



Department of Veterans Affairs

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*Homeless Providers Grant  
and Per Diem Program  
Special Needs  
Application*

*Section B - Submission*

# **Special Needs Application:**

## **Applicant Summary:**

Your Organization's Name:

	<b>Name</b>	<b>Phone</b>	<b>Fax</b>
Executive Director/CEO			
Person to contact about application			

Mailing Address:

(if different than 424). \_\_\_\_\_

Project Number for which the Special Need Grant assistance is requested. \_\_\_\_\_

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**Note: A separate application is needed for each project number that you wish to request special needs funding.** A project number is the last two digits of the year funded, the sequence the application was received, and the state abbreviation for the project location, (i.e., 00-125-MA would have been funded in the year 2000, the 125<sup>th</sup> application received, and the project is located in Massachusetts. If you do not know your project number call the Grant and Per Diem Field Office (toll-free) at 1-877-332-0334.

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### **1. Eligibility to Receive VA Assistance:**

**Non Profit Organizations** must provide documentation of Accounting System Certification and Evidence of Private Nonprofit Status. This should be accomplished by the following:

Providing documentation showing the applicant is a certified United Way Member Agency;

**OR**

Providing certification on letterhead stationery from a CPA or Public Accountant that the organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or that the organization has designated a qualified entity to maintain a functioning accounting system. If an entity is used their name and address must be included in the certification letter;

**AND**

Providing evidence of their status as a nonprofit organization by submitting a copy of their IRS ruling providing tax-exempt status under the IRS Code of 1986, as amended.

## **2. Project Summary:**

Our organization requests \$ \_\_\_\_\_ .00 from VA to provide housing and/or services to the following special need homeless veteran populations (**CHECK ONLY ONE**):

Women, including women who have care of minor dependents;

Frail Elderly;

Frail Elderly means 65 years of age or older with one or more chronic health problems and limitations in performing one or more activities of daily living (such as bathing, toileting, transferring from bed to chair, etc.).

Terminally Ill; or

Terminally ill means a prognosis of 9 months or less to live based on a written medical diagnosis from a physician.

Chronically Mentally Ill.

Chronically mentally ill means a condition of schizophrenia or major affective disorder (including bipolar disorder) or post-traumatic stress disorder (PTSD), based on a diagnosis from a licensed mental health professional, with at least one documented hospitalization for this condition sometime in the last 2 years or with documentation of a formal assessment on a standardized scale of any serious symptomology or serious impairment in the areas of work, family relations, thinking, or mood.

**Numbers to be served:** Enter the appropriate number in the blanks below.

### **Housing:**

Our organization will dedicate \_\_\_\_\_ beds to Women.

Our organization will dedicate \_\_\_\_\_ beds to the minor dependents in the care of women.

Our organization will dedicate \_\_\_\_\_ beds to the Frail Elderly.

Our organization will dedicate \_\_\_\_\_ beds to the Terminally Ill.

Our organization will dedicate \_\_\_\_\_ beds to the Chronically Mentally Ill.

Total number of beds dedicated to the special needs populations is \_\_\_\_\_.

### **Service Center:**

Of the unique \_\_\_\_\_ veterans served per month, as currently experienced in our service center;

Our organization expects to serve \_\_\_\_\_ Women and women with minor dependents.

Our organization expects to serve \_\_\_\_\_ minor dependents in the care of women.

Our organization expects to serve \_\_\_\_\_ Frail Elderly.

Our organization expects to serve \_\_\_\_\_ Terminally Ill.

Our organization expects to serve \_\_\_\_\_ Chronically Mentally Ill.

Total number of unique special needs population veterans expected to be served is \_\_\_\_\_.

**B. Project Narrative:**

Please provide a brief abstract of the project to include: The project design, current supportive services committed to the project, types of special need assistance provided, and any special program provisions. Please indicate if providing special need assistance is a new scope or an expansion of current services provided by your organization. (Please answer in the space provided below.)

2. *Project Summary (cont.)*

B. **Project Narrative (cont.)** (Please answer in the space provided below.)

[Empty rectangular box for Project Narrative response]

**C. State/Local Government Applicants:**

Applicants who are states or local governments must provide a copy of any comments or recommendations by approved state and (area wide) clearinghouses pursuant to Executive Order 12372.

**3. Project Budget:**

In the chart below enter the total cost of the activity for the project. Keep in mind that if selected for funding you are required to document cost according to the OMB Grant Management Circulars. The activities listed below are not inclusive of all of the items of cost in the circulars nor does their presence below constitute that they are fully allowable under the circulars' guidance. Refer to the proper circular to determine if a cost is allowable.

