**Supportive Services for Veteran Families (SSVF) Program**

**Applicant Certification**

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| Date: |  |
| Applicant Legal Name: |  |

I hereby certify on behalf of the above-named applicant organization that we meet or commit to meet the following conditions and expectations of SSVF funding:

* Adherence to evidence-based rapid re-housing practices, as reflected in the National Alliance to End Homeless’ [*Rapid Re-Housing Performance Benchmarks and Standards*](http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards), which have been endorsed by the SSVF Program Office.
* Prioritization of SSVF for rapid re-housing assistance for literally homeless Veterans to the maximum extent allowed by the VA to ensure a sufficient supply of rapid re-housing assistance for every literally homeless Veteran who is eligible and chooses rapid re-housing;
* Adherence to evidence-based homelessness prevention practices, as reflected in the [SSVF Practice Standards](http://www.va.gov/homeless/ssvf/index.asp?page=/ssvf_university/fidelity_tool_ssvf_standards).
* Active support in, or promotion of, other system-level, evidence-based practices that support achievement of the following:
  + [2021-2025 Homeless Programs Office Strategic Plan - VA Homeless Programs](https://www.va.gov/HOMELESS/strategic-plan.asp)
  + [All In: The Federal Strategic Plan for Preventing and Ending Homelessness](https://www.usich.gov/sites/default/files/document/All_In.pdf)
  + This includes but is not limited to:
  + Active participation in the One Team approach, community planning and implementation efforts that result in measurable goals and actions to achieve and sustain an effective end to homelessness among Veterans;
  + Active participation in coordinated entry processes for homeless Veterans;
  + Data sharing and support for maintaining a comprehensive master list (i.e., “by-name”) list of all homeless Veterans to track shelter and re-housing assistance for Veterans;
  + Active participation in case conferencing and other strategies to actively problem-solve situations that inhibit rapid movement to permanent housing for homeless Veterans and/or adequate provision of shelter and services while being re-housed or stabilized in housing; and
  + Where grantee’s local community has not embraced the practices noted here, active promotion and leadership efforts to assist the community in pursuing these goals and practices.
* I am certifying that everyone who works with SSVF and is included on the SSVF budget will receive suicide prevention training, that our organization will schedule at least quarterly meetings/training with the VA Medical Center Suicide Prevention Coordinator, and they will have current knowledge of mental health and suicide prevention resources (both VA and non-VA) in the communities that we serve.
* I am certifying that I have directly reviewed the SSVF budget and that staff are being paid in a fair and equitable manner that focuses on support and retention. If I have identified any issues, I will work directly with finance, human resources, and my board prior to the start of the grant to rectify challenges.
* I understand that both legal services and at least one (1) Health Care Navigator are required under this grant.
* I have reviewed the following: FY26 SSVF Notice of Funding Availability (NOFA), 38 CFR Part 62, and Title 2 CFR Part 200.
* I agree to lead my organization and/or my team in an ethical manner. I will ensure that every person in my organization receives training in ethics.

Additional reference: [VA's Fiscal Year 2024 Homelessness Goals - VA Homeless Programs](https://www.va.gov/HOMELESS/2023_Homelessness_Goals.asp)

**Applicant SSVF Program Director/Manager:**

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|  |  |  |  |  |
| *Name* |  | *Signature* |  | *Date* |

**Applicant CEO or Executive Director:**

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|  |  |  |  |  |
| *Name* |  | *Signature* |  | *Date* |