

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

## **1A. SF-424 Application Type**

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/16/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Virginia Sexual and Domestic Violence Action Alliance

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 52-1225600

	<b>c. Organizational DUNS:</b>	963276829	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 1118 W Main St

**Street 2:**

**City:** Richmond

**County:**

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 23220

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

### f. Name and contact information of person to be contacted on matters involving this application

**Prefix:** Ms.

**First Name:** Angela

**Middle Name:**

**Last Name:** Blount

**Suffix:**

**Title:** Associate Director

**Organizational Affiliation:** Virginia Sexual and Domestic Violence Action Alliance

**Telephone Number:** (804) 377-0335

**Extension:**

**Fax Number:** (804) 377-0337

**Email:** [ablount@vsdvalliance.org](mailto:ablount@vsdvalliance.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## **1D. SF-424 Congressional District(s)**

**14. Area(s) affected by the project (state(s) only):** Virginia  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Balance of State DV Bonus RRH/TH

**16. Congressional District(s):**

**a. Applicant:** VA-004

**b. Project:** VA-001, VA-002  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2020

**b. End Date:** 06/30/2021

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## **1E. SF-424 Compliance**

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

### 21. Authorized Representative

Prefix: Ms.

First Name: Kristi

Middle Name:

Last Name: VanAudenhove

Suffix:

Title: Executive Director

Telephone Number: (804) 377-0335  
(Format: 123-456-7890)

Fax Number: (804) 377-0337  
(Format: 123-456-7890)

Email: kvanaudenhove@vsdvalliance.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/16/2019



## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Virginia Sexual and Domestic Violence Action Alliance

**Prefix:** Ms.

**First Name:** Kristi

**Middle Name:**

**Last Name:** VanAudenhove

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Virginia Sexual and Domestic Violence Action Alliance

**Telephone Number:** (804) 377-0335

**Extension:** 2104

**Email:** kvanaudenhove@vsdvalliance.org

**City:** Richmond

**County:**

**State:** Virginia

**Country:** United States

**Zip/Postal Code:** 23220

**2. Employer ID Number (EIN):** 52-1225600

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received: \$114,104.00**

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
(For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

### Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

**Note: If there are no other people included, write NA in the boxes.**

### Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:** ☒

**Name / Title of Authorized Official:** Kristi VanAudenhove, Executive Director

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/16/2019

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Virginia Sexual and Domestic Violence Action Alliance

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

## 2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I certify that the information provided on this 

X
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**form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

### **Authorized Representative**

**Prefix:** Ms.

**First Name:** Kristi

**Middle Name**

**Last Name:** VanAudenhove

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (804) 377-0335  
**(Format: 123-456-7890)**

**Fax Number:** (804) 377-0337  
**(Format: 123-456-7890)**

**Email:** kvanaudenhove@vsdvalliance.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/16/2019

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** Virginia Sexual and Domestic Violence Action Alliance

**Name / Title of Authorized Official:** Kristi VanAudenhove, Executive Director

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/16/2019

## 1J. SF-LLL

### DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Virginia Sexual and Domestic Violence Action Alliance

**Street 1:** 1118 W Main St

**Street 2:**

**City:** Richmond

**County:**

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 23220

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and

X



**complete.** ☐

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Kristi

**Middle Name:**

**Last Name:** VanAudenhove

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (804) 377-0335  
**(Format: 123-456-7890)**



**Fax Number:** (804) 377-0337  
**(Format: 123-456-7890)**

**Email:** kvanaudenhove@vsdvalliance.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/16/2019

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$87,420**

Organization	Type	Sub-Award Amount
Avalon Center	M. Nonprofit with 501C3 IRS Status	\$34,920
Eastern Shore Coalition Against Domestic Violence	M. Nonprofit with 501C3 IRS Status	\$52,500

## 2A. Project Subrecipients Detail

**a. Organization Name:** Avalon Center

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 52-1208945

	<b>* d. Organizational DUNS:</b>	197869399	<b>PLUS 4:</b>	
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**e. Physical Address**

**Street 1:** 3206 Ironbound Road

**Street 2:**

**City:** Williamsburg

**State:** Virginia

**Zip Code:** 23188

**f. Congressional District(s):** VA-001  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$34,920

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Crystal

**Middle Name:**

**Last Name:** Skeeter-Davis**Suffix:****Title:** Director of Grants**E-mail Address:** crystal@avaloncenter.org**Confirm E-mail Address:** crystal@avaloncenter.org**Phone Number:** 757-790-2202**Extension:****Fax Number:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** Eastern Shore Coalition Against Domestic Violence**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:****c. Employer or Tax Identification Number:** 54-1234168

	<b>* d. Organizational DUNS:</b>	120925271	<b>PLUS 4:</b>	
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**e. Physical Address****Street 1:** 155 Market Street**Street 2:****City:** Onancock**State:** Virginia**Zip Code:** 23417**f. Congressional District(s):** VA-002  
(for multiple selections hold CTRL key)**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$52,500

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Shelley

**Middle Name:**

**Last Name:** Strain

**Suffix:**

**Title:** Executive Director

**E-mail Address:** sstrain@escadv.org

**Confirm E-mail Address:** sstrain@escadv.org

**Phone Number:** 757-787-1329

**Extension:**

**Fax Number:**

## **2B. Experience of Applicant, Subrecipient(s), and Other Partners**

### **1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

The Virginia Sexual and Domestic Violence Action Alliance (the Action Alliance) is Virginia's leading voice on sexual and intimate partner violence and serves as the primary training and technical assistance resource for more than 60 sexual and domestic violence agencies, their advocates, and other allied service providers across the state. While this project is new, the Action Alliance has years of success utilizing federal funds to provide training and technical assistance with funding and time limitations. The Action Alliance has successfully provided support and technical assistance to member agencies who provide direct services for years and developed an HMIS comparable database for member agencies to comply with HUD and VAWA requirements, demonstrating the ability to perform activities proposed and support the subrecipients in direct service.

Avalon Center has demonstrated successful provision of direct services to victims of domestic violence and responsible grant management for nearly 40 years. The Board of Directors and professional staff are dedicated to implementing research based, best practices that meet the needs of individual survivors in our communities. A vital element of Avalon's commitment to victims is continual improvement in order to maintain the capacity to provide voluntary, victim-centered services.

The Eastern Shore Coalition Against Domestic Violence became a 501(c)3 in 1983, serving primarily women and child victims of domestic violence. In 1996, ESCADV opened a 16 bed shelter to provide temporary housing for survivors. Since that time, ESCADV has continued to expand and improve their services. Currently ESCADV serves men, women and children impacted by domestic violence and sexual assault. These services include supportive counseling, housing and relocation services, clinical counseling, accompaniment, emergency food, crisis response and a 24 hour hotline. ESCADV receives funding from a variety of sources including federal, state and local government grants, as well as community donations and United Way support.

### **2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

The Action Alliance receives federal funding from the Office of Violence Against Women (U.S. Department of Justice), the Family Violence Prevention and Services Program (U.S. Department of Health and Human Services), the Office of Victims of Crime (U.S. Department of Justice), and Improving Criminal Justice Response to Domestic Violence (U.S. Department of Justice). Additionally, the Action Alliance receives VOCA, FVPSA, SASP, and other

funds passed through state agencies. The Action Alliance is the only statewide sexual and domestic violence coalition in Virginia and is regularly asked to provide expertise in training and technical assistance to guide service provision to a wide variety of interdisciplinary providers, including homeless service providers.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

The Action Alliance is a 501(c)3 nonprofit with a full-time staff and a volunteer board, consisting of survivors of sexual and domestic violence, community members, and professional staff of sexual and domestic violence programs across Virginia. The agency is led by an Executive Director who is managed by the board. The leadership structure consists of an executive team that meets regularly to guide to the vision of the agency and includes the Executive Director, the Assistant to the Executive Director, and two Associate Directors. There are multiple specialty teams within the agency that the Associate Directors are responsible for and team directors within each of these teams to provide more specific guidance to projects and grants. Within the finance team, the agency has a Grants Manager with more than 20 years of agency experience and an Operations Coordinator with also more than 20 years of agency experience who is responsible for internal controls. The agency uses Quickbooks accounting software and hires an external accounting firm to review entries quarterly and assist with any complex questions regarding financial management. The agency also contracts with a separate accounting firm to perform an annual audit.

