



**Organizational Information**

\*Organization Name:

\*Organization Address:

Mailing Address, if different:

\*Executive Director First Name:

\*Executive Director Last Name:

\*Executive Director Email:

\*Executive Director Phone Number:

Contact First Name, if not Executive Director:

Contact Last Name:

Contact Email:

Contact Phone Number:

\*Please provide a description of your organization (max 200 words).

**Certification Requirements and Attachments**

All Certification Requirements are required for submission. All attachments MUST be uploaded in PDF format and submitted as directed in the CommunityForce application.

Please attach the following documents in PDF format:

\*501(c)3 IRS determination letter

  

\*Most recent I.R.S. Form 990 or 990 EZ (If the applicant applied for an extension, please include documentation of the extension request in the upload)

  

\*Board of Directors Roster

  

\*Board of Directors Bylaws

  

\*Most recent financial audit or financial review (from a third party independent financial auditor)

  

\*Attestation to government funding requirements:

  

*Grant Financial Requirements.docx*

\*Active registration with the Division of Corporations

  

\*Solicitation license from the Department of Agriculture

  

\*Non-Discrimination Policy

  

\*Drug-Free Workplace Policy

  

\*ADA Compliance Policy

  

\*Current Summary Agency Budget

  

\*Evidence of operations for last two years

  

**Agency Organization Experience**

\* Describe the agency's experience in administering DCF or other Federal, State and/or local funds. Please include the qualifications and experience of all personnel who will work on the proposed program. Please include grant management experience and programmatic experience

**Service Delivery Plan**

\* Provide a detailed narrative that describes the **proposed activities and services for Prevention and Rapid Rehousing** to be provided and how these services shall meet the needs of homeless/at risk of homeless families with children, homeless individuals, and homeless veterans utilizing the Housing First approach.

**Collaboration**

The proposed service delivery plan should include the Coordinated Entry process and a description of the process the Respondent will use to partner with multiple agencies to collaboratively provide homelessness prevention and homeless services.

\* Describe your proposed development of a structure that demonstrates experience and/or capacity in working within the coordinated entry system and multiple service delivery agencies.

\*(Continuum of Care Participation) Describe the participation of your agency's staff in the CoC, including leadership roles with the Commission on Homeless and committee participation.

**HMIS**

\* Describe the agency's experience with the Homeless Management Information System and/or collecting and using data on services provided to meet outcome and/or performance measures.

**Budget and Budget Narrative**

\* Provide a detailed proposed budget narrative that clearly describes salaries, operating costs, HMIS costs, and direct service budgets for Prevention and RRH.

\* Attach Program Budget

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