



**City of St. Louis**  
**Homeless Services Division**  
**FY2018 CoC Planning Grant**  
**REQUEST FOR PROPOSALS (RFP)**  
**PROPOSAL COVER SHEET**  
 Page 1 of 2

<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>			

*There are eleven (11) projects listed below. An applicant may select one or multiple projects to submit within one proposal.*

**Projects**

- |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Continuum of Care Administration<br><input type="checkbox"/> 3. CE System Change Implementation<br><input type="checkbox"/> 5. Data Analysis<br><input type="checkbox"/> 7. Continuum of Care Application Support<br><input type="checkbox"/> 9. Marketing Collateral Development<br><input type="checkbox"/> 11. Continuum of Care Training Facilitation | <input type="checkbox"/> 2. CoC Board of Directors Strategic Planning<br><input type="checkbox"/> 4. Emergency Shelter Access<br><input type="checkbox"/> 6. Racial Inequity Response<br><input type="checkbox"/> 8. Technical Writing<br><input type="checkbox"/> 10. CoC Website & Social Media Enhancement |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- Trauma Informed Care
  - Housing Focused Case Management
  - Motivational Interviewing
  - Coordinated Assessment Tool Training (Vi-SPDAT/SPDAT)
  - HEARTH Act Compliance
  - Fair Housing
  - Equal Access
  - Infectious Disease Preparedness and Business Continuity Planning for Providers
  - Disaster Response planning for the CoC



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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

Does proposal include travel?  Yes  No

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

**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>			