

**STRENGTHENING ORGANIZATIONS TO ADDRESS &
END HOMELESSNESS IN OAKLAND**

COHORT #2

APPLICANT COVER SHEET

Legal/Official Name of Applicant: _____

Name of Organization/ Company: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Website (*If you do not have a website please write none*): _____

Type of Entity/Organizational Structure (check one):

- Community-Based Organization
- DBA: _____
- Faith-Based Organization
- Corporation
- Other: (Please state) _____

Are you:

- 501c3
- Fiscally Sponsored Organization
- Other (please specify): _____

Federal Tax Identification Number (*If you do not have a Federal Tax ID Number, please write none*):

Geographic Service Area: *Please check corresponding District of Oakland (CM - Council Member). Check all that apply:*

- | | |
|--|---|
| <input type="checkbox"/> District 1 (CM* Kalb) | <input type="checkbox"/> District 5 (CM Gallo) |
| <input type="checkbox"/> District 2 (CM Bas) | <input type="checkbox"/> District 6 (CM Taylor) |
| <input type="checkbox"/> District 3 (CM Fife) | <input type="checkbox"/> District 7 (CM Reid) |
| <input type="checkbox"/> District 4 (CM Thao) | <input type="checkbox"/> Don't Know |

Link to City of Oakland District Map: <http://gisapps1.mapoakland.com/councildistricts/>

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APPLICATION

PLEASE COMPLETE AND SUBMIT THIS APPLICATION BY **AUGUST 12, 2022 AT 11:59 PM.**

Please provide a brief response to the following questions. If you need additional space, you may include up to 2 additional single-spaced pages using 8 1/2 x11 inch size paper.

For the purposes of this project, we are looking for small, emerging organizations led by people who identify as and are connected to the communities most impacted by homelessness in Oakland. Therefore, special emphasis will be given to African-American led organizations.

1. Provide a history of your organization and services you provided including when and how it began.

2. If you have a Board, how many members, in total, do you have?

3. How many members of your Board of Directors identify as Black or African American? If you do not have a board, please write not applicable.

4. How many Executive leadership staff do you currently have within your organization? How many members of your Executive Leadership identify as Black or African-American?

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5. Please select the homeless services you provided. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Youth-specific services |
| <input type="checkbox"/> Housing Support | <input type="checkbox"/> Work Readiness |
| <input type="checkbox"/> Emergency & Long -Term Shelter | <input type="checkbox"/> Housing navigation support |

6. Describe how you have implemented the homeless **services noted above** in the past 12 months in Oakland.

- Estimate the number of people who have received these services in total.

7. Describe your current annual operating budget and funding sources.

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ORGANIZATIONAL NEEDS:

8. Describe your **organizational strengths and challenges**.

9. Explain how strengthening your capacity through this program will improve your ability to provide homeless services to clients in the future.

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CURRENT REFERENCES:

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

PRIMARY CONTACT INFORMATION:

Name / Title: _____

Phone Number: _____ E-mail Address: _____

SIGNATURE: _____ Date _____

Thank you for taking the time to complete this application.

