



**City of St. Louis  
FY2020 Request for Proposals (RFP)  
Proposal Cover Sheet**

<b>Organization Name:</b>			
<b>Project Name:</b>			
<b>Executive Director Name:</b>			
<b>Executive Director Email:</b>			
<b>Executive Director Telephone #</b>			
<b>Organization Mailing 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 Email</b>			
<b>Contact's Telephone #</b>			

**Financial Section:**

Amount Requested from DV funding: \$ \_\_\_\_\_

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

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

Date Agency/Organization began Shelter Operations: \_\_\_\_\_

**Current Agency Funding Sources:**

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

<b>Grant Source</b>	<b>Grant Amount</b>	<b>Date Funds Expire</b>	<b># of Years Received</b>
<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>			