

COC FL -515
ESG & CHALLENGE GRANT FUNDING APPLICATION
SECTION 1: GENERAL

Directions: All agencies requesting grant funding from either ESG or Challenge Funding must complete all of Section 1 of the application. Please note that Sections 2 and 3 of the application are on separate forms. If additional space is needed, the applicant may attach additional pages to each section. Additional pages should be clearly marked with the question that is being answered.

BASIC AGENCY INFORMATION

Agency Name	
Agency Address	
Name of Agency's Primary Contact	
Primary Contact Phone Number	
Primary Contact Email Address	
Agency's Unique Entity Identity Number (www.sam.gov)	
Agency's FEID	

AGENCY ELIGIBILITY REQUIREMENTS

	PLEASE SELECT	
	YES	NO
The agency is a private not-for-profit organization operating in Bay, Jackson, Calhoun, Gulf, Washington, and/or Holmes Counties in the state of Florida.		
The agency has an active Board of Directors, updated bylaws, regularly scheduled meetings, meeting minutes, and financial oversight.		
The agency is registered with the Division of Corporations (sunbiz.org).		
The agency is registered with the Florida Department of Agriculture & Consumer Services: Solicitation of Contributions (fdacs.gov).		
The agency is has financial policies and procedures, including a board-approved annual budget and oversight, and an annual single audit (if required).		
The agency has cash reserves for grants that reimburse expenses and require matching funds.		
Did your agency expend more than \$750,000 in federal or state funds during the last fiscal year?		
If yes, did your agency complete a single audit?		
Comments		

Provide a brief description of your agency's history serving those nearing or experiencing homelessness.

Describe the services your agency currently offers.

What types of projects and contracts have you managed in the past. (Please describe.)

ACKNOWLEDGEMENTS OF GRANT REQUIREMENTS

	PLEASE SELECT	
	YES	NO
I acknowledge that awarded subrecipients must participate in the CoC's Coordinated Entry System.		
I acknowledge that awarded applicants must participate in the Homeless Management Information System (HMIS) operated and administered locally by Doorways of NWFL, as required by these grants, unless prohibited by law. Victim Service Providers are prohibited from entering data into the local HMIS and must use an HMIS Comparable Database.		
I acknowledge that these grants require a commitment to Housing First practices, a Low Barrier approach, and Trauma Informed Care and service delivery.		
I acknowledge that these grants require a commitment to the Fair Housing Act, the Equal Access Rule, and the Americans with Disabilities Act Title II. Fairing Housing guarantees that individuals will not be discriminated against by race, color, national origin, religion, sex, family status, or disability. The Equal Access Rule states that persons' access will not be determined based on perceived or actual sexual orientation, gender identity, or family status. Persons with disabilities may not be discriminated against due to their disabilities. Federal regulations also dictate that individuals may not be discriminated against "on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice".		

	PLEASE SELECT	
	YES	NO
I acknowledge that any persons, either staff members or volunteers, completing any grant activity or being paid out of the grant must pass a Level 2 Background Screening prior to completing activities of the grant.		
I acknowledge that any persons, either staff members or volunteers, completing any grant activity or being paid out of the grant must meet all DCF and CoC requirements, including 1-9, E-verify, completion of required forms, and completion of required training.		
I acknowledge that subrecipients must actively participate in CoC meetings and events, including the annual PIT and HIC.		
I acknowledge that subrecipients must participate in monthly subcontractor meetings.		
Comments:		

Describe the practices and actions your organization will demonstrate to commit to equity, cultural competency, and collaboration with the Continuum of Care and other community partners?

	PLEASE SELECT	
	YES	NO
The agency is applying for Emergency Solutions Grant funding. (Section 2 must be completed.)		
The agency is applying for Challenge funding. (Section 3 of the grant application must be completed.)		