



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 the format in which the application must be submitted. Only completed 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 provided email 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. Incomplete applications will result in the application being rejected. Complete applications can be emailed to SCDVA - Veteran Housing at veteranhousing@scdva.sc.gov or call 803-898-3568 for questions. If your organization does not receive a confirmation email after submission, please contact us.

Documentation: In accordance with the 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 five-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. Program Detail Narrative
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
Appendixes
Appendix A: Budget Spreadsheet Template
Appendix B: List of items to include with application

2025 Veterans Homelessness and Transition Grant Application

Executive Summary (1 Page)

Section A
Administrative Information
Amount of funding 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. Two Points of Contact (Name and Title):

8. Two Points of Contact Phone Number:

9. Email Address for Contacts :

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

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

2025 Veterans Homelessness and Transition Grant Application

Program Detail Narrative

1. Year Established:
2. Provide an overview of your organization's mission, history, and experience serving Veterans. Include the counties or areas the organization serves.
3. Describe the organizations performance over the past 3 years in working with community partners to prevent homelessness and/or assist Veterans in obtaining and maintaining stable housing.

Section C. Efficacy of Programs

1. How has the program impacted Veterans' ability to achieve stable housing and long-term care self-sufficiency? Please provide specific examples of data on housing retention rates, employment outcomes, and access to supportive services.

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	
	Yes	No
Homeless Housing Assistance Services	Yes	No
Rental Assistance	Yes	No
Utility Payments	Yes	No
Substance Abuse and Transitional Housing Assistance	Yes	No
Employment Services	Yes	No
Support Services/ Case Management	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. Provide supporting data in explaining outcomes of Veterans served over the past three years. Provide annual breakdowns, if possible. (1 Page)

Years	Number of Veterans Served
2022	
2023	
2024	

Section F. Projected Outcomes for The Next Twelve Months

1. How many Veterans do you anticipate serving over the next 12 months?
2. Describe your implementation plan and key metrics you will use to measure success, monitor program performance and support Veterans in maintaining permanent housing? (1 Page)

3. Systems or software used to track data and measure outcomes

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Section G. Financial Capability and Plan

1. Describe financial controls in place to ensure that program funds are used appropriately.
2. Budget Justification (Attached Budget Worksheet from Appendix A)
3. Plan for Long Term Sustainability

2025 Veterans Homelessness and Transition Grant Application

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 duly authorized to sign on behalf of the organization.

Applicant: _____

Name: _____

Signature: _____

Name and Title: _____

Date: _____

Appendix A

Veterans' Homelessness And Transition Grant Budget

Instructions for Completing the Budget Template:

- 1. Direct Service Costs: Outline all direct expenses that will benefit Veterans directly. These are the primary services funded by the grant.
- 2. Direct Program Costs: Includes all supportive activities that facilitate program delivery but are not directly related to Veterans' service categories.
- 3. Administrative Costs (10%): Ensure administrative costs do not exceed 10% of the total grant request. Provide detailed justifications for each administrative expense.
- 4. Budget Narrative: Include explanations for each line item, detailing how the funds will be used to achieve the program's objectives.

Name of Organization		
State Fiscal Year		
Grant Request Amount (\$):		
Category		
1. Direct Services Costs		
a. Homeless Veterans' Housing Assistance Services		
b Veterans' Rental Assistance		
c. Veterans' Utility Payments		
d Veterans' Substance Abuse and Transitional Housing		
e. Veterans' Employment Services		
f. Veterans' Support Services / Case Management		
Subtotal for Direct Service Costs		
2. Direct Program Costs		
a. Program Supplies		
b. Travel Transportation		
c. Outreach Activities		
d. Personnel and Fringe (Administrative Salaries please breakout the names and titles of personnel and the		
f. Training for Staff		

3. Indirect Cost/ Administrative Costs	Administrative expenses not directly tied to program services (max 10%)	
a. Office Supplies		
b. Financial Management		
c. Other (explain in detail)		
Subtotal for Indirect Cost/Administrative Costs (10%)		
4. Total Budget		

Signature _____

Date _____

SCDVA_VHTGrantBudget_V.01302025

Appendix B

List of items that need to be submitted along with the application:

1. Anti-Discrimination Policy
2. Articles of Incorporation and Bylaws
3. 501 ©3 or 19 IRS Designation
4. Proof of Registration with SC Division of Public Charities and Confirmation in Good Standing
5. Organization Chart and Organization Summary