



South Carolina Department of Veterans' Affairs

1800 St. Julian Place, Suite 305
Columbia, South Carolina 29204

Submission: This application must be submitted in accordance with the Notice of Funding Opportunity (NOFO). The NOFO specifies the number of copies and format in which the application must be submitted. Only complete applications turned in on time will be considered for funding and incomplete applications will not be reviewed. For an application to be considered turned in on time, the complete application must be emailed to the address by the dates specified on the NOFO. To be considered complete, all items requested in this grant application must arrive as one application packet. Materials arriving separately will not be considered and result in the application not being considered or rejected. Complete applications can be sent to Alexis Spry (Alexis.Spry@scdva.sc.gov) and Kami Drakes (Kami.Drakes@scdva.sc.gov) or call 803-734-0200 for questions.

Documentation: In accordance with South Carolina Freedom of Information Act, The South Carolina Department of Veterans' Affairs will ensure that documentation and other information regarding each application submitted are sufficient to indicate the basis upon which grant awards were approved or denied. This material will be made available for public inspection for a three-year period beginning no less than 60 days after the grant award.

Application Checklist

Organizational Background Information
Section A: Organization Background, Qualifications, Experience and Past Performance and Any Identified Subcontractors
1. Administrative Information
2. Amount of Funds Requested
3. Organizational Background and Past Performance
Section B: Case Management
Section C: Efficacy of Organization Programs
Section D: Organization Span of Direct Services
Section E: Historical Outcome of Veterans Served (last three years)
Projected Performance Information
Section F: Projected Outcomes of Programs for The Next Twelve Months
Section G: Financial Capability and Plan

2024 Veterans Homelessness and Transition Grant Application

Executive Summary (1 Page)

Section A
Administrative Information
Amount of Funds Requested
Organizational Background and Past Performance

1. Organization Name:

2. Applicant Legal Name: (as identified in your Articles of Incorporation):

3. Any other names under which the applicant does business:

4. Employer Identification Number (EIN): that corresponds to the applicants IRS Ruling Certifying Tax-Exempt Status under the IRS Codes of 1986 (Note: EIN will be used to determine whether the applicant is delinquent or in default on any federal debt, in accordance with 31 U.S.C. 3701, et seq. and 5 U.S.C. 552a):

5. Organization Business Address:

6. Organization Mailing Address if different from above:

7. Contact Person Name and Title:

8. Contact Person Phone Number:

9. Email Address for Contact Person:

10. Subcontractor organization name and point of contact (if applicable):

11. Amount of funding requested (\$50,000 to \$250,000):

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12. Provide information on the organization applying for the grant to include how long the organization has existed, types of programs offered to Veterans to prevent homelessness or transition from literal homelessness to permanent housing. Include the counties or areas the organization serves. (1 page)

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13: Describe the organizations performance over the past 3 years in working with Veterans to prevent homelessness or assist in finding and remaining in stable housing. Please include the number of Veterans served by year. (1 page)

Section B. Case Manager Ratio

1. Describe the number of social workers/case managers available to work with Veterans. Include the ratio (i.e., 1 social worker to 10 Veterans). (1 Page)

Section C. Efficacy of Programs

1. Describe how the social workers/case managers assist Veterans in preventing homelessness or placing the Veteran in stable housing. Include the number of Veterans directly served and the number of successful outcomes of the organization's programs for the past 3 years. (1 Page)

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Section D. Organization Span of Services

1. Identify on the table below the types of direct services the organization provides to assist Veterans.

Type of Service	Organization Directly Provides	
Homeless Prevention (Utility and Rent Assistance)	Yes	No
Homeless Veteran Housing Assistance	Yes	No
Substance Abuse and Transitional Housing	Yes	No
Employment Services	Yes	No

2. List any other direct services your organization provides (transportation, legal assistance for Homeless Court or Veteran Treatment Court, childcare, health care, etc.) (1 Page)

Section E. Historical Outcome of Veterans Served (last three years)

1. Describe your organizational effectiveness in working with Veterans and their families who are homeless or at imminent risk of homelessness over the past three years. Include supporting data in explaining outcomes of Veterans served over the past three years. (1 Page)

Section F. Projected Outcomes for The Next Twelve Months

1. Describe the projected number of Veterans you will serve over the next 12 months and the number of Veterans who will be placed in permanent housing or remain in housing. Include the ratio for social worker/clinical staff to Veteran. (1 Page)

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2. How will your organization monitor work and assist Veterans to remain in permanent housing? (1 Page)

Section G. Financial Capability and Plan

1. Describe financial controls in place to ensure that program funds are used appropriately. Use the attached budget worksheet to provide a detailed one-year program that is itemized on a monthly basis. Include a detailed description of each line item. (1 Page)

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Acknowledgement

By signing this application, the applicant certifies the information and representations on this application are true, to the best of the applicant's knowledge and belief. The applicant nor anyone in the organization has omitted any material facts. The undersigned is an authorized to sign on behalf of the organization.

Applicant:

Name:

Signature:

Name and Title:

Date:
