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| **Name of Agency** | **Point of Contact for Application** | **POINT OF CONTACT EMAIL ADDRESS** |
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**INSTRUCTIONS**

The Agency Capacity Form is only required for agencies applying for new funding opportunities *that are not currently HUD CoC Program Grantees*. If the agency applying is *not* a current HUD Grantee, this form should be included with the New Project Application. **New Project Applications are due via e-mail to** **stephen.knippler@fairfaxcounty.gov** **by**

**4:00 pm on August 17th.**

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| **AGENCY DETAILS** |
| 1. **Governmental or non-profit agency?**
 | [ ]  Government [ ]  Non-profit  |
| 1. **Dates of your agency’s fiscal year?** *(example: 07/01 – 06/30)*
 |  |
| 1. **Agency’s Unique Entity Identifier (UEI):**
 |   |
|  |  | **Yes** | **No** |
| 1. **Are you currently registered in the System for Award Management (SAM)?**
 | [ ]  | [ ]  |
| 1. **Does your agency have financial/accounting policies, procedures and controls?**
 | [ ]  | [ ]  |
| 1. **Are there agency procedures for evaluating internal programs and then utilizing the results to improve programs?**
 | [ ]  | [ ]  |
| 1. **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.**
 | [ ]  | [ ]  |
| 1. Does your agency provide ongoing services directed training and staff development?
 | [ ]  | [ ]  |
| 1. **Does your agency have the following policies for clients: grievance, non-discrimination, confidentiality?**
 | [ ]  | [ ]  |
| 1. **Does your agency have a homeless or formerly homeless person on your Board of Directors? (informational only)**
 | [ ]  | [ ]  |
| 1. **Do representatives from your agency participate in Fairfax County homeless system committees and meetings? (informational only)**
 | [ ]  | [ ]  |
| 1. Does your agency provide opportunities for former or current consumers to participate via employment or volunteer opportunities? (informational only)
 | [ ]  | [ ]  |

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| **ATTACHMENTS REQUIRED** |
| [ ]  | **Verification of 501(c)3 stats (if applicable)** |
| [ ]  | **Management Letter of most recent financial audit** |
| [ ]  | **First page of most recent IRS Form 990** |
| [ ]  | **List of Board of Directors** |