

ATTENTION APPLICANTS for the FY 2025 VA Grant and Per Diem (GPD) Special Need Notice of Funding Opportunity (NOFO): Follow this guidance as you complete the mandatory SF-424. Additional guidance is available in the NOFO and related materials (e.g., FAQs) on the GPD website: <https://www.va.gov/homeless/gpd.asp> as well as on www.grants.gov under Forms and SF-424 Family.

OMB Number: 4040-0004
Expiration Date: 11/30/2025

In box 1, select "Application."

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

 * Other (Specify):

In box 2, for renewal applications, select "Continuation."

* 3. Date Received:

4. Applicant Identifier:

In box 5b, for renewal applications, enter the currently active award FAIN (e.g., ABCD123-4567-890-SN-22).

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. UEI:

In box 8c, the unique entity identifier (UEI) is available when you log into your organization's account in www.SAM.gov. Do not enter a Dun & Bradstreet number (DUNS).

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

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* 9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

In box 11, enter "64.024" for the CFDA number (in the NOFO, this is referred to by the updated phrase "Assistance Listing").

In box 11, enter "VA Homeless Providers Grant and Per Diem Program" for the CFDA title.

CFDA Title:

* 12. Funding Opportunity Number:

In box 12, enter "VA-GPD-SN-FY2025" for the funding opportunity number.

* Title:

In box 12, enter "GPD Special Need Grant" for the funding opportunity title.

13. Competition Identification Number:

In box 13, enter "N/A."

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

In box 17a, enter "10/01/2024."

* b. End Date:

In box 17b, enter "09/30/2026."

18. Estimated Funding (\$):

- * a. Federal
- * b. Applicant
- * c. State
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL

In box 18a, enter the combined estimated amount being requested for both years of the renewal grant. Costs are expected to be the same as previously approved with few, if any, changes.

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

In box 19, most applicants will select box c. This executive order applies to governmental organizations. Most programs are not covered by this order.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

DO NOT skip this question.

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

This box MUST be marked.

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

In box 21, the SF-424 must be signed by a person at the applicant organization who is authorized to make commitments on behalf of the organization (e.g., President, Executive Director, Chief Executive Officer).

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

In box 21, the signature on the SF-424 must be digital or hand-written. A blank signature field or a "signature" that is manually typed will not be accepted.