

ATTENTION APPLICANTS for the FY 2026 VA Grant and Per Diem (GPD) Case Management Notice of Funding Opportunity (NOFO): Follow this guidance as you complete the mandatory SF-424. Additional guidance is available in the NOFO, on the GPD website: <https://www.va.gov/homeless/gpd.asp>, and on www.grants.gov under Forms and SF-424 Family. If a field does not have an instruction, use your best judgment.

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

In box 1, select "Application."

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	In box 2, for renewal applications, select "Continuation."
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* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	In box 5b, for renewal applications, enter the currently active award FAIN (e.g., ABCD123-4567-890-CM-24).
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. UEI: <input type="text"/>
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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:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County/Parish:	<input type="text"/>
* State:	<input type="text"/>
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	<input type="text"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	* First Name: <input type="text"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>
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* Email:

Application for Federal Assistance SF-424

* 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-CM-FY2026" for the funding opportunity number.

* Title:

In box 12, enter "GPD Case Management 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 "10/01/2025."

* b. End Date:

In box 17b, enter "09/30/2028."

18. Estimated Funding (\$):

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

*** 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.

*** 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.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: