

VIRGINIA DEPARTMENT OF SOCIAL SERVICES (VDSS)
 NEIGHBORHOOD ASSISTANCE PROGRAM (NAP)
 SAMPLE OF NAP DATABASE APPLICATION - JULY 1, 2026 – JUNE 30, 2027

The Sample Application is for the organization’s use only. The organization must enter the information into the VDSS NAP database between March 15, 2026 – May 1, 2026, by 5:00 p.m.

*Refer to this application if you will be applying for tax credits from the Virginia Department of Social Services (VDSS). **The NAP database is only to be used by an organization applying to VDSS for tax credits.** Send an email to tax.credits@doe.virginia.gov to apply for NAP education tax credits from the Department of Education. DOE has a separate application process. An organization may only submit one application for NAP tax credits. An application will not be accepted by both departments.*

Non-Profit Organization (NPO) Profile

NOTE: The NPO Profile information must be updated through the “**Manage Profile**” page of the online application prior to accessing the application. The NPO Profile information listed in the application pulls from the Manage Profile screens and cannot be changed through the NPO Application screen. **Click on submit ONLY AFTER reviewing/updating all the pages – profile, description of programs, mission statement and attachments.**

Part I – NPO Profile

Federal ID #:	
Date 501(c) (3) Status was Received:	
Organization Name:	
Business Mailing Address:	PO Box or Street: City, State, Zip:
Phone Number:	
Fax Number:	
City/County of Main Office:	
Web Address:	
Contact 1 - Executive Director or CEO:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
Name:	
Title:	
Phone Number:	
Email address:	
Contact 2 - Contact Person for NAP: Person responsible for entering donations into the database.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
Name:	
Title:	
Phone Number:	
Email address:	

Non-Profit Organization (NPO) Profile

NOTE: The NPO Profile information must be updated through the “**Manage Profile**” page of the online application prior to accessing the application. **Click on submit ONLY AFTER reviewing/updating all pages – profile, description of programs, mission statement and attachments.**

Name of Applicant Organization:	
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Part I – NPO Profile

Describe the organization’s programs. The requested information must include **all the programs** within the organization and reflects the **total operation** of the organization, not just one or more programs conducted by the organization. Use the **Federal Poverty Guidelines** chart, provided in the instructions, to determine the income levels of people served.

➤ Describe the organization’s programs. Explain how the organization is meeting the requirement of primarily providing assistance to low-income people in Virginia. (Limited to 2000 characters, use additional pages as needed. Upload the additional pages in a PDF format in the “Attachments” section of the organization’s online profile).

➤ List the Mission Statement and date adopted by Board, if applicable (If the Mission Statement is different from the description shown in the audit report, review, or compilation, please explain.) (Limited to 1000 characters, use additional pages as needed. Upload the additional pages in a PDF format in the “Attachments” section of the organization’s online profile).

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The Application information must be completed through the “**NPO Application**” page after reviewing/updating the manage profile pages.

Click on save AFTER EACH page of the online application. Review the message at the top of the page to ensure the information is saved and there is no error message.

NPO APPLICATION - GENERAL INFORMATION PAGE

Name of Applicant Organization:	
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PART II – NPO APPLICATION

- Enter the **anticipated amount of NAP eligible donations** the organization expects to receive from 7/1/2026 – 6/30/2027 to support low-income people.
 - ✓ NOTE: The NAP database will automatically calculate the amount of tax credits at 65% of the anticipated amount of donations the organization expects to receive.

\$

➤ **GOALS OBJECTIVES**

Provide a statement of the organization’s program goals/objectives. List the outcomes/accomplishments that are expected to occur during FY 2026-2027 for **ALL** the **organization’s programs**. Discuss the method that will be used to evaluate the program’s effectiveness. (Limited to 2000 characters, use additional pages as needed. Upload all additional pages in a PDF format in the “Attachments” section of the online application).

- ✓ **NOTE: An evaluation report listing the program outcomes will be required at the end of the fiscal year for an organization receiving an allocation of NAP tax credits. The report is due by July 31st each year. Email the report to nap@dss.virginia.gov.**
 - The report must include - goals listed in the fiscal year application; accomplishments; the number of people served at or below 200% of the federal poverty guidelines (FPG), the number of people served at or below 300% of the FPG; and the number of people served not reported at the 200% or 300% FPG levels.

