



**City of St. Louis**  
**Homeless Services Division**  
**FY2017 PLANNING GRANT FUNDS REQUEST FOR PROPOSALS (RFP)**  
**Continuum of Care Administration Consultation**  
**APPLICATION COVER SHEET**

<b>Organization Name</b>	
<b>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>	

**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? \_\_\_\_\_