Avalon Center has a volunteer Board of Directors (between 15 -21 members) that meets 6 times a year to review financial and program data. Avalon utilizes Quickbooks Premier Nonprofit Edition 2018 software for accounting. The Director of Finance is a retired former CPA, who has over 20 years of experience in accounting in for profit and not for profit businesses. Payroll is processed through a 3rd party (Southern Payrolls) and human resources are handled by an Office Administrator.

ESCADV's ED reports to an active volunteer Board of Directors. The financial policies of ESCADV require the ED and one member of the board to sign for approval on all expenses up to \$250 and two members of the board to sign for all expenses over \$250. Additionally, financial records are reviewed monthly with a reconciliation of the checking account by the board treasurer and a presentation of expenses and income to the full board. ESCADV also has an annual audit by an external accountant.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** No

## 3A. Project Detail

**1a. CoC Number and Name:** VA-521 - Virginia Balance of State CoC

**1b. CoC Collaborative Applicant Name:** Commonwealth of Virginia-Virginia Department of Housing and Community Development

**2. Project Name:** Balance of State DV Bonus RRH/TH

**3. Project Status:** Standard

**4. Component Type:** Joint TH & PH-RRH

**5. Does this project use one or more properties that have been conveyed through the Title V process?** No

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?** ☒

**8. Does this project include Replacement Reserves?** No



## 3B. Project Description

### 1. Provide a description that addresses the entire scope of the proposed project.

Avalon Center's project will provide comprehensive, trauma-informed services to victims of domestic violence and their families. Services will be guided by trauma-informed method of care that implements the Substance Abuse and Mental Health Services Administration's (SAMSHA) guiding principles: safety, transparency, peer support, collaboration and mutuality, empowerment and choice, and awareness of cultural and gender based biases. 100% of Avalon Center's professional staff and volunteers are trained in trauma-informed care.

If awarded, services funded by this project will provide the following services:

- Transitional Housing (2 units): 2-bedroom TH units for survivors from the Middle Peninsula that will be located in Gloucester County. Each unit will house up to 4 individuals. (BoS Fund Request)
- Rapid Rehousing funds (1 unit) 2-bedroom unit for Middle Peninsula family. (BoS Fund Request)
- Flexible direct services support to include relocation expenses and utility security deposits (BoS Fund Request)
- Comprehensive case management and advocacy services to ensure wrap around and supportive services to include: Legal Advocacy, Credit Repair, Education & Awareness, Job Readiness and Employment Support, Counseling, Physical/Mental Healthcare and Drug/Alcohol Treatment referrals
- Childcare Support and Information/Referral to support survivors rebuild and gain stability, will be available to victims at no cost
- Support, Self-Care and Lifeskills groups
- 24-hour Helpline that will provide immediate support to victims 365 days a year. Advocates will safety plan, provide crisis intervention and facilitate access to Avalon's services

Survivors in need of TH or RRH will access services via Avalon Center's 24hr helpline or by referral from the CoC or community partners. Case Managers and Advocates will work directly with survivors to complete intake and/or service plans with survivors to move them into TH or RRH quickly using the resource team and services described above.

ESCADV will provide RRH funding/housing to approximately 15 households who are survivors of domestic violence/sexual assault. The project would pay 100% of the cost of rent (no more than FMR) for the first 3 months, up to 75% of rent cost (with the household contributing at least 30% of their income to the rent) in months 4-6, up to 50% of rent cost (with the household contributing at least 30% of their income to the rent) in months 7-9, and up to 25% of rent cost (with the household contributing at least 30% of their income to the rent) in months 10-12. ESCADV currently has other funds to assist participants with move-in expenses, including security deposits and utility deposits. Participants will meet at least monthly with their advocate, to discuss their budget and turn in supporting income documentation. Participants in the program will be offered, but not required, all services currently offered to ESCADV clients.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?				
Participant enrollment in project begins?	30	15		
Participants begin to occupy leased units or structure(s), and supportive services begin?	30	30		
Leased or rental assistance units or structure, and supportive services near 100% capacity?	60	180		
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**\* 4. Please identify the project's specific population focus.**