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NPO APPLICATION - GENERAL INFORMATION PAGE

Name of Applicant Organization:	
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Types of Services Offered (Select all that apply)	
<input type="checkbox"/> AIDS Program Related Services	<input type="checkbox"/> Child Care Programs
<input type="checkbox"/> Comprehensive Emergency Services	<input type="checkbox"/> Court Referred Mediation Services
<input type="checkbox"/> Economic Revitalization Project	<input type="checkbox"/> Education/Scholarship/Scholastic Assistance
<input type="checkbox"/> Ex-Offender Services	<input type="checkbox"/> Food Bank (an organization that provides food to other non-profit organizations.) (Select “other” if the organization provides food directly to low-income clients).
<input type="checkbox"/> Health Care Services	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Homes/Center for the Disabled	<input type="checkbox"/> Housing
<input type="checkbox"/> Job Training/Employment Services	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Literacy Programs	<input type="checkbox"/> Other
<input type="checkbox"/> Programs Related to the Arts	<input type="checkbox"/> Senior Citizens Services
<input type="checkbox"/> Specialty Medical Referral Services	<input type="checkbox"/> Substance Abuse Counseling
<input type="checkbox"/> Teen Pregnancy/Family Planning/Counseling	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Utility Companies	<input type="checkbox"/> Water/Wastewater Program
<input type="checkbox"/> Youth Activities/Youth Center	<input type="checkbox"/> Youth/Domestic Violence Shelter

➤ Does this organization operate an on-site health care clinic? If yes, describe the type and frequency of services. (Limited to 2000 characters, use additional pages as needed. Upload all additional pages in a PDF format in the “Attachments” section of the online application).

Yes No

➤ Did this organization merge with another VDSS NAP organization within the previous four years?

Yes No If yes, enter the Federal Tax ID number and list name of other organization.

Does this organization have any affiliated entities indicated in the audit, review or compilation report?

Yes No If yes, list the name(s) of each affiliated entity: Additional application information will be required.

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Please check all localities in which the organization will actively provide services. If the organization provides statewide services, check here: Statewide Services

	Accomack		Albemarle		Alexandria City		Alleghany		Amelia
	Amherst		Appomattox		Arlington		Augusta		Bath
	Bedford (Bedford City)		Bland		Botetourt		Bristol		Brunswick
	Buchanan		Buckingham		Buena Vista		Campbell		Caroline
	Carol		Charles City		Charlotte		Charlottesville		Chesapeake
	Chesterfield		Clarke		Colonial Beach		Colonial Heights		Covington
	Craig		Culpeper		Cumberland		Danville		Dickenson
	Dinwiddie		Emporia		Essex		Fairfax		Falls Church
	Fauquier		Floyd		Fluvanna		Franklin		Franklin City
	Frederick		Fredericksburg		Galax		Giles		Gloucester
	Goochland		Grayson		Greene		Greensville		Halifax
	Hampton		Hanover		Harrisonburg		Henrico		Henry
	Highland		Hopewell		Isle of Wight		James City		King George
	King William		King & Queen		Lancaster		Lee		Lexington
	Loudoun		Louisa		Lunenburg		Lynchburg		Madison
	Manassas		Manassas Park		Martinsville		Mathews		Mecklenburg
	Middlesex		Montgomery		Nelson		New Kent		Newport News
	Norfolk		Northampton		Northumberland		Norton		Nottoway
	Orange		Page		Patrick		Petersburg		Pittsylvania
	Poquoson		Portsmouth		Powhatan		Prince Edward		Prince George
	Prince William		Pulaski		Radford		Rappahannock		Richmond
	Richmond City		Roanoke		Roanoke City		Rockbridge		Rockingham
	Russell		Salem		Scott		Shenandoah		Smyth
	South Boston		Southampton		Spotsylvania		Stafford		Staunton
	Suffolk		Surry		Sussex		Tazewell		Virginia Beach
	Warren		Washington		Waynesboro		Westmoreland		West Point
	Williamsburg		Winchester		Wise		Wythe		York

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Click on save **AFTER EACH** page of the online application. Review the message at the top left-hand side of the page to ensure the information is saved and there is no error message.

Name of Applicant Organization:	
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CERTIFICATION OF INCOME LEVELS SERVED – NPO APPLICATION

The requested information **must include all the programs within the organization and reflect the total operation of the organization, not** just one or more programs conducted by the organization.

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

- Describe the data, resources, procedures and methodology used to determine the income levels of the total persons served. Be specific about what data is used to determine if the person served has a household income that is not in excess of 300 percent of the federal poverty guidelines, and how this data is acquired. (Limited to 1000 characters, use additional pages as needed. Upload all additional pages in a PDF format in the “Attachments” section of the online application).

- Describe how often the household income information is updated. (Limited to 1000 characters, use additional pages as needed. Upload all additional pages in a PDF format in the “Attachments” section of the online application).

- If the population you currently serve has changed and does not mirror the information listed in Certification of Income Levels table, please explain. (If not applicable, write N/A) (Limited to 1000 characters, use additional pages as needed. Upload all additional pages in a PDF format in the “Attachments” section of the online application).

