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:**
  - New Project
  - Expanded Project
  - Existing Project (Gap)
  - Current Project (renew)

- **Is this a:**
  - Pipeline Project
  - 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:** $________________________

- **Project Priority** (if submitting more than one project please rank the priority of this project): ________

3. Project Type

<table>
<thead>
<tr>
<th>PH - Permanent Supportive Housing (PSH) Scattered-Site</th>
<th>Essential Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Assistance</td>
<td>Leasing</td>
</tr>
<tr>
<td>PH - Permanent Supportive Housing (PSH) Project Based</td>
<td>Acquisition</td>
</tr>
<tr>
<td>Operations</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Essential Services</td>
<td>PH - Permanent Supportive Housing (PSH) Set-Aside Units</td>
</tr>
<tr>
<td>PH - Rapid Rehousing/Rapid Exit</td>
<td>Utility Assistance</td>
</tr>
<tr>
<td>Rental Assistance (and arrears)</td>
<td>Security Deposit</td>
</tr>
<tr>
<td>Last Months Rent</td>
<td>Utility Deposits</td>
</tr>
<tr>
<td>Essential Services</td>
<td>Moving Costs</td>
</tr>
</tbody>
</table>

4. Essential Services

- **Emergency Shelter (Community Housing Solutions Center/ Emergency Bridge Housing Concepts/ Coordinated Entry Access Point)**
- **Joint Emergency Bridge (shelter) / TH and PH-RRH Component**
- **Services Only Project (Project not directly paired with a housing or shelter project)**

- **Case Management**
- **Employment Assistance and Job Training**
- **Outpatient Health Services**
- **Child care**
- **Legal Services**
- **Engagement**
- **Other:**

- **Housing Search Assistance**
- **SOAR Specialist**
- **Substance Abuse Treatment Services**
- **Life Skills Training**
- **Mental Health Services**
- **Emergency Health Services**
- **Education Services**

- **Health Services**
- **Mediation**
- **Substance Abuse Treatment Services**
- **Transportation**
- **Food**
- **Furnishings**
- **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