



Big Bend CoC 2026 DCF Funding Application

A. Organization Information

Organization Name: _____

EIN: _____

DUNS / SAM Registration: _____

Contact Person: _____

Title: _____

Email: _____

Phone: _____

Mailing Address: _____

B. Funding Request Summary

Total Amount Requested: \$ _____

Funding Sources Requested (Check all that apply):

ESG \$ _____

Challenge Grant \$ _____

TANF \$ _____

Activity Categories (Check all that apply):

Street Outreach Rapid Rehousing Emergency Shelter

Prevention Case Management Housing Program

Counties Served: *(Must serve all counties)*

Leon Gadsden Wakulla Franklin Liberty Jefferson Madison Taylor

Populations Targeted: Single Adults Families Youth Unsheltered

Other: _____

C. Program Narrative

- 1. Program Overview (15 max Points):** Provide a concise summary of **EACH** proposed project. *Scoring: The average summary score for your agency will be used for final scores.*
- 2. Experience and Capacity (10 max Points):** Describe your organization's history working with the target population and managing similar programs. *If you are currently receiving any additional funding for similar activities/programs, please provide a copy of your funding contract.*
- 3. Partnerships and Coordination (10 max Points):** Identify how you will coordinate with BBCoC or other partners to strengthen services for your agency. Describe how agency leadership and staff participate in community and CoC activities. *Provide any current MOU's and/or agreements that you currently have with community partners that are relevant to the proposed project(s).*
- 4. Alignment with Local Priorities (15 max Points):** Describe how your proposed projects align with BBCoC goals and vision for this funding to reduce homelessness, serve vulnerable populations, increase housing access, and improve access in underserved or rural areas. **See RFP and Attachment B.**
- 5. Service Provision Model (15 max Points):** Describe how your program will use a streamlined access approach, immediate housing placement model, and supportive care approach through coordinated entry and HMIS. *Provide your most recently executed HMIS and Coordinated Entry MOU if applicable.*
- 6. Measurable Goals and Objectives (15 max Points):** Define specific, measurable objectives and how progress will be tracked for **EACH** proposed project. *Scoring: The average summary score for your agency will be used for final scores.*

D. Budget and Financial Information

- 7. Financial Capabilities (10 max Points):** Describe your fiscal capacity to manage grants, including accounting procedures and proof of liquidity. *Provide a copy of your most recent audit and/or 990.*
- 8. Budget (10 max Points):** Complete attached Budget Template and Narrative form. *Scoring: An average budget score for your agency will be used for final scores.*



Documentation Checklist:

- SAM's Registration
- A 501(c)(3) Nonprofit Organization IRS Determination Letter
- Most recent audit (must be within the last 2 years)
- Most recent 990
- Completed Application
- Completed Budget Form
- Copies of Other Similar Funding Contracts (if applicable)
- Current MOU's and/or agreements with community partners (if applicable)
- Current HMIS and/or Coordinated Entry MOU (if applicable)