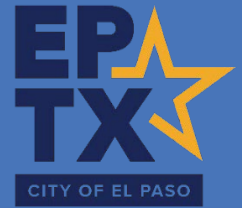


REQUEST FOR FUNDING

Department of Community and Human Development (DCHD)
Veterans Permanent Supportive Housing NOFA



Due Date:10/19/2020



A complete application and all required attachments must be submitted by 5:00p.m. (MDT) on Monday, October 19, 2020. If you have any questions about completing this application, please contact DCHD at housingprograms@elpasotexas.gov

Incomplete applications will not be considered for funding.

1. Applicant Information

Agency Legal Name

Agency Address

City

State

Zip Code

Employer Identification #

DUNS#

Type of Agency

Public Entity Non-Profit

If Non-Profit has been selected, provide the following information:

Date incorporated as a Texas Non-Profit Corporation

Date of IRS Section 501 (c)3 Certification

Is the agency a faith-based organization?

Yes No

Main Contact Person (This person will serve as the main point of contact for any matters related to this grant application.)

Name

Title

Phone

E-mail

Title/Position

Name

Phone

E-Mail

Title/Position	Name	Phone	E-Mail
Executive Director			
Program Director			
Grant Writer			

Cont. - Applicant Information

Agency Purpose/Mission Statement

Agency Capacity and Expertise

Explain your capacity to manage the proposed program and provide any relevant information to demonstrate your experience or expertise managing a program such as the one proposed. 300 words max.

Partner Supplement Form

Each Partner or Consultant that will be providing direct services as a part of this project and/or is projected to receive \$5,000 or more in funding must complete a Partner Supplement Form.

2. Project Summary

Agency Legal Name

Project Name

Project Location (This is the main location where services will be provided.)

City

State

Zip Code

#DCHD total clients for project

total clients for project

Amount Requested

Total Project Budget

Project Description

Provide a short description of the proposed program. *Please note that this summary will be used to describe your project in official City documents.* 250 word max.

CARES Act Alignment

Explain how the proposed project will help prevent, prepare for and respond to coronavirus (COVID-19) in El Paso. Explain how the project outcomes will provide long-term stabilization for those assisted. 250 words max.

Budget Summary

Describe the budget for the project. Explain if leverage funding will support this project. 250 words max.

3. Project Scope

Outcome Statement

Please use the Outcome Statement Worksheet to develop your Outcome Statement and insert it here. Please note that if your project is selected for funding, this definition will be used in your contract. The Outcome Statement Worksheet was provided by DCHD. Please contact housingprograms@elpasotexas.gov if you need a copy. 250 words max.

Project Narrative

The project narrative must include all the information requested in the Proposal Narrative Instructions page. When complete, attach your Project Narrative, as PDF file, to this application.

Attachments Checklist

This is a checklist of attachments required for **All** Applicants.

- I. Proposal Narrative (Answer all the questions and attach your pdf file.)**
- II. Outcome Statement Worksheet**
- III. Proposal Budget Workbooks (1 each per funding source, 3 total)**
 - a. Including Site Breakdown for Multi-site Projects (if applicable)**
- IV. Partner Supplement Form for all partners**
- V. Job Descriptions (DCHD funded positions only)**
- VI. Assurance A – Acceptance of Grant Conditions and Terms**
- VII. Assurance B – Assurance of Applicant Eligibility for Non-Profit Organizations. (Only applicable to non-profits)**
- VIII. Assurance C – Assurance of Compliance with Ordinance 9779**
- IX. Assurance D – Accessibility Letter of Assurance**
- X. Status of Zoning Verification Letter**
- XI. List of Current Board of Directors**
- XII. Certified Audit**
- XIII. Approval of Board of Directors**
- XIV. Authorized Signatory Documentation**
- XV. Certification of Account Status from the Texas Secretary of State**
- XVI. Organization Bylaws**
- XVII. IRS 501(c)(3) Certification Letter**

1. Signature of Authorized Representative

Executive Director/CEO/Board Chair Signature

Full Name and Title

Date