City of Alexandria CoC

FY26 Application for Transitional Housing (TH) Project

Name of Organization: _____

Organization Type: _____

Address: _____

City State Zip Code: _____

UEI Number: _____

Contact Name & Title: _____

Contact Phone: _____

Contact Email: _____

Name of Subrecipient Organization (if applicable): _____

Organization Type: _____

Address: _____

City State Zip Code: _____

UEI Number: _____

Contact Name & Title: _____

Contact Phone: _____

Contact Email: _____

Applicant Assurances

1. Will the applicant maintain accurate program participant data in Alexandria's Homeless Management Information System (HMIS) Database?
   ☐ Yes
   ☐ No

2. Will the applicant accept all project entries from Coordinated Entry, Office of Community Services?
   ☐ Yes
   ☐ No

3. Will the applicant maintain organizational representation on the CoC's Data Committee, Housing Crisis Response Committee, and Gaps & Needs Committee?
   ☐ Yes
   ☐ No

4. Will the applicant provide 25% cash or in-kind match of all applicable of grant-funded categories?
   ☐ Yes
   ☐ No

5. Will the applicant maintain the fiscal capacity and organizational commitment to operate the program through December 2028?
   ☐ Yes
   ☐ No

Applicant Experience

1. Describe applicants' experience utilizing federal funds and/or state funds, including timely drawdowns, and maintaining accurate and complete financial documentation, include the process and persons responsible for tracking eligible grant expenditures, submitting financial evidence to funders:

2. Describe the applicants' experience providing housing assistance with supportive services to individuals experiencing chronic homelessness:

3. Describe the applicants' experience providing homeless outreach and service engagement in the DC-Metro region:

Project & Service Description

1. Describe the process and timeline for filling vacant units, including when vacancies are communicated to the CoC, how referred households are engaged, and the eligibility and selection criteria used to determine admission:

2. Describe how the project eliminates preconditions for program entry, including requirements related to income, criminal or rental history, or services needs:

3. Describe project process for connecting participants with history of substance use and/or SMI to appropriate treatment and supportive services, including referral process, responsible staff and partnering providers (if applicable):

4. Describe how the project delivers services that help participants obtain and maintain permanent housing and increase their income. Include the roles and responsibilities of program staff and partner agencies in connecting participants to mainstream benefits and employment resources:

5. Describe any mandated services or employment activities for a minimum of 20hrs/wk (except those 62+ or individuals with a documented disability) the project provides to all participants to promote housing stability and self-sufficiency:

Project Outcomes

Provide HMIS or program data for a comparable program operated by the applicant organization from 1/1/25 – 12/31/25:

1. Complete all information in the Project Outcomes spreadsheet provided

Fiscal Capacity

The applicant's most recent audit classifies the organization as "low risk" and reports no findings, including any exceptions to standard operating procedures.

1. The most recent financial audit report must be attached.

By signing below, I authorize OCS/CoC to access and retrieve relevant data from HMIS (if applicable):

Printed Name of Authorized Official: _____

Signature of Authorized Official: _____ Date: _____

By signing below, I verify that all information included in this document, the attached Project Outcomes spreadsheet, and Audit Documents, is true and accurate:

Printed Name of Authorized Official: _____

Signature of Authorized Official: _____ Date: _____