

APPLICATION FOR FUNDING

DCF Unified Contract – Homeless Services Escambia & Santa Rosa Counties Continuum of Care (FL-511)

Instructions: Submit the application as a single PDF using 12-point font and 1-inch margins. Follow the section headings provided and clearly label all responses. Adhere to the maximum character limits for each section (including spaces). Number all pages consecutively (“Page X of Y”) and complete Appendix F to identify the page number where each required component can be found.

Section 1: Organizational Information

Organization Name	
Address	
Primary Contact Name & Title	
Email	
Phone Number	

Type of Organization:

- Nonprofit (501(c)(3))
- Local Government
- Faith-Based Organization

Section 2: Funding Request

Applicants *may apply for one or more funding sources*. Applicants must clearly identify the amount requested for each funding source.

Funding Source	Applying? (Yes/No)	Amount Requested
Challenge Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Emergency Solutions Grant (ESG)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
TANF Homeless Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Total Amount Requested (All Sources): \$ _____

If applying for multiple funding sources, applicants must ensure that the proposed services and budget clearly identify how funds will be used for each source.

Section 3: Organizational Overview

(Maximum 5,000 characters, including spaces)

Describe your organization’s mission, experience, and capacity to deliver the proposed services.

Include:

- Organizational mission and history
 - Years of experience providing relevant services
 - Experience serving individuals and families experiencing or at risk of homelessness
 - Organizational structure and administrative capacity
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Section 4: Proposed Program Description

(Maximum 5,000 characters)

Describe the services you are proposing.

Include:

- Type of services (e.g., homelessness prevention, rapid re-housing, outreach, shelter)
 - How services will be delivered
 - Geographic area to be served
 - Estimated number of individuals or households to be served
 - How services align with eligible activities (see Appendix D)
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Section 5: Target Population

(Maximum 3,000 characters)

Describe the population you will serve.

Include:

- Eligibility criteria (refer to Appendix E for definitions)
 - How eligibility will be determined and documented
 - Any prioritization or targeting strategy
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Section 6: CoC Strategic Alignment

(Maximum 5,000 characters)

Describe how your program aligns with Continuum of Care priorities.

Include:

- Alignment with current CoC priorities and strategies
- Coordination with other providers and community partners

- Expected outcomes (e.g., housing stability, exits to permanent housing)
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Section 7: HMIS & Coordinated Entry

(Maximum 5,000 characters)

Describe your participation in HMIS and Coordinated Entry.

Include:

- Current HMIS participation OR plan to onboard
 - Approach to maintaining data quality and completeness
 - How your program will participate in Coordinated Entry and manage referrals
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Section 8: Staffing Plan

(Maximum 5,000 characters)

Describe the staffing structure for this program.

Include:

- Key staff positions and roles
 - Responsibilities of each position
 - Relevant qualifications and experience
 - Supervision and oversight structure
-

Section 9: Budget Summary

Applicants must complete and submit the required budget tool.

Provide a summary below:

- **Direct Services:** \$ _____
- **Administrative Costs:** \$ _____

Administrative costs must comply with program limits.

Section 10: Budget Narrative

(Maximum 5,000 characters)

Provide a narrative explaining how funds will be used. The narrative must correspond to the submitted budget tool.

Include:

- Description of major cost categories (e.g., personnel, rental assistance, operations)
- Explanation of how costs were calculated (e.g., per household, staffing allocation)
- Explanation of administrative costs and compliance with limits
- Description of how funding supports proposed services

Applicants may attach a separate Budget Narrative if additional space is needed. Page numbers must be provided in Appendix F.

Section 11: Match Requirements (ESG and Challenge Only)

(Maximum 3,000 characters)

Describe how match requirements will be met.

Include:

- Source of match funds
 - Type of match (cash or in-kind)
 - Amount of match
 - How match supports program activities
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Section 12: Required Attachments

Applicants must include the following:

- IRS Determination Letter (if applicable)
 - Most recent two (2) years of financial statements (audited if applicable)
 - SAM.gov registration and UEI (for federally funded programs, if applicable)
 - Match Contribution Letter(s)
 - Applicant Match Certification Form(s)
 - Conflict of Interest Disclosure
 - Completed Budget Tools (by Grant)
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Section 13: Acknowledgement and Certification

By signing below, the applicant certifies that:

- All information provided is true and accurate
- The organization has the capacity to operate on a reimbursement basis

- The organization can meet all programmatic, financial, and compliance requirements
- The organization agrees to comply with all applicable federal, state, and local requirements

Authorized Representative Name:	
Title:	
Signature:	
Date:	