**Blue Ridge Continuum of Care**

**Virginia Department of Housing and Community Development**

**FY 2024 – 2026 Homeless and Special Needs Housing (HSNH) Application**

**New Applicant Threshold Review**

**Applicant Name:**

**Activities Requested:**

**Contact Person:**

1. **Please briefly describe the scope of the project under consideration.**
2. **Please explain your agency’s experience managing state and federal grants and in implementing services similar to the proposed project. If the proposed project includes a sub recipient(s), please also describe the sub recipient(s) capacity and experience in managing grants and in implementing similar projects.**
3. **Please state whether your organization is a unit of local government, non-profit or faith-based agency. If faith-based, please explain how your organization will comply with DHCD’s prohibition against engaging in inherently religious activities.**
4. **Please explain your agency’s ability to meet the HSNH requirement that projects utilize the Blue Ridge Continuum of Care’s Homeless Management Information System (or a comparable database).**
5. **Please describe your agency’s history of coordinating services with the Blue Ridge Continuum of Care, including meeting participation rates.**
6. **Does your agency have any outstanding monitoring findings from any funding source? Please explain.**
7. **If submitting an application for housing and/or supportive services, please describe your organization’s ability to implement this project in alignment with the Housing First model.**
8. **Please describe your organization’s ability to meet the match requirement as outlined in the FY 2024 – 2026 Homeless and Special Needs Housing Program Guidelines.**