORDINATION, EFFORTS TO END VETERAN HOMELESSNESS, ANY OTHER COORDINATION ACTIVITIES AND DO THEY PROVIDE SAME DAY ACCESS FROM THE POINT OF IDENTIFICATION OR REFERRAL TO THE GPD PROJECT.]

If you have any questions or require further information, please contact me.

Sincerely,

[INSERT NAME, TITLE, PHONE, EMAIL OF THE VISN OR VAMC DIRECTOR OR THEIR DESIGNEE]