

CHANGING HOMELESSNESS, INC.

Emergency Food and Shelter Program APPLICATION
Phase 41 – Deadline for submission is 5 pm, Thursday, April 4, 2024.

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 <input type="checkbox"/> yes <input type="checkbox"/> no		
UEI 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 \$	(Must be at or less than \$50,000)	
Jurisdiction: Duval County	Local Board Email: rfp@changinghomelessness.org	

Emergency Food and Shelter Program APPLICATION FORMAT Phase 41 FY 2024

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. **Also, provide a copy of your most recent annual audit.**
6. What is the opportunity cost for not funding this program? **How many non-duplicated people have been served in the current cycle of your existing program?**
7. Do you administer client satisfaction surveys? If so, how often? How is this feedback used to inform your program?
8. **Describe how EFSP resources would be leveraged to promote client stability? Upon provision of services, is client stability tracked and documented. If so, please describe your process.**
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. If so, are your membership dues paid current 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)**

HMIS Participation

If your agency is applying for rent, utilities or other shelter (hotel/motel) expense funding, HMIS participation is mandatory. Clients who receive assistance, must be enrolled in the EFSP Phase 41 program. All financial assistance and related documentation must be uploaded in Document Check. Case notes should demonstrate the client's need for assistance with corresponding service entries reflecting the dollar amounts.