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

**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** [**jamie.ergas@fairfaxcounty.gov**](mailto:jamie.ergas@fairfaxcounty.gov) **by**

**4:00 pm on September 20, 2021.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 DUNS #:** | |  | | |
|  |  | | **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) | | |  |  |

|  |  |
| --- | --- |
| **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** |