



FY 2025 Emergency Funds Project

Virginia Two-Generation/Whole Family Pilot Project

FACT of Virginia has established a direct assistance emergency fund project to support individuals and families served Community Action Agencies participating in the [Two-Generation/Whole Family Pilot Project](#).

A budget of \$30,000 has been made available for 6 awards of \$5,000 to be made for the provision of direct financial support, not otherwise available, of up to \$1,000 per household. This support is intended to cover unexpected expenses presented to individuals and families in crisis.

Eligibility Criteria:

- Community Action Agencies participating in the Two-Generation/Whole Family Pilot Project
- Organizations must have initial funding available to cover expenses for this project as this award will be distributed on a reimbursement basis. As such, awarded programs will be reimbursed up to \$5,000, upon completion of a brief narrative report (see questions below), invoice, and financial accounting statement of the expenses covered to FACT's Executive Director. Receipts for expenses covered by these funds are not required to be submitted but must be made available for review upon request. FACT shall have sole authority to determine whether submitted expenses are reimbursable, as such, programs should consult with the FACT's Executive Director if there are questions about allowable expenses prior to making payments.

Programmatic Criteria:

- To ensure fair and equitable distribution of these funds to individuals and families, programs are required to have a coordinated referral and response protocol in place to determine how individuals and families will be provided with this financial assistance. This process must include documentation of due diligence in maximizing existing resources (rental assistance, food pantries, etc.) prior to accessing this limited award.

- Funds may not be paid directly to individuals or families but rather to vendors providing services or goods.
- This project is intended to provide direct, flexible financial assistance for those who have experienced family violence. It is intended to “fill in the gaps” of existing support, therefore, assistance provided to participating individuals and families should be flexible in nature.

Timelines:

- Applications are due by **Thursday, May 15, 2025**. Please send **one email** with the completed application below and attach your agency’s referral and response protocol if appropriate.
- A response of award or denial will be provided within ten business days from receipt.
- Funds must be spent within one year of the award notice.
- All final documentation must be emailed to Nicole.poulin@dss.virginia.gov within 30 days of the total award being spent. Please send one email with all the required information.
- Upon completion of the project and approval of the required documents outlined above, funds will be distributed via hard copy check issued by the Virginia Department of Treasury within 30 days of receipt of approved final documentation. *

Final Narrative Report Questions (due with final invoice and financial documentation):

1. What are some examples of how funds from this award were spent? Please include at least one story as an example of how this project made a difference for a family or individual in your community.
2. How many families and individuals were helped by this funding?
3. What were the greatest challenges faced in implementing this project?
4. What were the greatest successes gained in the implementation of this project?
5. What suggestions do you have for FACT, if any, about how this project could be improved?

Application questions

Please respond to the following questions. Once completed, please return this document with an attached referral and response protocol if not included below, in one email to Nicole Poulin, Nicole.poulin@dss.virginia.gov

Please respond to the questions below.

- 1) Name of your organization:
- 2) Name and email of the Director or Executive Director of your organization:
- 3) Is your organization a Community Action Agency participating in the Two-Generation/Whole Family Pilot Project in Virginia?
Yes No
- 4) Please list the counties/cities your organizations serve:
- 5) Name and email of person submitting this application:
- 6) Name and email of person responsible for program implementation of the project:
- 7) Does your program have in place a coordinated referral and response protocol within the scope and reach of this project for individuals or families receiving services from your agency to access this financial assistance? If so, please include details below or attach a copy when submitting this application.
Yes ☐ No ☐

Please direct any questions to Nicole Poulin, Nicole.poulin@dss.virginia.gov or 804-310-1520

**FACT reserves the right to monitor sites to ensure appropriate use of funds and/or terminate the agreement if funds are not being used according to the terms outlined above*

FY 2025