



**Tampa Hillsborough Homeless Initiative
2022 Universal Request For Proposals (RFP)
APPLICATION**

(Please Complete One per Project Proposal - refer to RFP Instructions 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:	Federal Unique Entity Identifier (UEI):
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>Site Based</i>	
<input type="checkbox"/> Operations	<input type="checkbox"/> Acquisition <input type="checkbox"/> New Construction
<input type="checkbox"/> Essential Services	<input type="checkbox"/> Rehabilitation <input type="checkbox"/> Other: _____
<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 (and arrears)
<input type="checkbox"/> Last Months Rent	<input type="checkbox"/> Utility Deposits <input type="checkbox"/> Application Fees
<input type="checkbox"/> Essential Services	<input type="checkbox"/> Moving Costs <input type="checkbox"/> Other: _____
<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/Units/Beds <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	
<i>Emergency Bridge (Shelter)/Transitional Housing Facility</i>	
<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
<i>Rapid Rehousing Component</i>	
<input type="checkbox"/> Rental Assistance (and arrears)	<input type="checkbox"/> Security Deposit <input type="checkbox"/> Utility Assistance (and arrears)
<input type="checkbox"/> Last Months Rent	<input type="checkbox"/> Utility Deposits <input type="checkbox"/> Application Fees
<input type="checkbox"/> Essential Services	<input type="checkbox"/> Moving Costs <input type="checkbox"/> Other: _____
<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"/> Services for Special Populations	<input type="checkbox"/> Education Services	<input type="checkbox"/> Other: _____

5. Application Checklist



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Please ensure the application includes the following documents:

- 1. Completed and Signed Application
- 2. Housing First/Low Barrier Questionnaire
- 3. Project Description
- 4. Budget Summary Form
- 5. Detailed Budget/Financial Plan Narrative
- 6. Match Narrative and Documentation of Commitment
- 7. Organization Capacity and Experience Narrative
- 8. Person's With Lived Experience Narrative
- 9. Agency Compliance Narrative
- 10. Cost Allocation Plan
- 11. Evidence of Organization's Establishment - Articles of Incorporation
- 12. Evidence of 501c3 Status
- 13. Evidence of Good Standing with the State of Florida
- 14. Organization's Excluded Parties List System (ELPS) Status (sam.gov printout)
- 15. Most Recently Submitted Federal Form 990
- 16. Most Recent Financial Audit including Supplementary Information and Other Reports and The Management Letter
- 17. Gender, Race and Ethnicity Analysis Form (submitted separately via electronic Google Form)
- 18. Current List of Board of Directors
- 19. Current Organizational Chart
- 20. Current Organizational Budget

6. Other Certification
<p>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.</p>
<p>_____</p> <p>Signature of Authorized Official</p>
<p>_____</p> <p>Printed Name of Authorized Official</p>
<p>_____</p> <p>Title</p>
<p>_____</p> <p>Date</p>