



**HomeOKC**

**OKLAHOMA CITY  
HOMELESS SERVICES**

**2022-2023**

**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.



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