**Budget Summary:** (Please answer in the space provided below.)

Summary of Grant Funds Requested

Enter the amount requested for each activity:	Total Cost of Project Per Year	Total Cost of Project for 3 Years
1. Service	\$ .00	\$ .00
2. Operation	\$ .00	\$ .00
3. Personnel	\$ .00	\$ .00
4. Total (Total cost for 3 years must match the amount on page 2.)	\$ .00	\$ .00

**4. Detailed Project Plan:** This is the portion of the application that describes your program; VA Reviewers will focus on how the project plan addresses the areas as listed below. Please describe in detail how your agency will identify and serve homeless veteran populations by responding to the following questions:

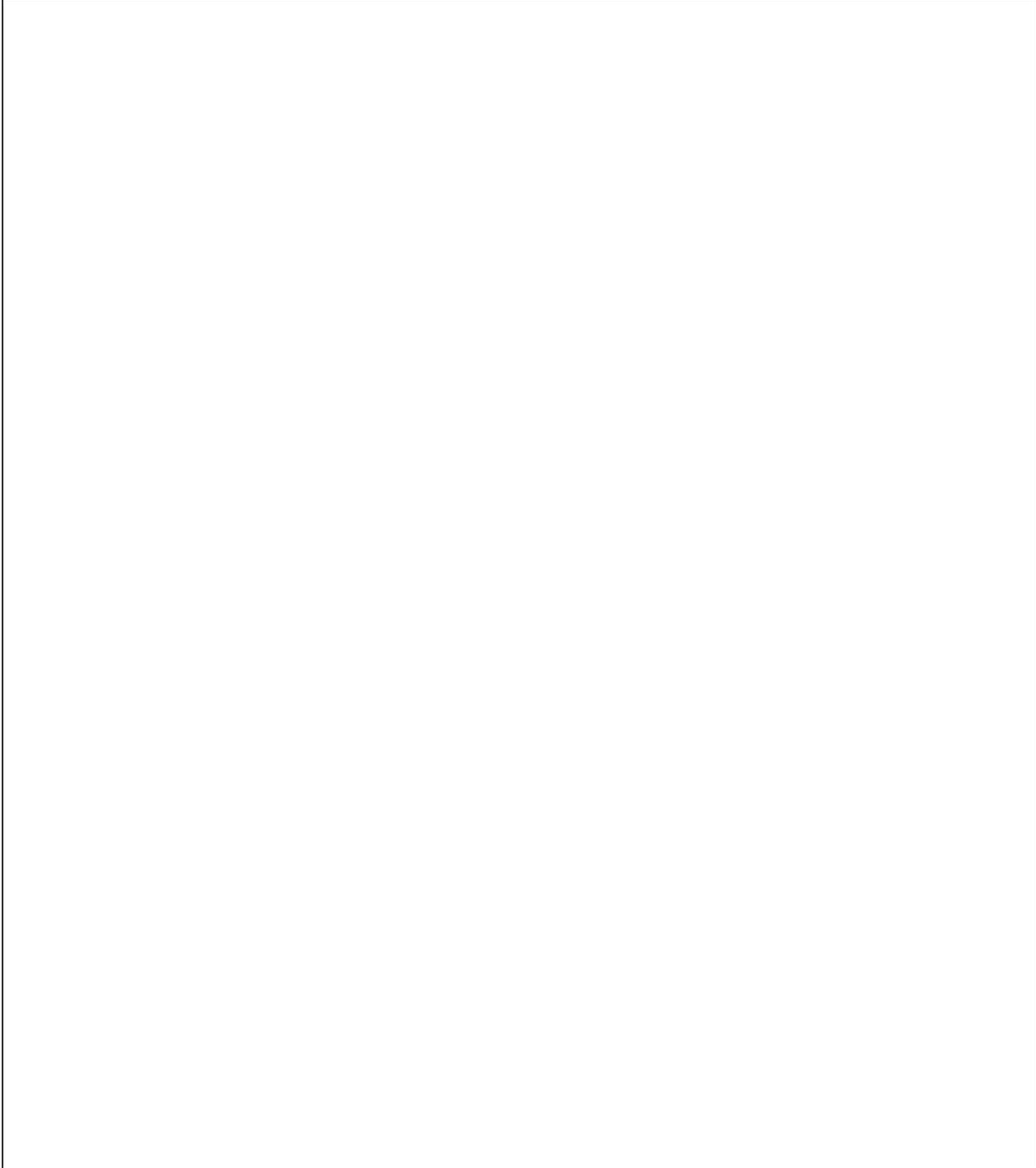
**(a.) Briefly describe the homeless veteran population who would qualify for your type(s) of special need assistance.** (Please answer in the space provided below.)

**(b.) Describe how your agency will reach out to the individuals who would qualify for your type(s) of special need assistance. Also, provide your geographical area of operation.**

(Please answer in the space provided below.)

**(c.) Describe in detail the type of special need service, operation, or personnel provided and the methodology of delivery to the participant(s). Include a discussion of current and proposed supportive services committed to the project.** (Please answer in the space provided below.)

**(c.) Continued.**



**(c.) Continued.**

[Empty rectangular box for content]

**(d.) Why is the service, operation, or personnel needed for the current project?**

(Please answer in the space provided below.)

Empty response box for providing details on the service, operation, or personnel needed for the current project.

**(e.) Why is the service, operation, or personnel integral to the current project?**

(Please answer in the space provided below.)

Empty response box for the question.

**(f.) Why is the service, operation, or personnel appropriate to the special needs population and overall project design?**

(Please answer in the space provided below.)

**(g.) How does the service, operation, or personnel meet the special needs of the population provided per diem in the previous year?** (Please answer in the space provided below.)

Empty response box for the question.

**(h.) Describe the goals, objectives, and measures for your proposed service, operation, or personnel for the special needs project.** (Please answer in the space provided below.)

Empty response box for describing goals, objectives, and measures for the special needs project.

**(i) Why are the goals, objectives, and measures for your proposed service, operation, or personnel for the special needs project appropriate and reasonable?** (Please answer in the space provided below.)

Empty response box for the question above.

**5. Assurances:** All applicants must agree to comply with the assurances to VA listed below. If you fail to do so it may result in the rejection of your application at the threshold review.

All applicants must agree to the following assurances to VA as described below. No other format will be accepted as evidence of reasonable assurances. Warning: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure) shall apply to these assurances. Section 1001 of title 18 United States Code provides, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$ 10,000 or imprisoned not more than five years, or both.

**A. Services Benefiting Veterans**

If this proposal is funded applicant assures that:

1. Programs so funded will be used to provide special need assistance to those categories of special need homeless veteran populations as listed in 38 CFR part 61.40.
2. The special need assistance will be for services, operation, or personnel as outlined in 38 CFR 61.43(d) (1) through (4), (e) (1) through (6), (f) (1) through (5) and or (g) (1) through (5).
3. The special need assistance will be for services, operation, or personnel at the level for which the application was made.
4. Services provided will meet standards prescribed by the Secretary of Veterans Affairs.
5. Referral networks will be maintained for, and aid will be given to, those special need homeless veteran populations.
6. Confidentiality of records pertaining to homeless veterans will be maintained in accordance with applicable laws, Federal, State, and Local, (e.g., HIPAA, Privacy Act).

**B. Reports; Record Retention**

If this proposal is funded, applicants assure that any and all reports required by the Secretary of Veterans affairs shall be made in such form and contain such information as the Secretary may require. Applicant further assures that upon demand, the Secretary of Veterans Affairs has access to the records upon which such information is based.

**C. Continued Financial Support**

If this proposal is funded, applicant assures that adequate financial support will be available for the continued operation of the special need assistance project funded by VA.

**D. Fiscal Control**

If this proposal is funded, applicant assures that it will establish and maintain such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the grant.

**E. Non-Delinquency**

This institution certifies that it is not delinquent on any Federal Debt and does not have any overdue or unsatisfactory response to an audit. Applicant, further assures that is not in default by failing to meet the requirements of any previous assistance from VA.

**F. Accuracy of Application Information**

All information submitted with this application is accurate, and does not contain any false, fictitious or fraudulent statement or entry.

**G. Costs Incurred**

I certify to the best of my knowledge the cost incurred for the special need grant assistance would not be incurred but for the fact that project number \_\_\_\_\_ is providing beds or services in supportive housing and/ or a service center for the homeless populations as designated in 38 CFR 61.40.

**H. Compliance**

Applicant assures that it will comply with applicable requirements of 38 C.F.R. Part 61.

Signature of Authorized Certifying Official Title	Date Submitted
Applicant Organization	Date

## **6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

### **A. INSTRUCTIONS FOR CERTIFICATION PRIMARY COVERED TRANSACTIONS**

By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

1. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the determination of the Department of Veterans Affairs (VA) whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participating in this transaction.
2. The certification in this clause is a material representation of fact upon which reliance was placed when VA determined to enter into this transaction. If it is later determined that the prospective participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, VA may terminate this transaction for cause of default.
3. The prospective primary participant shall provide immediate written notice to VA if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact VA for assistance in obtaining a copy of those regulations.
5. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by VA.
6. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by VA, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, VA may terminate this transaction for default.