**(Select ALL that apply)**

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

### 5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes  
(Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

The requested TH units will be located in Gloucester County, VA. The location of the RRH unit will be based on the safest option for the survivor. Participants from the Middle Peninsula that utilize RRH funds are not required to live in a

specific locality. Avalon Center provides services to victims across 11 localities (Charles City County, City of Williamsburg, City of Poquoson, Gloucester County, James City County, King & Queen County, King William County, Mathews County, Middlesex County, New Kent County and York County) and will support victims wherever they choose to live within the service area with financial support and advocacy/case management. If a survivor chooses to move outside Avalon's service area with RRH funds, staff will facilitate payment and coordinate support service referrals with like agencies in the geographical area of the survivor's choice.

**8. Will more than 16 persons live in one structure?** No

## **3C. Project Expansion Information**

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

X

### 2. Describe how participants will be assisted to obtain and remain in permanent housing.

Avalon and ESCADV will work with client survivors to respond to the housing crisis resulting from violence.

Services: advocates respond to crisis resulting from interpersonal violence 24-hrs a day; advocates work with survivors to address specific needs and resolve barriers associated with homelessness from the moment they request housing services; a service plan is completed in partnership with survivor to ensure goals are clear, strengths are identified and appropriate referrals, contacts and services are coordinated in a timely manner; case managers meet with survivors within 48 hours of request for services to describe housing needs and plan for PH; referrals are made to partner agencies; agency maintains a log that details available units; attends local housing meetings to advocate for survivors and maintains relationships with realtors/landlords that support survivors and minimize barriers to permanent housing; and work in community to provide coordinated entry to housing.

### 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Avalon and ESCADV both currently work with local community agencies to coordinate mainstream health, social services, and employment programs into domestic violence services. These services may also easily be integrated into the housing program through direct work with the agencies case management staff and leveraging existing relationships, as well as building new ones through

local planning groups and coordinated entry.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.  
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	Quarterly
Case Management		Subrecipient	Weekly
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Partner	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	Semi-annually
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	Annually

**5. Please identify whether the project will include the following activities:**



**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

**List all CoC-funded and Non CoC-funded units and beds for this project**

	TH	RRH	Total
<b>Total Units:</b>	9	5	14
<b>Total Beds:</b>	29	14	43

Housing Type	Housing Type (JOINT)	Units	Beds
---	Single family hom...	2	8
---	Single family hom...	1	4
---	Single family hom...	6	18
---	Single family hom...	4	10
---	Single family hom...	1	3



## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

1b. Is this a private or semi private room? Yes

2. Housing Type: Single family homes/townhouses/duplexes

3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 2

b. Beds: 8

### 5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 3206 Ironbound Road

Street 2:

City: Williamsburg

State: Virginia

ZIP Code: 23188

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

519073 Gloucester County

## **4B. Housing Type and Location Detail**

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

**1. Is this housing type and location for the TH RRH  
portion or the RRH portion of the project?**

**2. Housing Type:** Single family homes/townhouses/duplexes

**3. What is the funding source for these units CoC  
and beds?  
(If multiple sources, select "Mixed" from the  
dropdown menu)**

**4. Indicate the maximum number of units and beds available for project  
participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 4

### **5. Address**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 3206 Ironbound Road

**Street 2:**

**City:** Williamsburg

**State:** Virginia

**ZIP Code:** 23188

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

519073 Gloucester County

## **4B. Housing Type and Location Detail**

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

**1. Is this housing type and location for the TH portion or the RRH portion of the project?** TH

**1a. Does this TH portion of the project have private rooms per household?** Yes

**1b. Is this a private or semi private room?** Yes

**2. Housing Type:** Single family homes/townhouses/duplexes

**3. What is the funding source for these units and beds?** Other

**(If multiple sources, select "Mixed" from the dropdown menu)**

**Please enter "Other" or "Mixed Funding" source:** General Funds, Private Donations

**4. Indicate the maximum number of units and beds available for project participants at the selected housing site.**

**a. Units:** 6

**b. Beds:** 18

## 5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** Jamestown Road

**Street 2:**

**City:** James City County

**State:** Virginia

**ZIP Code:** 23185

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

519095 James City County

## 4B. Housing Type and Location Detail

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

**1. Is this housing type and location for the TH RRH  
portion or the RRH portion of the project?**

**2. Housing Type:** Single family homes/townhouses/duplexes

**3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the  
dropdown menu)**

**4. Indicate the maximum number of units and beds available for project**

**participants at the selected housing site.****a. Units: 4****b. Beds: 10****5. Address**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 155 Market Street**Street 2:****City:** Onancock**State:** Virginia**ZIP Code:** 23417

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

519001 Accomack County, 519131 Northampton County

**4B. Housing Type and Location Detail**

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

**1. Is this housing type and location for the TH portion or the RRH portion of the project?** TH

**1a. Does this TH portion of the project have private rooms per household?** Yes

**1b. Is this a private or semi private room?** Yes

**2. Housing Type:** Single family homes/townhouses/duplexes

**3. What is the funding source for these units and beds?** CoC

(If multiple sources, select "Mixed" from the dropdown menu)

**4. Indicate the maximum number of units and beds available for project participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 3

### **5. Address**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** PO Box 3

**Street 2:**

**City:** Onancock

**State:** Virginia

**ZIP Code:** 23417

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

519001 Accomack County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	5	3	0	8
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	6	5		11
Persons ages 18-24	2	0		2
Accompanied Children under age 18	13		0	13
Unaccompanied Children under age 18			0	0
Total Persons	21	5	0	26

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24						1	6			
Persons ages 18-24							2			
Children under age 18							13			
Total Persons	0	0	0	0	0	1	21	0	0	0

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							5			
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	5	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0



## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Yes

**2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** DV Bonus

**Only RRH, SSO and JOINT component types can apply for this funding**

**3. Does this project propose to allocate funds according to an indirect cost rate?** No

**4. Select a grant term:** 1 Year

**\* 5. Select the costs for which funding is being requested:**

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

**6. If awarded, will this project require an initial grant term greater than 12 months?** No

## 6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:			\$46,692
Grant Term:			1 Year
Total Request for Grant Term:			\$46,692
Total Units:			4
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
VA - Middlesex Co...	3	\$37,692	\$37,692
VA - Accomack Cou...	1	\$9,000	\$9,000

## Leased Units Budget Detail

### Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

**Metropolitan or non-metropolitan fair market rent area:** VA - Middlesex County, VA (5111999999)

### Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$574		x	12	=	\$0
0 Bedroom		x	\$765		x	12	=	\$0
1 Bedroom		x	\$787		x	12	=	\$0
2 Bedroom	3	x	\$1,047	\$1,047	x	12	=	\$37,692
3 Bedroom		x	\$1,313		x	12	=	\$0
4 Bedroom		x	\$1,426		x	12	=	\$0
5 Bedroom		x	\$1,640		x	12	=	\$0
6 Bedroom		x	\$1,854		x	12	=	\$0
7 Bedroom		x	\$2,068		x	12	=	\$0
8 Bedroom		x	\$2,282		x	12	=	\$0
9 Bedroom		x	\$2,496		x	12	=	\$0
Total units and annual assistance requested:	3							\$37,692
Grant term:								1 Year
Total request for grant term:								\$37,692

Click the 'Save' button to automatically calculate totals.

## Leased Units Budget Detail

### Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.



**Metropolitan or non-metropolitan** VA - Accomack County, VA (5100199999)  
**fair market rent area:**

### Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$447		x	12	=	\$0
0 Bedroom		x	\$596		x	12	=	\$0
1 Bedroom		x	\$692		x	12	=	\$0
2 Bedroom	1	x	\$816	\$750	x	12	=	\$9,000
3 Bedroom		x	\$1,023		x	12	=	\$0
4 Bedroom		x	\$1,111		x	12	=	\$0
5 Bedroom		x	\$1,278		x	12	=	\$0
6 Bedroom		x	\$1,444		x	12	=	\$0
7 Bedroom		x	\$1,611		x	12	=	\$0
8 Bedroom		x	\$1,778		x	12	=	\$0
9 Bedroom		x	\$1,944		x	12	=	\$0
Total units and annual assistance requested:	1							\$9,000
Grant term:								1 Year
Total request for grant term:								\$9,000

Click the 'Save' button to automatically calculate totals.

## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$42,936
Total Units:			4
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	VA - Middlesex County, VA (5111999999)	1	\$12,564
TRA	VA - Accomack County, VA (5100199999)	3	\$30,372

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance: TRA**

**The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.**

**Metropolitan or non-metropolitan fair market rent area:** VA - Middlesex County, VA (5111999999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
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SRO		x	\$574	x	12	=	\$0
0 Bedroom		x	\$765	x	12	=	\$0
1 Bedroom		x	\$787	x	12	=	\$0
2 Bedrooms	1	x	\$1,047	x	12	=	\$12,564
3 Bedrooms		x	\$1,313	x	12	=	\$0
4 Bedrooms		x	\$1,426	x	12	=	\$0
5 Bedrooms		x	\$1,640	x	12	=	\$0
6 Bedrooms		x	\$1,854	x	12	=	\$0
7 Bedrooms		x	\$2,068	x	12	=	\$0
8 Bedrooms		x	\$2,282	x	12	=	\$0
9 Bedrooms		x	\$2,496	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$12,564
Grant Term							1 Year
Total Request for Grant Term							\$12,564

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.



Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### Type of Rental Assistance: TRA

**The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.**

**Metropolitan or non-metropolitan** VA - Accomack County, VA (5100199999)  
**fair market rent area:**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$447	x	12	=	\$0
0 Bedroom		x	\$596	x	12	=	\$0
1 Bedroom	1	x	\$692	x	12	=	\$8,304
2 Bedrooms	1	x	\$816	x	12	=	\$9,792
3 Bedrooms	1	x	\$1,023	x	12	=	\$12,276
4 Bedrooms		x	\$1,111	x	12	=	\$0
5 Bedrooms		x	\$1,278	x	12	=	\$0
6 Bedrooms		x	\$1,444	x	12	=	\$0
7 Bedrooms		x	\$1,611	x	12	=	\$0
8 Bedrooms		x	\$1,778	x	12	=	\$0
9 Bedrooms		x	\$1,944	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>3</b>						<b>\$30,372</b>
<b>Grant Term</b>							<b>1 Year</b>
<b>Total Request for Grant Term</b>							<b>\$30,372</b>

**Click the 'Save' button to automatically calculate totals.**

## 6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	\$80x4 moving van rental expense for families	\$320
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	\$500 x 1RRH unit deposit/electric	\$500
17. Operating Costs	25 Rental Inspections	\$2,500
<b>Total Annual Assistance Requested</b>		<b>\$3,320</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$3,320</b>

Click the 'Save' button to automatically calculate totals.

## 6G. Operating

### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

**Quantity AND Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security	\$350x2 wireless security cameras; 2 camera/doorbells (\$200 ea) + \$70 monthly for internet =	\$1,940
5. Electricity, Gas, and Water	\$350x12 months; \$212x12 months	\$6,744
6. Furniture	\$800x2 units for living room furniture; \$500 for 1 unit	\$2,100
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		\$10,784
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$10,784

**Click the 'Save' button to automatically calculate totals.**

## 6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$16,144
Total Value of In-Kind Commitments:	\$5,086
Total Value of All Commitments:	\$21,230

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Avalon Center pri...	08/27/2019	\$8,730
Yes	In-Kind	Private	ESCADV Volunteer ...	08/27/2019	\$5,086
Yes	Cash	Private	United Way Contri...	08/27/2019	\$2,000
Yes	Cash	Private	ESCADV Salary match	08/27/2019	\$5,414

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Avalon Center private donations cash match  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/27/2019
6. Value of Written Commitment: \$8,730

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: ESCADV Volunteer Hours (200 hours x \$25.43 per hour)  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/27/2019
6. Value of Written Commitment: \$5,086

