

INSTRUCTIONS

The Agency Capacity Form is only required for agencies applying for new funding opportunities *that are not currently HUD CoC Program Grantees*. If required, this form should be included with the New Project Application. **New Project Application(s) are due via e-mail to [jamie.ergas@fairfaxcounty.gov](mailto:jamie.ergas@fairfaxcounty.gov) by 4:00 pm on August 8th.** Please submit all attachments as one PDF.

NAME OF AGENCY

AGENCY DETAILS	
1. Governmental or non-profit agency?	<input type="checkbox"/> Government Agency <input type="checkbox"/> Non-profit Agency
2. Dates of your agency's fiscal year? (example: 07/01 – 06/30)	
3. Agency's DUNS #:	
4. Are you currently registered in the System for Award Management (SAM)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your agency have financial/accounting policies, procedures and controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there agency procedures for evaluating internal programs and then utilizing the results to improve programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your agency have a staff policies and procedure manual that covers the following items: non-discrimination, sexual harassment, standards of professional conduct, position descriptions and responsibilities, and conflict of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your agency provide ongoing services directed training and staff development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your agency have the following policies for clients: grievance, non-discrimination, confidentiality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does your agency have a homeless or formerly homeless person on your Board of Directors? (informational only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do representatives from your agency participate in Fairfax County homeless system committees and meetings? (informational only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your agency provide opportunities for former or current consumers to participate via employment or volunteer opportunities? (informational only)	<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACHMENTS
<input type="checkbox"/> Verification of 501(c)3 stats (if application) <input type="checkbox"/> Management Letter of most recent financial audit <input type="checkbox"/> First page of most recent IRS Form 990 <input type="checkbox"/> List of Board of Directors