



Homeless Prevention & Rapid
Rehousing (HPRR) & Other
Homeless Services

2016-2017 Grant Funding Application

01/13/2017 application deadline

APPLICATION LIMIT OF 7 PAGES, INCLUDING ATTACHMENTS

Lead Applicant Information

Organization: _____

Contact: _____
Name Title

Address: _____
Street Address Suite/Unit #

City State ZIP Code

Phone: _____ Email: _____

Website: _____ Fax: _____

Name of Proposed Project/Program: _____

Requested Funding Amount: _____

Funds are being requested for which type of activity? (put a check next to the type of activity)

_____ Homeless Prevention & Rapid Rehousing _____ Other Homeless Services

Collaborative Applicant Information (if applicable)

Organization: _____

Contact: _____
Name Title

Address: _____
Street Address Suite/Unit #

City *State* *ZIP Code*

Phone: _____ Email: _____

Website: _____ Fax: _____

Proposed Project/Program

1. Please provide a brief description of the proposed project/program for which funds are being requested. Also, please demonstrate and describe how the need for this project/program was determined.
2. Provide information regarding your organizational efforts of collaboration with other agencies, including non-profit and public agencies. Do you participate in the local Continuum of Care (CoC) and coordinated entry efforts? Do you provide and accept referrals from other agencies?
3. Briefly describe the organization's history and experience in providing services to the community.
4. Briefly describe your agency's knowledge of issues and needs surrounding homelessness, including specific needs of individuals and families who are homeless or at-risk of homelessness.
5. Briefly describe your agency's experience administering the program for which you are requesting funding. If this is a new program, describe your agency's experience with similar types of programs.
6. Identify the staff from each organization that will oversee the program or project being proposed for funding. Please describe the benefits of your collaboration (if applicable).
7. What is the program's/project's current status?

8. This funding is required to benefit City of Roseville residents. Briefly define your service area and describe any referral mechanisms you use with other agencies to serve Roseville residents.

9. If the City approves your application for less than the amount requested, how will your program/project be accomplished?

10. Briefly explain how this program/project differs from other programs providing similar services in Roseville. Do you collaborate with similar services?

11. These funds are required to benefit low income individuals and families who are homeless or at immediate risk of homelessness. Describe the method you will be using to count and monitor the beneficiaries of the program and its results. Do you currently use HMIS? If not, are you planning to begin using HMIS with assistance from this funding? Will information from program clients be entered into HMIS?

12. Estimate the number of unduplicated clients to be served during the upcoming grant year with these funds. Please provide the average cost per beneficiary using this estimate and the funding amount being requested.
Estimated number of beneficiaries: _____ (unduplicated individuals)

Estimated cost per beneficiary: _____

13. List the average number of unduplicated clients served by your organization(s) annually in Roseville. If a joint application, please list separately.

14. Please provide any additional narrative information in the space below that you would like to be considered for this proposal.

