



VIRGINIA DEPARTMENT OF SOCIAL SERVICES (VDSS)  
 NEIGHBORHOOD ASSISTANCE PROGRAM (NAP)  
 AFFILIATED ENTITY INFORMATION – JULY 1, 2026 – JUNE 30, 2027

**CERTIFICATION OF INCOME LEVELS SERVED**

Name of Applicant Organization:	
Name of Affiliated Entity:	

*To be completed by the each affiliated entity.*

Complete the table below using information on clients served for the **calendar year 2025, FY 7/2024 – 6/2025, 10/2024 – 9/2025, 5/2024 – 4/2025, etc.** If the audit, review, compilation or federal form 990 for the time periods listed above has not been finalized then complete the table providing unaudited numbers for the revenue and expenses sections from the organization’s internal records.

- The requested information **must include all of the programs** provided by the affiliated entity and reflect the **total operation, not just one or more programs conducted by the affiliated entity.** If an individual received more than one type of service, only count the person once – this an unduplicated count.

- Total family’s annual household income includes wages/salaries, social security income, pensions, dividend/interest income, SSI, etc.

**Write whole numbers without commas or decimal points, regardless of their size.**

**Enter the time period used to complete the table from the most recent year ended audit, review or compilation or Federal Form 990 for the dates indicated above.**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

1. Enter the Total <u>Revenue</u> reported on the most recent year ended audit or Federal Form 990 as indicated above.	\$
2. Enter the total <u>Expenses</u> reported on the most recent year ended audit or Federal Form 990 as indicated above.	\$
3. Enter the total number of people assisted by or using services for <b>all of the programs provided</b> by the affiliated entity during the most recent calendar year, program year, or fiscal year.	
4. Enter the total funds spent in assisting or providing services <b>for all of the programs provided</b> to people during the most recent calendar year, program year, or fiscal year.	\$
5. Enter the number of people served in Virginia whose family’s annual household income is at or below 200% of the federal poverty guidelines (FPG).	
6. Enter the total funds spent in assisting or providing services to people in Virginia whose family’s annual household income is at or below 200% of the FPG.	\$
7. Enter the total number of people served in Virginia whose family’s annual household income is above 200% but at or below 300% of the FPG.	
8. Enter the total funds spent in assisting or providing services to people in Virginia whose family’s annual household income is above 200% but at or below 300% of the FPG.	\$
9. Enter the number of people served outside of Virginia whose family’s annual household income is at or below 300% of the FPG.	
10. Enter the total funds spent in assisting or providing services to people outside of Virginia whose family’s annual household income is at or below 300% of the FPG.	\$
11. Add Lines 5 and 7. This is the total number of low-income people in Virginia assisted by or using services provided by the affiliated entity.	
12. Add Lines 6 and 8. This is the total funds spent assisting or providing services to low-income people in Virginia.	\$