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# FY 2026 Intramural Research Funding Request for Proposals

The National Center on Homelessness among Veterans (Center) is issuing a request for proposals to conduct intramural and collaborative operations-based research projects during FY 2026 based on priorities listed below, which have been identified by the VACO Homeless Programs Office (HPO). Projects should be ideally completed within 9–10 months following award, using existing staff and in collaboration with an operational partner (which can be the Center). Applications must include at least one Core or Affiliate Investigator of the Center (does not need to be the Principal Investigator). The Principal Investigator must be a VA employee. Please consider the fiscal year timeline as project funds will need to be expended by the end of the fiscal year.

Applications should be submitted via email to the Center’s Administrative Officer, Erika Barr, at [Erika.Barr@va.gov](mailto:Erika.Barr@va.gov) by August 11, 2025. Grant applications will be reviewed by a team of researchers and senior homeless operations staff. Decisions will be announced in early Fall and the one year, non-renewable project awards are expected to begin October 1, 2025. **Number of awards will be dependent on availability of funds.**

Two tiers of grant awards will be offered. The first tier will be grant awards up to $100,000 to support two high-priority areas to work with the Center. The second tier will be grant awards up to $60,000 to support work in other HPO targeted areas. Pending availability of funding in HPO, awards will be provided via cost transfers within the VA based on Memoranda of Understanding (MOUs) between the Center and investigators’ local facilities. For first-tier projects, the expectation will be that awardees work closely with the Center to receive regular input and generate a final report. Ideas and partnership for first-tier projects should be discussed with the Research Director ([Jack.Tsai2@va.gov](mailto:Jack.Tsai2@va.gov)); consultation for second-tier projects can aso be provided. For both tier projects, awardees will be expected to provide quarterly progress reports to the Center and disseminate project findings through a Center-sponsored research brief and a webinar.

**APPLICATION**

**Format**

Applications should be no more than 8 pages and follow the format indicated below.

1. Study question and aims (up to 1 page)
2. Study design: (up to 5 pages)

* Aims and hypotheses
* Methods
* Data sources
* Proposed analyses
* Timeline in Gantt chart

1. Details of the collaborative relationship with the identified VA homeless program (which can include the Center), including the role of the operational partner in project execution and internal dissemination strategies (1 page)
2. Budget (1 page)
3. No Letters of Support are needed. Please name key stakeholders involved in the project. Named stakeholders will be consulted for their input and involvement during the grant review process.

**Scoring**

Proposals will be scored up to 100 points based on the following criteria:

1. Relevance to HPO/Center priorities (detailed below) with potential to enhance understanding and services for Veterans. (20 points)
2. Project design—Will the study contribute to our understanding of Veteran homelessness? Does the project represent a novel use of data and resources to address the core issue or question being studied? Is the study design sound? (40 points)
3. Likelihood of the project being completed within 9–10 months of the award and within budget. (20 points)
4. Partnership with a local or national VHA homeless program (including the Center) that is well articulated in terms of endorsement and the process by which the program is integrated into the research process (e.g., involved in developing the study idea/study design, structured process updates, review of preliminary data, and input into final interpretations of findings). (10 points)
5. Collaborative nature of the research and methodology—Research teams are encouraged to utilize unique methodologies and involve multidisciplinary teams. (10 points)

**FIRST-TIER RESEARCH PRIORITIES (Budget $100,000)**

1. Many homeless-experienced Veterans face internal and external barriers to achieving social independence, obtaining employment, and improving other recovery outcomes beyond housing. The Center is looking to fund researchers that have proposals to overcome these barriers or who aims to evaluate existing VA or non-VA programs that may be able to overcome these barriers among homeless-experienced Veterans.
2. Artificial intelligence (AI) is changing healthcare and many aspects of life. Social services and homeless programs have often lagged behind in piloting, testing, and implementing new technologies. The Center is looking to partner with researchers with technological expertise and innovative ideas around how best to utilize AI to serve homeless Veterans, improve healthcare and homeless services, and/or redesign or refine VA homeless programs.

**SECOND-TIER RESEARCH PRIORITIES (Budget $60,000)**

**Homeless Prevention**

1. How can VA better prevent criminal justice involvement and incarceration among Veterans?
2. What data use sharing models are feasible in working with federal and community partners to study homeless prevention among Veterans?
3. What models of care are effective in facilitating outreach and healthcare for homeless Veterans in rural areas? One specific program of interest, how effective is the Tribal HUD-VASH program?
4. What programs and services are the most vulnerable veterans engaging with before and after SSVF enrollment? How do upstream homeless prevention services serve aging and disabled Veterans, women Veterans, and Veterans with children?

**Measuring Severity of Homelessness**

1. What are effective ways to measure level of case management needs among homeless Veterans?
2. How can we improve capacity and capability of case managers in VA homeless programs? How do we assess that?
3. How are non-VA community case managers providing services to homeless Veterans? What is the frequency, nature, and method of case management services provided by community providers?

**Employment Services**

1. What are effective approaches to empower homeless Veterans who receive public assistance or VA-service connected disability seek employment?
2. What are reliable ways to obtain data on employment status and employment outcomes among homeless Veterans?
3. What types of employers and industries are most supportive to hiring homeless-experienced Veterans?

**Community Care**

1. What decision-making models help explain use of community care among homeless Veterans?
2. What types of community care do homeless Veterans tend to use? Why do homeless Veterans use these community services versus VA services?
3. What have been the experiences of homeless Veterans in using VA-funded community care? How do Veterans admitted to HUD-VASH through expanded eligibility (and are not eligible for VHA care) access care in the community?
4. What does a cost-evaluation of community care use for homeless Veterans find? Does enrollment in VA homeless programs impact cost of emergency departments in community care?

**Religion/Spirituality**

1. What are effective models for VA chaplains to work with homeless programs? How can VA chaplains help assist with suicide prevention, end of life care, and grief?
2. What influence does religion/spirituality have in the health and lives of homeless Veterans?
3. What ways are there to effectively partner with Whole Health in care delivery to improve outcomes?
4. How trained are VA clinical providers in addressing religion/spirituality preferences among homeless Veterans in their healthcare?

**Healthcare**

1. How can homeless Veterans be better connected to and retained in primary care?
2. In what ways might VA specialty healthcare services be better integrated with VA homeless services?
3. How can food insecurity among homeless Veterans be addressed? What programs can have large impacts in reducing food insecurity and improving health through cross-programmatic collaborative efforts?
4. What interventions are effective in preventing suicide among homeless Veterans?
5. What impact does engagement in VA homeless programs have on no-show rates for VA outpatient appointments pre and post enrollment?
6. How can Veterans recently exiting incarceration be better connected to healthcare?
7. What are the reasons for resistance to engagement in VA telehealth among Veterans engaged in homeless programs? What are some ways that staff can help overcome this resistance?