



**City of St. Louis**  
**Homeless Services Division**  
**FY2019 Continuum of Care (CoC) Grant**  
**Annual NOFA Competition for New Projects**  
**REQUEST FOR PROPOSALS (RFP)**  
**APPLICATION COVER SHEET (page 1 of 2)**

<b>Organization Name</b>			
<b>New Project Name</b>			
<b>Project Address</b>			
<b>Executive Director Name</b>			
<b>Executive Director Email</b>			
<b>Executive Director Telephone #</b>			
<b>Organization Address</b>			
<b>Organization Telephone #</b>			
<b>Organization Fax #</b>			
<b>Organization Website</b>			
<b>Organization DUNS #</b>		<b>Tax ID or EIN:</b>	
<b>Contact Person &amp; Title</b>			
<b>Contact's E-mail</b>			
<b>Contact's Telephone #</b>			

**SELECT ONLY ONE OF THE FOLLOWING CATEGORIES TO APPLY FOR CoC 2019 FUNDING. An agency may request funds from multiple categories; however, the agency MUST complete a separate application for each category. To select a category please check a box.**

<input type="checkbox"/>	1. PSH 100% Dedicated Chronic
<input type="checkbox"/>	2. PSH DedicatedPlus
<input type="checkbox"/>	3. Joint TH-RRH
<input type="checkbox"/>	4. SSO-CE
<input type="checkbox"/>	5. Expansion Project – Current Renewal Project Expanding: <input type="checkbox"/> RRH or <input type="checkbox"/> PSH Name of Project Expanding: _____
<input type="checkbox"/>	6. DV Bonus – RRH
<input type="checkbox"/>	7. DV Bonus – Joint TH-RRH
<input type="checkbox"/>	8. Expansion Project – Current Renewal Project – DV or Human Trafficking Expanding: <input type="checkbox"/> RRH or <input type="checkbox"/> PSH Name of Project Expanding: _____



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**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

Does proposal include travel?  Yes  No

How many trips to St. Louis will be provided if travel is included to provide services? \_\_\_\_\_

**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                      |                                       |

**Housing**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Barracks          | <input type="checkbox"/> Scattered Site Apartments | <input type="checkbox"/> Single Room Occupancy                             |
| <input type="checkbox"/> Group/Large House | <input type="checkbox"/> Detached House            | <input type="checkbox"/> On-site Apartments <input type="checkbox"/> Other |