



City of St. Louis
Homeless Services Division
FY 2020 Proposition P Funds -- Winter Shelter Operations
REQUEST FOR PROPOSALS (RFP)
APPLICATION COVER SHEET
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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 #			

Is the request for existing shelter or new shelter?

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 |

