

Application for Funds

HB5019 Funds
2024-2025



1. Applicant Organization/Fiscal Agent information (contract signatory)

Applicant Organization (Legal Name):

Other organizational names, affiliated organizations or acronyms used:

Applicant Organization Contact: Phone Number: Email:	Fiscal Contact: Phone Number: Email:
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Tax ID Number:	Address:
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DUNS Number:	Date of request submission:
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Are you able to meet the insurance requirements described in Application Instructions? No Yes Unsure

Please state any conflicts of interest you may have with the Coos County Homeless Response Office. Please note this will not disqualify you from receiving funding.

2. Program information (if different than contract signatory)

Program Name:	Program Manager: Phone Number: Email:
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3. Program Overview

a) Please select the box(s) of the program type that best fits your programs:

- Shelter Services/Operations
- Capital Purchases and Improvements
- Rapid Rehousing
- Other: Please describe

b) What need/problem is this program intended to address? Please share any community input and/or data that was considered in the program planning.

c) Please summarize the key activities of your program/project:

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d) What are the intended outcomes of this program? (What will change in your community or with the individuals and families you are serving at the end of your project/program)
e) Please list community partners you are working with on this project/program and describe how they are involved:
f) Is this program/project virtual, in person, or hybrid?

4. Equity, Diversity, and Inclusion
How will you ensure programming is carried out in a culturally responsive and inclusive manner?

5. Measuring Success
How will you measure success in reaching your intended outcomes? (Please refer to outcomes identified in question 3d)

7. Capacity and Implementation
a) What staffing and support do you have in place to implement this project/program?
c) Do you need, or would you like any additional support or technical assistance to implement this project/program? If yes, please describe: (indicating the need for additional support will not disqualify you from receiving funding)

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d) Are you able to complete electronic reports and reimbursement requests on a monthly or quarterly basis?

Yes

No If no, please explain:

8. Program/Project Budget Detail Please see Application Instructions for definitions of categories	Total amount Requested from the Homeless Response Office	Match: Amount contributed by other funders, including your own agency
Personnel - Salary		
Personnel - Fringe		
Professional Development		
Family Engagement		
Supplies & Materials		
Travel		
Subcontracts		
Administrative		
TOTAL		

Please attach your own report or spreadsheet if applicable

Funding minimum of \$5,000 per subcontract

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9. Budget

a) Budget Narrative- Please describe what this funding will be specifically used for:

b) Match Narrative- Please explain the matching funds supporting this project (including committed and pending funding proposals, if applicable)

c) What is the timeline for your project? If there are multiple activities planned, please describe: (maximum range is until June 30, 2025)

10. Fiscal Practices:

Has an audit been performed your organization's financial statements?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you required to have a single audit performed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had any audit or monitoring findings in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your accounting system allow you to track the revenue and expenses by funding source?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your accounting and financial management system(s) follow Generally Accepted Accounting Principles?	<input type="checkbox"/> No <input type="checkbox"/> Yes

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Please describe any previous experience your organization has with managing subcontracts and/or grant agreements:

11. Additional Info:

Is there anything else you would like to share with us about this project/program?

Thank you for taking the time to complete this application!

Please submit an application to homelessresponseinfo@co.coos.or.us