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes

**2. Type of commitment:** Cash

**3. Type of source:** Private

**4. Name the source of the commitment:** United Way Contributions to ESCADV  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 08/27/2019

**6. Value of Written Commitment:** \$2,000

## Sources of Match Detail

**1. Will this commitment be used towards match ?** Yes

**2. Type of commitment:** Cash

**3. Type of source:** Private

**4. Name the source of the commitment:** ESCADV Salary match  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 08/27/2019

**6. Value of Written Commitment:** \$5,414

## 6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$46,692	1 Year	\$46,692
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$42,936	1 Year	\$42,936
4. Supportive Services	\$3,320	1 Year	\$3,320
5. Operating	\$10,784	1 Year	\$10,784
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$103,732
8. Admin (Up to 10%)			\$10,372
9. Total Assistance Plus Admin Requested			\$114,104
10. Cash Match			\$16,144
11. In-Kind Match			\$5,086
12. Total Match			\$21,230
13. Total Budget			\$135,334

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	In-Kind Documenta...	09/16/2019
3) Other Attachment(s)	No	Sub-Recipient Non...	09/16/2019
2) Other Attachment(s)	No	Sub-Recipient Non...	09/16/2019



## **Attachment Details**

**Document Description:** In-Kind Documentation

## **Attachment Details**

**Document Description:** Sub-Recipient Nonprofit Documentation

## **Attachment Details**

**Document Description:** Sub-Recipient Nonprofit Documentation

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Match MOU	09/16/2019

## Attachment Details

**Document Description:** Match MOU

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.****15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Kristi VanAudenhove

**Date:** 09/16/2019

**Title:** Executive Director

**Applicant Organization:** Virginia Sexual and Domestic Violence Action Alliance

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am**

X

**aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

☐

**Active SAM Status Requirement.**

**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

☒

## **8B. Submission Summary**

**Applicant must click the submit button once all forms have a status of Complete.**

**Applicant must click the submit button once all forms have a status of Complete.**

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/16/2019
<b>1E. SF-424 Compliance</b>	08/27/2019
<b>1F. SF-424 Declaration</b>	08/27/2019
<b>1G. HUD 2880</b>	08/27/2019
<b>1H. HUD 50070</b>	08/27/2019
<b>1I. Cert. Lobbying</b>	08/27/2019
<b>1J. SF-LLL</b>	08/27/2019
<b>2A. Subrecipients</b>	08/28/2019
<b>2B. Experience</b>	08/27/2019
<b>3A. Project Detail</b>	08/28/2019
<b>3B. Description</b>	08/28/2019
<b>3C. Expansion</b>	08/27/2019
<b>4A. Services</b>	09/16/2019
<b>4B. Housing Type</b>	09/16/2019
<b>5A. Households</b>	09/16/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	08/27/2019
<b>6C. Leased Units</b>	09/16/2019
<b>6E. Rental Assistance</b>	09/16/2019
<b>6F. Supp Srvcs Budget</b>	09/16/2019
<b>6G. Operating</b>	09/16/2019
<b>6I. Match</b>	09/16/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/16/2019



**Applicant:** Virginia Sexual and Domestic Violence Action Alliance

521225600

**Project:** Balance of State DV Bonus RRH/TH

179392

<b>7A. In-Kind MOU Attachment</b>	09/16/2019
<b>7D. Certification</b>	08/28/2019



Physical: 62 Market Street • Onancock, Virginia 23417  
Mailing: P.O. Box 605 • Onley, Virginia 23418  
Phone: (757) 787-5622  
Website: [www.esunitedway.org](http://www.esunitedway.org)

**United Way of  
Virginia's Eastern Shore**

MEMORANDUM

TO: ESCADV  
FROM: Wayne Bell, Jr  
DATE: April 25, 2019  
SUBJECT: 2018-2019 United Way Funding

---

We had a successful campaign this Campaign year. Thanks to the hard work of a number of people including our Campaign Committee led by this year's Chairmen, Elizabeth and Will Russell, we raised \$250,000.00. The Board of Directors of the United Way of Virginia's Eastern Shore (UWVES) is pleased to notify your organization that the funds indicated below have been designated and allocated to your agency.

