



SOAR Representatives Benefit Specialist By-Name List

Project Application Form

Application Due Date: February 17, 2025, by 11:59pm CST

Details Request for Proposals

Only one proposal will be accepted from any one organization. Multiple organizations may collaborate for this application but should clearly identify the lead organization and the anticipated role(s) for each partner organization. All costs incurred in the preparation and presentation of the submitted proposal shall be absorbed by the prospective grantee. Any material submitted by the prospective grantee that is to be considered confidential must be clearly marked as such.

Submission Guidelines

All proposal items must be submitted by 11:59 PM CST on February 17, 2025, to: RFP@austinecho.org. Please type "SOAR By-Name List RFA" in the subject line of your email submission.

If you would like to submit a hard copy of the proposal, please email us at the same email address to let us know and ask for a physical address.

Electronic proposal narratives must be submitted in a PDF format.

SOAR PSH By-Name List Application

Answer the questions to the best of your knowledge. If the questions are not applicable write N/A by question. Please elaborate on the answers.

1. Is your organization a 501 (c)(3) nonprofit organization with valid EIN from the IRS? Yes/No
 - a. If no, does your agency have a fiscal sponsor?
2. Attach a copy of your organization's official notice of tax-exempt status from the IRS or fiscal sponsorship. Title this page as "**Tax-exempt status.**"
3. Attach a copy of your organization's current Board of Directors list. **Title this page as "Current Board of Directors list."**

4. Provide a **cover letter**, which provides the name, mailing address, telephone number, and email address of the individual who is the main point of contact. The cover letter should clearly state that the proposal is in response to this Request for Application. For example, **this cover letter is in response to the SOAR PSH By-Name List Request for Application.**
5. In the **cover letter** address the organization background • Provide 1-3 paragraphs describing organization's background, core values, and areas of expertise.

SOAR PSH By-Name List Application Questions (not to exceed five pages)

Answer the questions to the best of your knowledge. If the questions are not applicable write N/A by question. Please elaborate on the answers. If your agency does not have specific SOAR experience, please share your agency's experience implementing similar social service programs.

1. What is the organization's experience with the proposals described in this RFA?
2. Has your organization offered traditional disability services or submitted SOAR applications?
3. What was the organization's success rate in regard to their traditional disability applications or SOAR applications? Were there any challenges with either program?
4. Any additional expertise that will inform this work, including projects focused on integrating systems/services into the homelessness response system.
5. How would the organization sustain the program after the 2 years of funding ends?
6. Any anticipated challenges to the implementation of the Scope of Grant Project
7. Submit your agency's budget for the proposed project.

Organization Demographic Information

Complete all fields. Enter "0" for percentage fields that do not apply to your organization, all fields should total 100%. Please respond to the questions to the **best of your ability and estimates are acceptable.**

Service Population - Describe the overall population your organization serves by race/ethnicity.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic
- Other

Board of Directors race/ethnicity - Describe the composition of your organization's current Board of Directors.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic
- Other

Board of Directors gender - Describe the composition of your organization's current Board of Directors.

- Female
- Male
- Non-binary

Total number of board members.

Leadership/Management Team race/ethnicity - Describe the composition of your organization's current Leadership Team (Executive Director, CEO, Department Lead).

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic
- Other

Leadership/Management Team gender - Describe the composition of your organization's current Leadership Team (Executive Director, CEO, Department Lead).

- Female
- Male
- Non-binary

What is the race/ethnicity of your current or acting Executive Director, CEO or President? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic
- Other

What is the gender of your current or acting Executive Director, CEO or President?

- Female
- Male
- Non-binary

Staff race/ethnicity - Describe the composition of your organization's current staff.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White, non-Hispanic
- Other

Staff gender - Describe the composition of your organization's current staff.

- Female
- Male
- Non-binary

Submittal Page

Review all sections before submitting your application, ensuring all information has been provided and necessary attachments have been included.

Certification

- Do you certify that the executive director has approved the submitting of this grant request, all information provided is accurate to the best of your knowledge and the project and schedule as presented will be adhered to?

- Signature of representative requesting grant