This form requests basic information about the Applicant and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

***Applicant Organization Information***

|  |  |
| --- | --- |
| Legal Name |  |
| Legal Doing Business As (DBA) Name, if applicable |  |
| Mailing Address  *Include street address, city, county and ZIP* |  |
| Physical Address  *If different from Mailing Address*  *Include street address, city, county and ZIP. Do not include a confidential shelter address.* |  |
| Payee Name and Address  *If different from Mailing & Physical Address*  *Include street address, city, county and ZIP* |  |
| Website  *For public use to access information about services.* |  |
| Administrative Phone Number |  |
| Hotline Phone Number  *Include number clients contact to access services* |  |
| Federal Tax ID Number |  |
| Unique Entity Identifier (UEI) |  |
| Type of Entity | Nonprofit Organization |
| ***Grant Information*** | |
| Name of Executive Director |  |
| Phone |  |
| Email |  |
| Name of Grant Contact  *This person will oversee the day-to-day duties of grant* |  |
| Title of Grant Contact |  |
| Phone |  |
| Email |  |
| Name of Fiscal Contact  *This person will oversee grant expenditures and finances* |  |
| Title of Fiscal Contact |  |
| Phone |  |
| Email |  |
| Does your organization have a current HHSC contract to provide shelter or nonresidential services, or a current special nonresidential project grant? | None  Special Nonresidential Project Grant  Shelter Center Grant  Nonresidential Center Grant |
| Requested annual award amount.  *See* ***Section 5.1*** *of the RFA for award and budget guidance.* |  |

**Facility Information**

*Please choose a name or title to identify this facility compared to other facilities. Be consistent in how you identify facilities throughout the RFA Application.*

*Nonresidential centers may also include outreach centers or offices. Please list all facilities in which family violence program services will be provided.*

|  |  |
| --- | --- |
| Main Shelter | Name of Main Shelter:  Physical Address (if not confidential):  Address is Confidential  County: |
| Additional Shelter | Name of Additional Shelter:  Physical Address (if not confidential):  Address is Confidential  County: |
| Outreach Center | Name of Outreach Center:  Physical Address (if not confidential):  Address is Confidential  County: |
| Outreach Center | Name of Outreach Center:  Physical Address (if not confidential):  Address is Confidential  County: |

**Board Information**

|  |  |
| --- | --- |
| Name of Board President |  |
| Phone |  |
| Email |  |
| Mailing Address |  |

**Signature**

|  |  |
| --- | --- |
| I certify that the information provided in this form is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application. | |
| Signature of Authorized Representative: | |
| Printed Name of Authorized Representative: | Date: |