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CERTIFICATION OF INCOME LEVELS SERVED – NPO APPLICATION

- Complete the table below using information on clients served for 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 for the same period. The application will not be reviewed until the deadline to submit the audit has passed.**
- For *new applicants*, the time periods that may be used for determining the number of low-income persons served by your organization include (i) the most recent calendar year ended, (2025), (ii) completed program year (2024 - 2025), or (iii) 10/24 –9/25 or the organization’s most recent fiscal year ended.
- For *returning applicants*, the time period for determining the number of low-income persons served by the organization must be the same period used for last year’s application.
 - *Note: The time period for determining the number of low-income persons served cannot be for any period after the submission date of this application.)*
- The requested information **must include all the programs within the organization and reflect the total operation of the organization**, not just one or more programs conducted by the organization. **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.	
1. Enter the Total Revenue reported on the most recent year ended audit or Federal Form 990 as indicated above.	\$
2. Enter the total Expenses 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 all the programs provided by the organization during the most recent calendar year, program year, or fiscal year.	
4. Enter the total funds spent in assisting or providing services for all the programs provided 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 organization.	
12. Add Lines 6 and 8. This is the total funds spent assisting or providing services to low-income people in Virginia.	\$

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: _____

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**CERTIFICATION OF INCOME LEVELS SERVED – NPO APPLICATION
 FOR USE BY FOOD BANKS - TYPES OF ORGANIZATIONS RECEIVING FOOD**
 (an organization that provides food to other non-profit organizations)

- Complete the table below using information on clients served for **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 application will not be reviewed until the deadline to submit the audit has passed.**
- For *new applicants*, the time periods that may be used for determining the number of low-income persons served by your organization include (i) the most recent calendar year ended, (2025), (ii) completed program year (2024-2025), or (iii) 10/24 – 9/2025, or the organization’s most recent fiscal year ended.
- For *returning applicants*, the time period for determining the number of low-income persons served by the organization must be the same period used for last year’s application.
 - *Note: The time period for determining the number of low-income persons served cannot be for any period after the submission date of this application.)*
- The requested information **must include all the programs within the organization and reflect the total operation of the organization**, not just one or more programs conducted by the organization.

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

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 agencies receiving food from the organization during the most recent calendar year, program year, or fiscal year.	
4.	Enter the total funds spent providing food to agencies during the most recent calendar year, program year, or fiscal year.	\$
5.	Enter the total pounds of food provided by the organization during the most recent calendar year, program year, or fiscal year.	
6.	Enter the number of agencies providing services to people in Virginia whose family’s annual household income is at or below 200% of the federal poverty guidelines (FPG).	
7.	Enter the total funds spent providing food to agencies providing services to people in Virginia whose family’s annual household income is at or below 200% of the FPG.	\$
8.	Enter the number of agencies 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 total funds spent providing food to agencies providing services to people in Virginia whose household income is above 200% but at or below 300% of the FPG.	\$
10.	Enter the number of agencies providing services to people outside of Virginia whose family’s annual household income is at or below 300% of the FPG.	
11.	Enter the total funds spent providing food to agencies providing services to people outside of Virginia whose family’s annual household income is at or below 300% of the FPG.	\$
12.	Add Lines 6 and 8. This is the total number of agencies receiving food that provided services to low-income people in Virginia.	
13.	Add Lines 7 and 9. This is the total funds spent providing food to agencies providing services to low-income people in Virginia.	\$

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: _____

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**AGENCIES SERVED
FOR USE BY FOOD BANKS**

Name of Applicant Organization:	
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Please list the name of the agencies receiving food from the organization during the past year. Upload all pages in a PDF format in the “Attachments” section of the online application).

SAMPLE

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ASSURANCE STATEMENT

I, the undersigned officer or other person authorized to act on behalf of the organization, declare that this form (including all accompanying attachments and documentation) is, to the best of my knowledge and belief, a true, correct and complete application, made in good faith pursuant to the requirements prescribed by the Virginia Department of Social Services. I understand this application will be denied if not received by the due date or if any part of the application is missing or incomplete.

I assure the Virginia Department of Social Services that any tax credit-derived donations received under the Neighborhood Assistance Act Tax Credit Program will be used to provide services to low-income persons residing in the Commonwealth of Virginia whose family's annual household income is not in excess of 300 percent of the current federal poverty guidelines, collecting all necessary documentation that demonstrates compliance with the household income requirements.

I understand that participating in NAP obligates my organization to keep donor records confidential; work with the donors to assure a timely and accurate completion and submission of the Contribution Notification Forms (CNFs) including supporting documentation for all donations; maintain in my facility and make records pertaining to NAP transactions available to VDSS for a period of five (5) years; and abide by all applicable NAP laws and VDSS regulations.

Date Name / Title Signature

SAMPLE