**Louisville Coalition for the Homeless Day 1 Families Fund
Grant Application Template: Sections I-III**

1. **Contact Information**

**Agency Name:**

**Address:**

**Contact Name:**

**Phone:**

**Email:**

1. **Narrative**
2. **Briefly describe your agency’s experience working with families experiencing homelessness.**
3. **Describe your proposed program. Provide information about where family referrals for your program will come from. Include the number of families you plan to work with at one time (as applicable), annually, and in total. Cite evidence-based practices when possible.**
4. **a. Which category/categories of eligible grant activities will you be utilizing?**

**Check all applicable areas:**

* [ ] Help Unsheltered Families
	+ [ ]  Quickly identify families living outside, in cars, or in other unsheltered locations.
	+ [ ]  Meet families’ immediate service and basic needs.
	+ [ ]  Provide unsheltered families with immediate access to a safe place to stay.
* [ ] Shelter Homeless Families
	+ [ ]  Provide high-quality, low-barrier shelter that is focused on quickly returning
	 families to permanent housing.
	+ [ ]  Provide short-term services.
	+ [ ]  Support acquisition and/or renovation of property (such as motels) to address
	 gaps in appropriate shelter options for families. (No more than 50% of grant funds
	 may be used to acquire and/or renovate property.)
* [ ] Re-house Homeless Families Quickly
	+ [ ]  Help families regain housing through problem-solving diversion, housing
	 navigation, and move-in assistance.
	+ [ ]  Provide rapid re-housing, shallow rent subsidies, and/or financial assistance so
	 families are supported to quickly exit homelessness.
	+ [ ]  Support acquisition and/or renovation of property that will provide permanent
	 rental housing for homeless families. (No more than 50% of grant funds may be
	 used to acquire and/or renovate property.)
	+ [ ]  Connect families to long-term rental assistance and services such as through
	 permanent supportive housing.
* [ ] Connect Families to Needed Services
	+ [ ]  Ensure families are linked to services in the community that will help them exit
	 homelessness, stabilize in housing, and achieve well-being.
	+ [ ]  Ensure that families have access to employment, health care, and needed
	 children’s services (e.g., high-quality childcare).
	+ [ ]  Help families establish and strengthen their informal support networks.
* [ ] Advance Equity
	+ [ ]  Support people with lived experience to co-design programs and policies that
	+ impact their lives.
	+ [ ]  Invest in staff development, staff training, and data to identify and address racial
	 disparities in assistance and program outcomes.

**b. Briefly describe how your grant proposal aligns with these eligible activities.**

1. **a. Which community-identified fund priorities will your program address?**

**Check all applicable areas:**

[ ]  Get unhoused families into shelter quickly (reduce/eliminate the family waitlist by
 adding new family emergency/shelter beds)

[ ]  Reduce stigmas to accessing shelter and services for homeless families

[ ]  Provide shelter options for families with complex needs - especially children with
 disabilities and families with pets

[ ]  Provide high-quality, wraparound case management focused on housing

[ ]  Improve resource navigation, including resource guides and reliable follow-up
 communication

[ ]  Increase transportation support beyond TARC passes to get to essential
 resources (i.e. employment, medical care, housing, mental health support,
 education, childcare, etc.)

[ ]  Increase collaboration and coordination of services between agencies through
 case conferencing, effective referrals, and crisis support

[ ]  Provide effective housing and landlord navigation

[ ]  Access flexible funding to address housing barriers and move families on the path
 to stable housing (including support around past housing and utility debt,

 application fees, security deposits, move-in costs, and incidentals)

[ ]  Provide education around tenants rights

[ ]  Focus on additional support for high-crisis, high-needs families

[ ]  Address racial disparities in family homelessness

**b. Describe in detail how your grant proposal addresses these prioritized community needs.**

1. **What are your program’s goals? What outcomes do you expect at the end of this grant?**
2. **How will this program reduce family homelessness?**
3. **How will this project be implemented, including timelines and milestones? Describe your organization’s capacity to successfully implement the program, fully expend the grant funds, and meet all grant reporting and compliance requirements.**
4. **How will this program collaborate with other groups and providers in the community? How will the program handle referrals, communication, and non-duplication of services?**
5. **How will your agency work to ensure equitable services for the most vulnerable families? How will this program address racial inequality?**
6. **How will you include people with lived experience in co-designing programs and policies?**
7. **Describe the training and education required for all staff and volunteers involved in the project.**
8. **Assurances**
9. Applicant is a member of the Louisville Continuum of Care (CoC):

 [ ]  Yes [ ]  No

 If the answer is no, applicant is willing to become a CoC member:

[ ]  Yes [ ]  No, explain:

1. Applicant is willing to participate in the HMIS system according to the expectations established in the Louisville CoC Data Quality Plan:

[ ]  Yes [ ]  No, explain:

1. Applicant agrees to utilize grant funds solely for families experiencing homelessness, as defined in the “Eligible Grant Activities” section:

[ ]  Yes [ ]  No, explain:

1. Applicant has the capacity to administer grant funds effectively and efficiently, to track and report on the use of grant funds quarterly, and to maintain regular, timely communication with the Coalition for the Homeless regarding use of funds and outcomes through quarterly reporting:

[ ]  Yes [ ]  No, explain:

1. Applicant agrees to participate in biweekly coordination and case conferencing meetings facilitated by the Coalition for the Homeless.

[ ]  Yes [ ]  No, explain:

1. Applicant agrees to participate in required training as established and coordinated by the Coalition for the Homeless.

[ ]  Yes [ ]  No, explain:

1. **Budget Template (complete separate Excel Document; template provided)**