Gross Total Designated Pledges (cash and non-cash pledges)	\$ 3,535.00
Net Total Designated Fund Distribution:	\$ 3,015.52
UWVES Net Allocated Funds	\$ 9,000.00

TOTAL DISTRIBUTION TO AGENCY:	\$ 12,015.52
-------------------------------	--------------

Explanation: You receive funds designated to your agency by donors plus an amount determined by our Allocation Committee based on your request and funds available. From your gross total we deduct our administrative, campaign and program costs for the year. The UWVES continue to solicit Sponsorships to keep the Campaign and Program costs low. For 2018-2019, the percentage worked out to 10%.

We also deduct a reserve for payroll pledges that may not get paid over the course of the year, which last year averaged 11.6%. For all cash and check donations, you would have *no* pledge loss reserve. A final designation report is included with this letter.

The "UWVES Net Allocated Funds" were based on the representations contained in your application and your presentation to the Allocations Committee. Consequently, **these funds may only be used for the purpose stated on your application.** You will need to provide the Allocation Committee with supporting documentation showing that the funds were used for the stated purpose in next year's application process. Failure to comply with this requirement may jeopardize future funding. If circumstances warrant, a waiver of this requirement may be granted upon written request stating the circumstances and desired alternate use of any portion of the funds. Approval of such alternate use must also be in writing and signed by an officer on behalf of our Executive Committee and/or President.

In addition, the Board of UWVES requests that you provide us with a press release which tells about the funds your agency received, and how these funds were (or will be) used to positively impact our community. Pictures are helpful! You can email this information to UWVES at [dbyrd@esunitedway.org](mailto:dbyrd@esunitedway.org) to Dawn Byrd at the above address by September 1, 2019

These funds will be disbursed to your agency in two payments, the first half in July 2019 and the second half in February 2020. By this time, we should have received all the pledges (many from payroll deduction) over the course of the year. If you have any questions, please contact Dawn Byrd by email at [dbyrd@esunitedway.org](mailto:dbyrd@esunitedway.org).

Internal Revenue Service

Department of the Treasury

District  
Director

Baltimore District

31 Hopkins Plaza, Baltimore, Md. 21201

P.O. Box 13163  
Baltimore, MD 21203

► February 27, 1997

Employer Identification Number:  
52-1208945

Avalon A. Center For Women and Children  
P.O. Box 1079  
Williamsburg, VA 23187-1079

Person to Contact:  
EP/EO Tax Examiner

Telephone Number:  
(410) 962-6058

Dear Sir/Madam:

This is in response to your inquiry requesting a copy of the letter which granted tax exempt status to the above named organization.

Our records show that the organization was granted exemption from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) effective May 1981. We have also determined that the organization is not a private foundation because it is described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you under Section 170 of the Code.

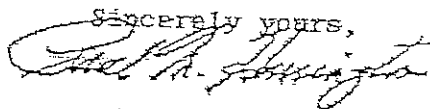
As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

A copy of our letter certifying the status of the organization is not available, however, this letter may be used to verify your tax-exempt status.

Because this letter could help resolve any questions about your exempt status, it should be kept in your permanent records.

Sincerely yours,



Paul M. Harrington  
District Director

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
31 HOPKINS PLAZA  
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: JUN 10 1993

Employer Identification Number:  
54-1294168

Contact Person:

MARY ALT

Contact Telephone Number:  
(410) 962-7754

EASTERN SHORE COALITION AGAINST  
DOMESTIC VIOLENCE  
PO BOX 3  
ONANCOCK, VA 23417

Our Letter Dated:  
December 8, 1983  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

  
District Director

Letter 1050 (DO/EO)



Physical: 62 Market Street • Onancock, Virginia 23417  
Mailing: P.O. Box 605 • Onley, Virginia 23418  
Phone: (757) 787-5622  
Website: [www.esunitedway.org](http://www.esunitedway.org)

**United Way of  
Virginia's Eastern Shore**

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TO: ESCADV  
FROM: Wayne Bell, Jr  
DATE: April 25, 2019  
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