**Blue Ridge Continuum of Care**

**Virginia Department of Housing & Community Development**

**Homeless and Special Needs Housing (HSNH)**

**FY 2024 – 2026 Project Application Executive Summary**

**Applicant Name:**

**Activities Requested:**

**Contact Person:**

**List the proposed projects for which you are requesting VHSP and/or HOPWA funding. Provide a brief description of the services to be carried out under each activity type. Include a breakdown of your proposed budget for each activity type.**

**Describe in detail how your organization implements a Housing First approach. Include specific examples of how your organization implements a Housing First approach such as organizational or programmatic policies, procedures, guidelines, etc.**

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| **Does your organization as a whole or specific program for which funding is requested have any rules or requirements for assistance that could act as a barrier to services (i.e. birth certificate or photo ID, residency requirement, participation requirement)? What is the purpose of the requirement(s) and what efforts does the organization make to assist households in need of services that do not or cannot meet the requirement(s)?** |  |

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| |  |  | | --- | --- | | **Does your agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1, 2024? If any portion of the funding request is to pay for a new staff position, how will the agency ensure position is filled in a timely manner?** |  | | |

**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. The HSNH guidelines require communities to match 25% of the total funding awarded to the community at the community level or at the project level.**

**Discuss the capacity of your organization to implement VHSP or HOPWA-funded activities. Include a list of the applicable certificates of training for direct program staff.**

**Did your agency receive any findings from DHCD or through any local monitoring in the past year?** **If so, please provide the committee with your corrective action plans.**

**Proposed HOPWA-providers only, what safeguards and provisions are in place to protect clients’ HIV/AIDS statuses from landlords and other third parties.**

**Proposed HOWPA-providers only, detail the other funding sources the agency has access to for housing individuals with HIV/AIDS and which community services are leveraged for HOPWA project participants.**

**Proposed Grantees (HTF - HRG BONUS)**

**HTF-HRG will be awarded to eligible RRH and PSH projects as a bonus based on this application for funding. Projects will be selected based on the CoC/LPG’s need for funding and performance. In the narrative section below, detail each eligible proposed projects using the following format: Organization Name, Project Type (RRH or PSH), Funding Request (total amount), Total number of households to be served, a brief description of proposed project including proposed activities.**