



Fairfax County Continuum of Care

Agency Capacity Form

1. Name of Agency: [Click here to enter text.](#)
2. Governmental or non-profit agency? [Click here to enter text.](#)
 - a. If non-profit attach verification of 501 (c)(3) status*
3. What are the dates of your agency's fiscal year? (Sample 7/1 – 6/30) [Click here to enter text.](#)
4. Attach management letter of most recent financial audit*
5. What is your agency's DUNS # [Click here to enter text.](#)
6. Are you currently registered in System for Award Management (SAM)? Yes No
7. Attach the first page of most recent IRS Form 990*
8. Attach list of Board of Directors*
9. Does your agency have financial/accounting policies, procedures and controls?
Yes No
10. Are there agency procedures for evaluating internal programs and then utilizing the results to improve programs? Yes No
11. 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? Yes No
12. Does your agency provide ongoing, services directed, training and staff development?
Yes No
13. For consumers, does your agency have the following policies: grievance, non-discrimination, confidentiality? Yes No

The following questions are for informational purposes only but are expectations of HUD CoC Program grantees:

14. Does your agency have a homeless or formerly homeless person on your Board of Directors? Yes No
15. Do representatives from your agency participate in Fairfax County homeless system committees and meetings? Yes No
16. Does your agency provide opportunities for former or current consumers to participate via employment or volunteer opportunities? Yes No

*Please submit all attachments as one PDF