

2025/2026 Request For Application (RFA) Application Summary Form
Attachment 1
Northeast Florida Continuum of Care

Full Legal Name of Organization	Local Address

RFA Contact Person(s)	Phone Number	Email

Application Activity:

- ☐ ESG
☐ TANF
☐ Challenge Grant

Name of Proposed Project	Total Amount Requested

I certify that all of the information contained in this proposal is true and accurate. I further understand that material omission or false information contained in this proposal constitute grounds for disqualification of the Proposer(s) and this proposal.

Authorized Signature	Typed Name	Title	Date

1. Is the Applicant delinquent on any Federal, State or local debt?

☐ YES If "YES", provide an explanation. ☐ NO

2. Organization Type: ☐ Government ☐ Non-Profit ☐ For-Profit ☐ Other (explain below)

3. Are you a Faith-Based Organization? ☐ YES ☐ NO

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4. Describe the experience of the applicant, its employees or partners (if any), in effectively performing the activities proposed in the application.

5. Describe the experience of the applicant (if any) in leveraging other Federal, State, local, and private sector funds.

6. Describe the basic organization and management structure of the applicant. Include evidence of an adequate financial accounting system.

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7. Please Complete Attachment 3 - Agency Profile and Attachment 4 - 9.8 Proposed Activity Project Narrative and include in application submission.

8. Will your project participate in the CoC Coordinated Entry process?

☐ YES ☐ NO

9. Select your project focus (all households must meet homeless criteria):

(Select ALL that apply)

- ☐ Chronic Homeless ☐ Victims of Domestic Violence ☐ Homeless Veterans
☐ Alcohol Abuse ☐ Substance Abuse ☐ Mental Illness ☐ HIV/AIDS
☐ Youth/Young Adults (age 18 - 24)
☐ Unaccompanied Youth (age 17)
☐ Parenting Youth (parent age 18 - 24)
☐ Parenting Youth (parent age 17)
☐ Families (parent age 25 or older)
☐ Couples & Households w/adult children kept in the same unit or sleeping quarters
☐ Single male/female (adult age 25 or older)
☐ Elderly (age 65 or older)
☐ Other (please describe): _____

10. Budget: Please complete Attachment 2 Applicant Budget Request Form, the Budget is included on page 2. ESG requires a 100% match. Challenge requires a 25% match. And TANF does not require a match.

11. Annual Progress Report: proposals seeking to renew activities currently being provided or providers currently operating like projects must attach a copy of the HMIS APR for the operating period between July 1, 2024 to June 30, 2025/

Applicant Name

Applicant Signature

Date

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.