**6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (cont.)**

**B. PRIMARY COVERED TRANSACTIONS**

**This certification is required by regulations implementing Executive Order 12549, Debarment and Suspension, and VA's implementing regulations at 38 CFR Part 44.**

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal department or agency;
  - (b) Have not within a three- year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity federal, state or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification such prospective participant shall attach an explanation to this proposal.

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Organization Name

Project Number

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Name and Title of Authorized Representative

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Signature of Authorized Representative

Date

**6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (cont.)**

**C. Instructions for Certification Lower Tier Covered Transactions**

By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, VA may pursue available remedies, including suspension and/or debarment.
2. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact VA for assistance in obtaining a copy of those regulations.
4. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by VA.
5. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, VA may pursue available remedies, including suspension and/or debarment.

**6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (cont.)**

**D. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization Name

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Name and Title of Authorized Representative

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Signature of Authorized Representative

Date

## **7. CERTIFICATION REGARDING DRUG-FREE WORKPLACE**

### **A. INSTRUCTIONS FOR CERTIFICATION DRUG-FREE WORKPLACE**

By signing and/or submitting this, application or grant agreement, the grantee is providing the certification set out below.

1. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
2. For grantees other than individuals, Alternate I applies.
3. For grantees who are individuals, Alternate II applies.
4. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
5. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or state highway department while in operation, state employees in each local unemployment office, performers in concert halls or radio studios).
6. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:
  - Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308-11 through 1308.15);
  - Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;
  - Criminal drug statute means a federal or non-federal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;
  - Employee means the employee of a grantee directly engaged in the performance of work under a grant, including:
    - (i) All direct charge employees;
    - (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and
    - (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

**THIS CERTIFICATION IS REQUIRED BY 38 CFR PART 44, VA'S REGULATIONS  
IMPLEMENTING THE DRUG-FREE WORKPLACE ACT OF 1988.**

- B. The grantee certifies that it 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 grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibitions:
  - (b) Establishing an ongoing drug-free awareness program to inform employees about--
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grantee'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;
  - (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);
  - (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 any conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - (e) Notifying the Agency in writing, within ten calendar days after receiving notice under paragraph (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;
  - (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (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;
  - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

C. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

\_\_\_\_\_  
Place of Performance (Street address, city, county, state, zip code.)

Check here if there are workplaces on file that are not identified here.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**8. CERTIFICATION REGARDING LOBBYING**

**THIS CERTIFICATION IS REQUIRED BY 38 CFR PART 45,  
VA's REGULATIONS IMPLEMENTING SECTION 319 OF PUBLIC LAW 101-121.**

The undersigned certifies, to the best of their 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 Form to Report Lobbying," 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 \$ 1 0,000 and of more than \$ 100,000 for each such failure.

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Organization Name

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Name and Title of Authorized Representative

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Signature of Authorized Representative Date

## Application Assembly Checklist

Place your application in the order of the checklist below and list the page numbers in sequence on both the application and on this checklist. The checklist will serve as your Table of Contents for your application package. A page number box is at the bottom center of each application page. On documents you have provided (i.e., assurances, resumes, etc.) please place these documents in their proper order as directed in the application (i.e., Attach Here) and number them in sequence. When finished your application should be sequentially numbered, beginning at the first page and continuing through the last one submitted.

Included Items	VA Page Numbers	Applicant Page Number
Application for Federal Assistance (Standard Form 424)	Located in Forms Section	
Application Receipt Form (VA Form 10-0361A)	Located in Forms Section	
Application Assembly Checklist	SN Submission – page 24	
Applicant Summary	SN Submission – page 1	
Eligibility to Receive VA Assistance	SN Submission – page 1	
Project Summary	SN Submission – page 2 through 4	
Budget	SN Submission – page 5	
Project Plan	SN Submission – page 5 through 15	
Assurances	SN Submission – page 16	
Certification Regarding Debarment, Suspension, and other Responsibility Matters	SN Submission – page 17 through 20	
Certification Regarding Drug-Free Workplace	SN Submission – page 21 & 22	
Certification Regarding Lobbying	SN Submission – page 23	
OMB Forms -- Section D a. Standard Form 424A, Non-Construction Budget b. Standard Form 424B, Non-Construction Assurances	Located in Forms Section	