

# CHANGING HOMELESSNESS, INC.

Emergency Food and Shelter Program APPLICATION  
Phases 37 and CARES – Deadline for submission is 5 pm, Thursday, May 21, 2020

## Agency and Project Information

Name of Agency/Organization:		
Project Title and Brief Description:		
Agency Mailing Address:	Agency Physical Address (if different):	
Contact person:		
Telephone:	Fax:	
E-mail address:		
Please provide a copy of your 501(c)3 IRS Determination Letter. Letter attached ___yes ___no		
DUNS Number _____		
Approval of CEO or Executive Director		
Name:	Title:	
Signature: _____		
Date:		
Please select the project type:		
Prevention _____	Shelter _____	Hotel/Motel _____
Please select the type of activity and include the number of persons to be served:		
Served Meals _____	Diapers _____	
Mass Shelter _____	Hotel/Motel Vouchers _____	
Other Food _____	Rent/Mortgage _____	Utilities _____
Total Funding Requested \$		
Jurisdiction: Duval County	Local Board Email: <a href="mailto:rfp@changinghomelessness.org">rfp@changinghomelessness.org</a>	

## **Emergency Food and Shelter Program APPLICATION FORMAT FY 2020-2021**

Please identify each category and question in your submission. Provide statistics and other quantitative data wherever possible. Limit your narrative to 2 pages with no smaller than 11 font type and 1 inch margins on the sides.

**Agency Name** \_\_\_\_\_ **Program/Project Name** \_\_\_\_\_

### **Program Specifics | 90 Possible Points**

1. Please describe the program that you are applying for funds. Include the target population, goal(s) of the program, desired outcome(s), how you will measure it and the time period for tracking success. If you currently manage an existing program, please provide a summary of how many people were served in the previous cycle and if this funding will allow for an expansion or maintain the previously provided service. **(20 points)**
2. Provide a narrative for how the funds will be used and complete the attached budget sheet. **(15 points)**
3. How do you inform the community of your emergency assistance program services? Do you work with (or plan to work with) coordinated entry to identify clients? What is your eligibility criteria for client services? **(20 points)**
4. Do you administer client satisfaction surveys? If so, how often? Please describe what you have learned from your surveys and how that information informs your program. **(10 points)**
5. How is your program team working with clients to leverage stimulus funding, unemployment, etc? Please provide an example, preferably number of clients served and funds accessed. **(15 points)**
6. Please describe any partnerships the agency has established to support this program. Include examples of the types of agreements you have in place with any partners (example MOA's, MOU's, Letters of Support, etc.). **(10 points)**

### **Bonus Points | 10 Possible Points**

1. Do people from the targeted population serve on your Board of Directors or Advisory Board (if a separate board)? Yes or No **(2 points)**
2. Do you have any staff members that represent the targeted population? Yes or No **(2 points)**
3. Are you a member of the Northeast Florida Continuum of Care and do you regularly attend monthly meetings? **(4 points)**
4. Do you participate in HMIS? If you are a DV provider, do you utilize an in-house reporting system and are you able to provide reporting if needed? **(2 points)**