



City of St. Louis
Homeless Services Division
FY 2019-20 City General Use Tax Funds – Emergency Shelter Access Activities
REQUEST FOR PROPOSALS (RFP)
APPLICATION COVER SHEET
 Page 1 of 2

Organization Name			
Project Name			
Project Address			
Executive Director Name			
Executive Director Email			
Executive Director Telephone #			
Organization Address			
Organization Telephone #			
Organization Fax #			
Organization Website			
Organization DUNS #		Tax ID or EIN:	
Contact Person & Title			
Contact's E-mail			
Contact's Telephone #			

Target Population

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Single Men | <input type="checkbox"/> Women w/children | <input type="checkbox"/> Veterans | <input type="checkbox"/> Mentally Ill |
| <input type="checkbox"/> Single Women | <input type="checkbox"/> Elderly | <input type="checkbox"/> Youth | <input type="checkbox"/> Other |
| <input type="checkbox"/> Families | <input type="checkbox"/> Reentry | <input type="checkbox"/> Substance Use/Treatment | |
| <input type="checkbox"/> Teenage Mothers | <input type="checkbox"/> Chronic Homeless | <input type="checkbox"/> Domestic Violence, Dating Violence & Stalking | |
| <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Developmentally Disabled | |
| <input type="checkbox"/> All of the above listed populations | | | |



City of St. Louis
Homeless Services Division
FY 2019-20 Proposition P Funds -- Winter Shelter Operations
REQUEST FOR PROPOSALS (RFP)
APPLICATION COVER SHEET
Page 2 of 2

Financial Section:

Amount Requested: \$ _____

Requested amount reflects ____% of the program/project budget \$ _____

Requested amount reflects ____% of the total agency's budget \$ _____

Amount of funds that will serve as match for this project \$ _____

Operational Section:

Does the organization have offices in the City of St. Louis? Yes No

Does or will the organization have staff in the City of St. Louis providing services? Yes No

Current Agency Funding Sources:

Please provide your funding information below that your agency receives from any department of the City of St. Louis.

Grant Source	Grant Amount	Date Funds Expire	# of Years Received
<u>Emergency Solutions Grant</u>			
<u>Continuum of Care</u>			
<u>Domestic Violence</u>			
<u>Proposition P</u>			
<u>Proposition S</u>			
<u>Health Division Grant</u>			
<u>Affordable Housing Grant</u>			