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**2024-2025 Social
Service Grant
Application**



CHECKLIST OF REQUIRED DOCUMENTS

Documentation of Worker's Compensation, commercial general liability insurance, and automobile liability insurance. All liability policies shall provide that The City is named as an additional insured party.

NEW PROJECTS ONLY

Documentation of 501(c)(3) status from US Internal Revenue Services



Agency: _____ DUNS Numbers: _____

Project Name: _____

Agency Contact Person: _____

Email Address: _____ Phone: _____

Agency Address: _____

1. Brief Project Description

2. Please identify the primary beneficiaries of your SSG program (Select ALL that apply)

Chronically Homeless

Elderly

Unaccompanied Youth

Veterans

Victims of Domestic Violence

Persons exiting jail/prison

Persons with HIV/AIDS

Persons with severe mental illness

3. Total to be served

Indicate the number of unduplicated adults (18+) to be served

Indicate the number of unduplicated children (<18) to be served

Indicate the number of households to be served



4. Describe your organization's mission and how this program fit within that mission.

5. Describe the proposed goals of the program with measurable client outcomes.



6. Provide evidence of the need for the services proposed. Include as much data as possible to support your application, including HMIS data. Describe how this project will meet the priority needs of the homeless individuals or those at risk of homelessness in Oklahoma City.

7. Describe your agency's process for ensuring project-level and agency-wide data quality in HMIS, or if a victim service provider, the comparable database. Identify which staff person(s) is responsible for monitoring data quality at your agency.



8. How does the agency use data and reporting to inform agency decision making?

9. Proposed Budget

Agency Administration

Agency Operations

Program Staff

Program Operations

Other

TOTAL REQUEST

10. Will any of these funds be used as match on a federal grant? Yes No