



**Tampa Hillsborough Homeless Initiative
2023 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"/> Currently Funded <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"/> Supportive / 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"/> Supportive / 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"/> Supportive / 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"/> Hotel/Motel Vouchers:
<input type="checkbox"/> Supportive / Essential Services *	<input type="checkbox"/> New Construction <input type="checkbox"/> Other: _____
<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"/> Supportive 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"/> Supportive / 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"/> Supportive / Essential Services *	<input type="checkbox"/> Dedicated Access Point (Coordinated Entry)
* 4. Supportive / Essential Services	
<i>(If you indicated the provision of essential services in the project type section above, indicate the supportive / essential services to be provided directly by project.)</i>	
<input type="checkbox"/> Case Management	<input type="checkbox"/> Life Skills Training <input type="checkbox"/> Services for Special Populations
<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"/> Health Services <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"/> Housing Search Assistance	<input type="checkbox"/> Education Services <input type="checkbox"/> Other: _____



5. Application Checklist

Please ensure the Complete Proposal Document includes the ALL the following documents:
(uploaded via your agency's One Drive Folder provided by THHI)

- 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. Improving Assistance to LGBTQ+ Individuals Narrative
- 10. Racial Equity Narrative
- 11. Agency Compliance Narrative
- 12. Cost Allocation Plan
- 13. Evidence of Organization's Establishment - Articles of Incorporation
- 14. Evidence of 501c3 Status
- 15. Evidence of Good Standing with the State of Florida
- 16. Organization's Excluded Parties List System (ELPS) Status (sam.gov printout)
- 17. Most Recently Submitted Federal Form 990
- 18. Most Recent Financial Audit including Supplementary Information and Other Reports and The Management Letter
- 19. Gender, Race and Ethnicity Analysis Form (submitted separately via electronic Google Form)
- 20. Current List of Board of Directors
- 21. Current Organizational Chart
- 22. Current Organizational Budget
- 23. Domestic Violence (DV) providers ONLY** - provide a data quality report generated from your HMIS comparable database OR reason the agency can not provide a data quality report from the comparable data base (See Threshold and Scoring Criteria Attachment for more info)

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

Printed Name of Authorized Official

Title

Date