



Tampa Hillsborough Homeless Initiative
2018 Universal Request For Proposals (RFP)

(Please Complete One per Project - refer to RFP Instruction for assistance in completing the application)

1. General Information		
Project Name:		
Organization Name:	Authorized Official Name/Title:	
Address:	Telephone:	
City, State, Zip:	Organization Website:	
Contact Person Name/Title:	DUNS #:	
Contact Person E-mail:	Federal Tax ID#:	
2. Project Information		
Is this a/an: <input type="checkbox"/> New Project <input type="checkbox"/> Expanded Project <input type="checkbox"/> Existing Project (Gap)		
Is this a: <input type="checkbox"/> Pipeline Project <input type="checkbox"/> Shovel Ready Project		
What is the Project's Housing First/ Low Barrier Questionnaire Score: _____		
Total Requested Project Funding Amount: \$_____		
How much Match Commitment (total) do you have for this project: \$_____		
Please list any Funding Sources that you do not want to fund this project: _____		
Project Priority (If submitting more than one project please rank the priority of this project): _____		
3. Project Type		
<input type="checkbox"/> PH -Permanent Supportive Housing (PSH) <i>Scattered-Site</i>		
<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Leasing	<input type="checkbox"/> Essential Services
<input type="checkbox"/> PH -Permanent Supportive Housing (PSH) <i>Project Based</i>		
<input type="checkbox"/> Operations	<input type="checkbox"/> Acquisition	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Essential Services	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> New Construction
<input type="checkbox"/> PH -Permanent Supportive Housing (PSH) <i>Set-Aside Units</i>		
<input type="checkbox"/> Acquisition	<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> PH - Rapid Rehousing/Rapid Exit		
<input type="checkbox"/> Rental/Utility Arrears Assistance	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Utility Assistance
<input type="checkbox"/> First Months Rent	<input type="checkbox"/> Security Deposit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Essential Services		
<input type="checkbox"/> PH - SHIP - <i>Acquisition or Rehabilitation</i>		
<input type="checkbox"/> Acquisition	<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Emergency Shelter (Community Housing Solutions Center/ Emergency Bridge Housing Concepts/ Coordinated Entry Access Point)		
<input type="checkbox"/> Renovation/Rehabilitation	<input type="checkbox"/> Operations	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Essential Services	<input type="checkbox"/> New Construction	
<input type="checkbox"/> Joint TH and PH-RRH Component or Joint ES and PH-RRH		
<i>Shelter/Transitional Housing Facility</i>		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Operations	<input type="checkbox"/> Leasing of Structure to Provide ES/TH
<input type="checkbox"/> Essential Services		
<i>Rapid Rehousing Component</i>		
<input type="checkbox"/> Rental/Utility Arrears Assistance	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Utility Assistance
<input type="checkbox"/> First Months Rent	<input type="checkbox"/> Security Deposit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Essential Services	<input type="checkbox"/> Moving	
4. Essential Services		
(If you indicated the provision of essential services in the project type section above, indicate the essential supportive services to be provided by project.)		
<input type="checkbox"/> Case Management	<input type="checkbox"/> Housing Search Assistance	<input type="checkbox"/> Health Services
<input type="checkbox"/> Employment Assistance and Job Training	<input type="checkbox"/> SOAR Specialist	<input type="checkbox"/> Mediation
<input type="checkbox"/> Outpatient Health Services	<input type="checkbox"/> Substance Abuse Treatment Services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Child care	<input type="checkbox"/> Life Skills Training	<input type="checkbox"/> Food
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Furnishings
<input type="checkbox"/> Engagement	<input type="checkbox"/> Emergency Health Services	<input type="checkbox"/> Credit Repair
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Education Services	<input type="checkbox"/> Services for Special Populations



5. Application Checklist

Please ensure the application includes the following documents:

- Completed and Signed Application
- Organization Capacity and Experience Narrative
- Project Description
- Housing First/Low Barrier Questionnaire
- Budget Summary Form
- Detailed Budget/Financial Plan Narrative
- Match Narrative and Documentation of Commitment
- Agency Compliance Narrative
- Cost Allocation Plan
- Evidence of 501c3 Status
- Evidence of Good Standing with the State of Florida
- Organization's Excluded Parties List System (ELPS) Status
- Evidence of Organization's Operations of at Least 2 Years - Articles of Incorporation
- Most Recently Submitted Federal Form 990
- Most Recent Financial Audit including Supplementary Information and Other Reports and The Management Letter
- Current List of Board of Directors
- Current Organizational Chart

6. Other Certification

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed or construction begun on the proposed project, and that **no action will be taken prior to issuance of official authorization to proceed by THHI**. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Signature of Authorized Official

Name of Authorized Official

Title

Date