



**Tampa Hillsborough Homeless Initiative
2019 Universal Request For Proposals (RFP)
APPLICATION**

(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) <input type="checkbox"/> Current Project (renew)	
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 Assistance (and arrears)	<input type="checkbox"/> Security Deposit	<input type="checkbox"/> Utility Assistance
<input type="checkbox"/> Last Months Rent	<input type="checkbox"/> Utility Deposits	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Essential Services	<input type="checkbox"/> Moving Costs	
<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 Emergency Bridge (shelter) / TH and PH-RRH Component		
<u><i>Emergency Bridge (Shelter) / Transitional Housing Facility</i></u>		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Operations	<input type="checkbox"/> Lease Structure for Bridge (ES)/TH
<input type="checkbox"/> Essential Services	<input type="checkbox"/> Renovation/Rehabilitation	
<u><i>Rapid Rehousing Component</i></u>		
<input type="checkbox"/> Rental Assistance (and arrears)	<input type="checkbox"/> Security Deposit	<input type="checkbox"/> Utility Assistance
<input type="checkbox"/> Last Months Rent	<input type="checkbox"/> Utility Deposits	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Essential Services	<input type="checkbox"/> Moving Costs	
<input type="checkbox"/> Services Only Project (Project not directly paired with a housing or shelter project)		
<input type="checkbox"/> Street / Mobile Outreach	<input type="checkbox"/> Prevention / Diversion	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Essential Services		

4. Essential Services		
<i>(If you indicated the provision of essential services in the project type section above, indicate the essential supportive services to be provided by project.)</i>		
<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
- Housing First/Low Barrier Questionnaire
- Project Description
- Budget Summary Form
- Detailed Budget/Financial Plan Narrative
- Match Narrative and Documentation of Commitment
- Organization Capacity and Experience Narrative
- Agency Compliance Narrative
- Cost Allocation Plan
- Evidence of Organization's Operations of at Least 2 Years - Articles of Incorporation
- Evidence of 501c3 Status
- Evidence of Good Standing with the State of Florida
- Organization's Excluded Parties List System (ELPS) Status (sam.gov printout)
- 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
- Current Organizational Budget

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