

CHANGING HOMELESSNESS, INC.

Emergency Food and Shelter Program APPLICATION
Phase 39 and ARPA-R – Deadline for submission is 5 pm, Monday, March 28,2022

Agency and Project Information

Name of Agency/Organization:		
Project Title and Brief Description:		
Agency Mailing Address:	Agency Physical Address (if different):	
Website:		
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 _____	Agency FEIN# _____	
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:		
Rent/Mortgage _____	Served Meals _____	Hotel/Motel Lodging _____
Diapers _____	Mass Shelter _____	
Utilities _____	Supplies/Equipment _____	
Food Pantry _____	PPE _____	
Total Funding Requested \$		
Jurisdiction: Duval County	Local Board Email: rfp@changinghomelessness.org	

Emergency Food and Shelter Program APPLICATION FORMAT Phase 39 and ARPA-R FY 2022-2023

Please identify each category and question in your submission. Provide statistics and other quantitative data wherever possible. **Limit your narrative to 3 pages with no smaller than 11 font type and 1 inch margins on the sides. Please note responses to bonus questions do not count towards the page limit.**

Agency Name_____ **Program/Project Name**_____

Program Specifics | 90 Possible Points (10 points each)

1. How does this project fit with your organizational strategy and vision? What are the desired outcomes?
2. Please describe how your staff will deliver services and maintain the documentation and accountability standards of this program?
3. What is the eligibility criteria for your program? Who is the targeted population? How do you inform the community of your emergency assistance program services?
4. How do you measure the impact of your program? Is there a clear and observable method of program evaluation including baseline statistics and benchmarks for future success?
5. Please provide a narrative for how funds will be used and complete the attached budget sheet.
6. What is the opportunity cost for not funding this program? If managing an existing program, how many people have been served in the current cycle?
7. Do you administer client satisfaction surveys? If so, how often? How is this feedback used to inform your program?
8. How has your program responded to the COV-ID 19 pandemic in delivery of services? How are resources leveraged to promote client stability?
9. 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.).

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)**