



City of Fayetteville / County of Cumberland
Homeless Initiative Application
Supporting Documents Checklist



This grant application contains the following sections:

1. Project Information
2. Project Applicant Information
3. Project Applicant's Capacity and Experience
4. Project Design
5. Project Budget Summary
6. Supplemental Resources
7. Local Homeless Management Information System (HMIS) Participation
8. Signatures and Assurances

In addition to providing the information requested under each of the sections in this application, the following documents must be submitted in the order listed below with tabs marking each document. Failure to submit any of these documents in an application may result in ineligibility of the application.

Note: If you have intentionally left an attachment out of the proposal, please include and insert a sheet of paper with the notation "**Attachment X Intentionally Left Blank**" and the explanation why the attachment is not relevant to your proposal in the appropriate place in your proposal (where the attachment would normally be included in the proposal).

- Homeless Initiative Application
- Attachment 1: Current proof of IRS 501(c)(3) status (if applicable)
- Attachment 2: Articles of Incorporation, including amendments and By-laws of the corporation.
- Attachment 3: Organizational Chart
- Attachment 4: Board Member List
- Attachment 5: Copy of Most Recent Audit
- Attachment 6: Admission Policy / Participant Selection Criteria
- Attachment 7: Termination/Grievance/Appeals Policy
- Attachment 8: Program intake forms, assessment tools, program rules, etc.

**City of Fayetteville and County of Cumberland
Homeless Initiative Project Application**

1. PROJECT INFORMATION (REFER TO RFP GUIDELINES FOR SPECIFIC INFORMATION)

- a. Project Name: _____
- b. Funding Request (Should match budget indicated in Section 5 of this application)
- 1) Amount of Grant Funds Requested: \$ _____
 - 2) Amount of Other Funding: \$ _____
 - 3) Amount of Total Project Budget: \$ _____

2. PROJECT APPLICANT INFORMATION

- a. Name of project applicant: _____
- b. DUNS Number: _____
- c. Tax ID or EIN: _____
- d. Project Applicant Type:
- 1) Private nonprofit organization with 501(c)(3) status Date of Incorporation: _____
 - 2) Unit of Local Government
 - 3) Other Public Agency (e.g. public housing authority)
- e. Is the project applicant a faith-based organization? Yes No
- f. Has the project applicant ever received a grant through a local, State, or federal agency?
 Yes No
- g. Is project applicant a member of the local Continuum of Care?
 Yes No
- h. Agency's primary contact:
- Name: _____
- Title: _____
- Telephone Number: _____
- Email: _____

3. PROJECT APPLICANT'S CAPACITY AND EXPERIENCE

- a. Describe your agency's mission and discuss how the project ties into the mission.
- b. Provide a brief description of titles, responsibilities and qualifications of staff who will:
- a) administer (reporting and accounting), and
 - b) operate (direct service staff) the proposed program.

c. Describe your agency's prior successful experience working with the target population indicated in this application.

PROJECT APPLICANT EXPERIENCE CHART

Project Name	Program Description/Target Population	Year Awarded	Grant Amount

d. Describe your agency's financial control system and procedures.

e. Has your agency received any findings (from any funding agency), resolved or unresolved, within the past 5 years?

Yes No

If so, please describe how the finding was corrected. If the finding has not been resolved, please describe your agency's plan to correct the action.

f. List the total actual operating income and expenses of your organization for the last three completed fiscal years as shown on the IRS Form 990 (with year 1 being the most recent year). If the 990 is not yet available for the most recently completed fiscal year, list the un-audited final income and expenditures and indicate that numbers are un-audited.

Fiscal Year End Date	Income Amount	Expenses Amount	Difference in Income and Expenses	Were the Amounts in Each Year Audited?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- g. Describe how your agency coordinates with other providers in the community to ensure non-duplication of services and access to mainstream resources for program participants.

