**Eastern PA Continuum of Care (PA-509)**

**DV Bonus Application: DV CE Specialist**

**Instructions:**

* This document is a “Form”. Before you begin to respond to questions, save the document. Once saved you can complete the Form.
* To enter text, Click or tap here to enter text. and begin typing. To indicate a check a response, click inside the shaded box [ ]  and an “X” will appear within the box - [x] .
* All applications must be returned to easterncoc@pennsylvaniacoc.org by COB on August 17.

|  |  |
| --- | --- |
| **Agency Name** | Click or tap here to enter text. |
| **Contact Person** | Click or tap here to enter text. |
| **Phone number** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **County/ies your organization serves** | Click or tap here to enter text. |

**1) Does your organization currently participate in the Eastern PA CoC’s Coordinated Entry**

 **System?** [ ]  yes [ ]  no

* Please describe your involvement and participation: Click or tap here to enter text.

**2) Describe why you believe the Eastern PA CoC needs a DV CE Specialist and how you believe**

 **this position will be able to enhance the CoC’s Coordinated Entry System for Survivors.**

* Response: Click or tap here to enter text.

**3) In addition to the duties included in the RFP, please describe any additional job functions**

 **that you believe will be central to the success of this position.**

* Response: Click or tap here to enter text.

**4) What is your current relationship with the Eastern PA CoC? Please check any of the**

 **following ways you participate in the CoC:**

[ ]  Refer clients you serve to the CoC’s Coordinated Entry System

[ ]  Attend RHAB meetings

[ ]  Attend CoC meetings (twice per year)

[ ]  Participate on a Committee/Sub-Committee. Which: Click or tap here to enter text.

[ ]  Participate in the planning of the annual point-in-time count

[ ]  Provide data for the annual point-in-time count

[ ]  Other. Please describe: Click or tap here to enter text.

**5) Does your organization have experience (either currently or previously) operating projects**

 **funded through homeless assistance grants – ESG or CoC?** [ ]  Yes [ ]  No

* If yes, please describe: Click or tap here to enter text.

**6) Does your organization have any unresolved monitoring or audit findings for**

 **any HUD grants (including ESG) or PCADV grants? [ ]** Yes [ ]  No.

* If yes, please explain. Click or tap here to enter text.

**7) Proposed budget**

Staffing

* Staffing cost, which should equal the total amount of CoC-funding requested to support this position. Click or tap here to enter text.
* Description of staff qualifications. Click or tap here to enter text.

Expenses

* Itemized list of expenses and associated cost: Click or tap here to enter text.

Administrative (capped at 10% of budget)

* Administrative Budget requested: Click or tap here to enter text.

Other

* Please describe any additional costs for which you are requesting CoC-funding: Click or tap here to enter text.

Total Budget Request = $Click or tap here to enter text.

**8) A match of 25% is required. Match can be in-kind or cash. Please indicate your anticipated source(s) of matching funds:** Click or tap here to enter text.