



FY2025 – 2026 Community Services Street Outreach Grant Application

Non-profit Legal Name: _____

Non-profit d/b/a (if any): _____

Address: _____

Agency Website: _____

Contact Person: _____

Telephone: (____) _____

E-mail: _____

Designated as 501(c)(3): [Click here to enter a date.](#)

Federal Identification Number: _____

Unique Entity Identifier (UEI): _____

Any applicant that is on the Federal Excluded Parties List System or State of Florida Suspended Vendor List will be considered ineligible for funding.

AUTHORIZATION:

The individuals authorized to act for the Applicant and to assume the obligations imposed by Federal and State of Florida laws, program regulations, and conditions from a grant or grant application, including the applicable Federal, State and Local Government regulations.

I agree that I am the Authorized Representative for the Applicant, and I certify that the Applicant agrees that to be bound by all of the terms and conditions associated with this Application for funding and certified that data and content in the Application (including all attachments and certifications) are true and correct.

In addition, this certifies that this request is consistent with our organization's mission/articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors on (date): [Click here to enter a date.](#)

Typed Name of President, Board of Directors

Typed Name of Executive Director

Signature of President, Board of Directors

Signature of Executive Director

Section A: Project Description (20 Points)

The project narrative should provide an overview of the proposed project. It should provide sufficient information to understand the scope of the project, the participants to be served, the services to be provided and the cost of the proposed activities. The narrative should convey how the applicant builds trauma informed care and a housing focused strategy into program implementation. – Not to exceed 3 pages

1. Provide an overall project description including the target population(s), geographic location, hours of outreach
2. Detail how the project will follow a “Housing Focused” approach to maintain a low barrier process for accessing housing and services to quickly move program participants unto permanent housing.
3. Detail the project’s plan to use and/or connect to SOAR (SSI/SSDI Outreach, Access, and Recovery) specialist
4. Clearly identify and describe how you will meet the unique needs and characteristics of the program participants to be served by the project. Include strategies to support housing, employment, education, access to health care, volunteerism and access to non-cash benefits
5. Explain/describe how the project:
 - Will improve the performance of the community’s overall system, fills a gap/need within our system, and moves the community forward to make homelessness rare, brief, and non-recurring

Section B: Staff Qualifications (15 Points)

(attach resumes of key staff)

1. Describe qualifications of front-line staff positions (ex. Outreach staff, day service operations, case management, etc.)
2. Describe the qualification of supervisor staff including how the Supervisor(s) supports front line staff. Describe other activities in which supervisor staff are engaged, if applicable. Include number of positions supervised by each supervisor.
3. Identify any administrative staff that will support with processing invoices/reports if applicable.

Section C: Organizational Capacity and Experience (15 Points)

Please answer and attach as separate pages- at least 12 font- not to exceed 2 pages. The applicant should:

- Demonstrate a history of assessing the needs of and providing services to low-income individuals/households who are homeless, formerly homeless or at-risk of becoming homeless

- Describe experience of operating the renewal or similar projects including performance outcome data from similar projects operated by the organization that shows the effects of the services provided;
- Describe the program support that project staff will receive. Include title and experience of direct supervisors, number of persons supervised by direct supervisor, what support the supervisors will provide and description of supervisor's other responsibilities;
- Describe the federal, state, and/or local government grant experience and the current capacity of the organization and each person responsible for grant administration including program regulations and requirements, financial processing and billing, and data accuracy and reporting;
- Indicate, what, if any, capacity increases would be necessary if funding is awarded;
- Describe the financial health of the organization

Section D: Project Performance (10 Points):

The proposal should state the anticipated number of program participants (adults, children, households) the project will serve on an annual basis along with concise identified and measurable outcomes including the percentage of persons/households expected to achieve each outcome. The outcomes should not refer to the services/activities to be provided by the applicant by instead the accomplishment of the program participants as a result of provided services. The following performance measurements should be included in the project proposal. **(Response should be no more than 1 page).**

- Percent of participants/households that will exit to a permanent housing situation
- Percent of participants/households that will exit to emergency shelter
- Average length of time from project enrollment to housing placement and to shelter placement
- Percent of adult participants that have increased Earned Income from entry to exit, or entry to latest status (annual assessment)
- Percent of adult participants that have increase total income from entry to exit, or entry to latest status (annual assessment)
- Percentage of participants linked to mental health and/or substance use services
- Percentage of participants linked to health care services

Section E: Program and Financial Management (10 Points)

1. Has your agency had to repay/return any federal or state grant funds in the last three years?
☐ Yes ☐ No
 If yes, please explain why: _____
2. Any Audit Findings/Corrective Action for your last two audits? ☐ Yes ☐ No If yes, attach the response.

3. Any significant Non-Compliance for your last two audits? ☐ Yes ☐ No

If yes, explain: _____

4. Does your agency have an outstanding state or federal unresolved findings?

☐ Yes ☐ No

Section F: Lived Experience and Client Feedback (10 Points)

1. Does the applicant have a board of directors that includes representation of one or more persons with lived homeless experience? Yes ☐ No ☐
2. Does the applicant have a process for receiving and incorporating feedback from persons with lived experience? Yes ☐ No ☐
3. Does the applicant have procedures and/or policies demonstrating the inclusion of the lived experience voice and participation in the program design and policy-making?

Yes ☐ No ☐

4. Will your project enter client level data into HMIS for use with CES? Yes ☐ No ☐

If no, please explain, _____

5. Does your agency collect client satisfaction surveys at least annually? Yes ☐ No ☐
If so, please attach results from your most recent survey (Do not include any person identifying information such as name, SSN, DOB, etc).

Section G: Service Delivery Location (10 Points)

1. Where will you provide the services to program participants? (Check all that apply)
The "Field" services would not happen at a day services or night shelter location, but may include other places frequented by the participant, including work, school or stores.

- ☐ The field
☐ Office/Day Services
☐ Other, please specify

2. For services delivered in the field, what percentage of services will be delivered in the field?

Select One: ☐ 80%+ ☐ 50-79% ☐ Less than 50%

3. In the past 18 months, what percent of face-to-face time with program participants was:

- Delivered in the field: ☐ 80%+ ☐ 50-79% ☐ Less than 50%
- Delivered in Office: ☐ 80% ☐ 50-79% ☐ Less than 50