4. PROJECT DESIGN

- a. Is this project a start-up or expansion? Start-Up Expansion
- b. If this project is a start-up, what is the date the agency will begin providing services?
- c. Agency will be required to participate in the local Continuum of Care's coordinated entry/assessment referral process. Describe your outreach plan for the target population.
- d. Describe the eligibility criteria for the project and how potential participants will be prioritized and selected for assistance.
- e. Describe in detail how your agency will provide the services to the project. Please articulate how this approach will fulfill housing and increase income goals for the participants.
- f. Describe your plan for measuring program outcomes as it relates to participants obtaining housing placement and stability; skills and income; and achievement of personal goals. Submit any forms or tools used for assessment, participant intake, and/or measuring program data.
- g. Indicate the unduplicated number of individuals and families with children your agency anticipates serving during the grant cycle?
- Individuals (single adults):
Families (with children):
- h. Describe the agency's experience in working with local landlords and/or property managers.
- i. Describe how participants will be assisted to obtain and remain in permanent housing and how participants will be assisted to maximize their ability to live independently. Describe how participants will be connected to mainstream resources in order to maintain permanent housing.
- h. What are your agency's hours of operation? Will your agency have staff available outside of the normal business hours to address any issues program participants may encounter (e.g. landlord, emergency crisis, etc.)? If so, please describe your agency's process.

- i. Describe your agency's process for handling participant grievances, appeals, and complaints. Please attach the agency's termination and grievance policy.

5. PROJECT BUDGET SUMMARY (Refer to guidelines for details on eligible costs)

ITEM	HOMELESS INITIATIVE GRANT FUNDS	OTHER FUNDS	TOTAL PROJECT BUDGET
FINANCIAL ASSISTANCE			
Rental Application Fees	\$	\$	\$
Security Deposits	\$	\$	\$
Rental Payment	\$	\$	\$
Last Month's Rent	\$	\$	\$
Utility Deposit	\$	\$	\$
Utility Payments (including arrears)	\$	\$	\$
Moving Expenses	\$	\$	\$
Furniture/Household Goods (max \$500 per household)	\$	\$	\$
Transportation (e.g. bus passes)	\$	\$	\$
Other Essential Services (Please specify):	\$	\$	\$
Other Essential Services (Please specify):	\$	\$	\$
CASE MANAGEMENT (not to exceed 10% of total grant)	\$	\$	\$
ADMINISTRATION (not to exceed 5% of total grant)	\$	\$	\$
TOTAL	\$	\$	\$

Provide justification of expenditures for each line item indicated above.

6. SUPPLEMENTAL RESOURCES

Please complete the following chart for all Supplemental Resources available for this project, including any cash match and any leveraged resources (e.g. in-kind services).

Type of Contribution	Source of Contribution	Is Source Government (G) or Private (P)	Date of Written Commitment	Value of Written Commitment

7. LOCAL HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) PARTICIPATION

All projects recommended for funding under this RFP MUST participate in the local Continuum of Care Homeless Management Information System (HMIS) through direct participant level data input into the system.

HMIS Contact

- a. Please list the person in your organization designated to be the Homeless Management Information System contact.

Name: _____

Title: _____

Email: _____

8. SIGNATURES AND ASSURANCES

The Board of Directors hereby authorizes the Executive Director to apply for funds under this RFP to operate _____ (project/program name) on behalf of _____(agency name).

Non-discrimination: This organization shall, through all possible means, provide equal opportunity for all persons regardless of age, handicap, national background, race, religion, sexual orientation, or gender, to receive service or participate in the volunteer structure, and to be employed. An existing sectarian nature of the organization shall not suffer impairment under this agreement, but no participation in religious observances, rituals or services will be required as a condition of receiving services or housing paid for in whole or in part by this grant.

Accountability: We commit this organization, if a grant is received, to provide all reports to FECD and CCCD as required; to expend moneys only on eligible costs and to keep complete documentation (copies of all canceled checks, invoices, receipts, etc.) on all expenditures for a minimum of three years; and to spend all funds and close out the program on the required date and to return any unused funds to FECD and CCCD and to cooperate with monitoring or site visits and to provide complete documentation of expenses to FECD and CCCD, if requested, by the required date.

We affirm that all information in this proposal is true and correct to the best of our knowledge and that the project applicant under our authority will execute its responsibility under the proposed contract and adhere to all other applicable rules and regulations to the fullest extent possible.

Non-collusion: This proposal is genuine, and not sham or collusive, nor made in the interest of or in behalf of any person not herein named; the project applicant had not directly induced or solicited any other project applicant to put in a sham proposal, or any other person, firm or corporation to refrain from submitting a proposal; the project applicant has not in any manner sought by collusion to secure for itself an advantage over any other project applicant.

Authorized Signature (Chairperson of Board or other officer)

Date

Typed Name

Title

Signature, Executive Director or Comparable Officer

Date

Typed Name

Title