



LEE COUNTY HOMELESS COALITION 2017 COMMUNITY GRANT APPLICATION

The Lee County Homeless Coalition was reorganized in 2004 under the umbrella of the Lee County Department of Human Services with the intent to develop a broader base of support and at some time operate again as an independent agency. Thanks to support from the community, that goal was achieved in 2009, and the Coalition was recognized as an independent 501(c)3 non-profit organization.

The mission of the Coalition is “to advocate, educate, and promote awareness of issues and obstacles facing homeless individuals in Lee County through community collaboration, planning, and implementing solutions.” The Lee County Homeless Coalition is a non-profit advocacy group made up of community and faith-based service providers, local businesses, people who are currently experiencing or who have experienced homelessness, and other advocates committed to ending homelessness.

Members of the Lee County Homeless Coalition are individuals or organizations that are committed to advocating, educating and promoting awareness of issues and obstacles facing the homeless in Lee County through community collaboration, planning and implementing solutions.

This grant opportunity is available only to members of the Lee County Homeless Coalition. The Coalition works with individuals and agencies to identify potential gaps within our local continuum of homeless care. We recognize that our provider agencies are being stretched to capacity and working harder than ever to deliver effective services often with diminishing funding. The **purpose** of this grant is to assist member agencies fulfill their mission and serve those who are homeless.

The Lee County Homeless Coalition plans to make available a total of \$20,000 to member agencies with a maximum award amount of \$5,000 per application/entity. The Lee County Homeless Coalition reserves the right to modify the grant amount and number of award recipients based on the number and quality of the proposals received.

ELIGIBILITY

- Must be a member of the Lee County Homeless Coalition
- Must be a not for profit 501C3 or other eligible not for profit organization
- Agency must provide direct services to clients
- Services must benefit residents of Lee County
- Agency must have a non-discrimination policy
- No Grant Funds may be used to pay for civil or criminal penalties or fines.
- Lee County Homeless Coalition reserves the right to deny applicants which have previously received grant funds the Lee County Homeless Coalition and have not complied with the terms of the grant contract.

REVIEW & SELECTION PROCESS

Each proposal will be reviewed by the Lee County Homeless Coalition Board. Proposals will be reviewed using an evaluation tool. No additional information will be accepted after the stated proposal deadline of **September 15, 2017**. The written proposal and supporting documentation will be the sole basis for review. Awards will be announced no later than **October 2, 2017**. Upon receipt of an award, the recipient will be required to enter into a contract with the Lee County Homeless Coalition.

REPORTING REQUIREMENTS

Recipients will be required to file a report at the end of one year. Agencies should use the State of Florida's definition of homeless to determine who qualifies as a homeless individual for purposes of this grant. Funds not documented must be returned.

AGAIN, PLEASE NOTE THAT THIS NOTICE OF FUNDING IS ONLY AVAILABLE TO MEMBER NONPROFIT AGENCIES OR OTHER ELIGIBLE NOT FOR PROFIT ORGANIZATIONS. FOR INFORMATION ABOUT BECOMING A MEMBER AGENCY, PLEASE VISIT WWW.LEEHOMELESS.ORG/MEMBERSHIP.

Applications MUST be emailed to the Lee County Homeless Coalition office to arrive no later than 5 PM on **September 15, 2017**. The Lee County Homeless Coalition will not notify applicants of receipt of applications. All grant questions should be directed to Janet Bartos, Executive Director of the Coalition at janet@leehomeless.org or (239) 322-6600. Email the completed application along with required documentation to development@leehomeless.org. Hard copies will not be accepted.

LEE COUNTY HOMELESS COALITION COMMUNITY GRANT APPLICATION

Name of Organization: _____

Address: _____

Phone: _____ Website: _____

Lee County Homeless Coalition Member¹ Agency: Yes _____ No _____

Contact Person/Title: _____

Email Address: _____

Total Organization Annual Budget (Current Fiscal Year): _____

Project/Program Title: _____

Total Project/Program Budget: _____

Amount Requested (up to \$5,000): _____

Project Timeline (Date): _____ End: _____

¹ Must become members before submitting this grant application

LEE COUNTY HOMELESS COALITION COMMUNITY GRANT PROPOSAL²

- What is your mission statement?
- How does your project/program fit in your mission statement?
- What is your target population served with this project/program? Describe how client eligibility is determined.
- Describe the need your project/program serves.
- What is the purpose of your project?
- What is the timetable/timeline for implementation?
- What are the goals and objectives of the project/program?
- Describe how your organization is collaborating with other agencies in the Continuum of Care.
(Preference will be given to organizations that demonstrate collaboration.)

Signature of Authorized Representative _____

Name of Authorized Representative _____

Date: _____

² No more than 3 pages total, typed 12-point font

LEE COUNTY HOMELESS COALITION COMMUNITY GRANT REQUIRED MATERIALS

- IRS letter of exemption (501c3) or proof of tax exemption for faith based organizations. If no such letter is available, an explanation as to the reason.
- Current organization annual budget
- Project/program line item budget
- Board of directors
- Current financial statement or most recent audit
- Memos of Understanding that document applicable collaborations
- Additional literature related to your organization or the project as necessary

PROPOSAL EVALUATION TOOL - DO NOT COMPLETE - THIS IS FOR INFORMATION ON THE RANKING PROCESS ONLY

Amount of funding requested:

\$

SECTION ONE: YES = 1 POINT NO = 0 POINT		YES	NO
A	Is the agency already providing this service? (yes, would indicate experience)		
B	Is the agency a current member of the Lee County Homeless Coalition?		
C	Does the agency have previous successful experience in serving this target population?		
D	Is the number of participants to be served identified?		
E	Is the client participant eligibility criteria clearly explained?		
F	TOTAL FOR SECTION (TALLY THE NUMBER - EACH YES WORTH ONE POINT)		

SECTION TWO: ASSIGN POINTS BASED ON THE PROJECTS GOALS TO MEET AN UNMET COMMUNITY NEED, QUALITY OF PROGRAM AND OVERALL IMPRESSION OF THE PROJECT. (EXCELLENT = 4, ABOVE AVERAGE = 3, AVERAGE = 2, AND BELOW AVERAGE = 1)		1	2	3	4
G	How well does the budget demonstrate an ability to meet objectives and goals?				
H	What is the level of participation in Coalition meetings and activities? (Attends meetings- 1 x each month, 2 x month, 3 x month, 4 or more x a month)				
I	How clearly was the need for the program identified?				
J	How consistent is the program with the agency's mission statement?				
K	How accessible is the program to the target population?				
L	How well does the agency collaborate with other agencies or businesses?				
M	TALLY THE POINTS FOR SECTION 2				
N	FINAL TOTAL (COMBINE LINE F WITH LINE N)				