**For City Use Only** **No:**

# CITY OF SAN DIEGO
# WINTER SHELTER PROGRAM APPLICATION
# SINGLE-ADULT SHELTER OR VETERANS SHELTER
# FISCAL YEAR 2003 (JULY 1, 2002 - JUNE 30, 2003)
# *APPLICATION FORM*

**(PLEASE READ *REQUEST FOR PROPOSALS* BEFORE FILLING OUT APPLICATION)**

1. **Applicant/Organization:**

2. **Project Title: Winter Shelter Program / Single Adult Shelter or Veterans Shelter**

3. **Amount of FY 2003 funding requested from the City for this program:**

   **$**

4. **Date of Nonprofit Incorporation:** **Tax ID No.:**

5. **Head of Organization (Enter Name and Title):**

6. **Application Contact Person (Enter Name and Title):**

7. **Mailing Address:**

8. **Telephone Number:** ( ) - ext. **Fax Number:** ( ) -

   **E-Mail:**

9. **Certification:** I hereby certify that all the information submitted for consideration for Winter Shelter Program funds is true and accurate to the best of my knowledge and belief.

**Signature** **Title** **Date**

10. **Provide evidence that your organization possesses sufficient staff resources, technical and professional expertise, and experience to carry out the proposed services.**

11. **Indicate anticipated funding sources for the Project:**

| | **AMOUNT** | **% OF TOTAL BUDGET** |
|---|---|---|
| Requested from City of San Diego | | |

List Other Sources Below:

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| **TOTAL PROJECT FUNDING ANTICIPATED FOR FY 2003:** | **$** | **100%** |

12. **Who else will be involved in this project (e.g., partner agencies or sub-contractors)**

13. **Project Narrative**

14. **Project Narrative**

15. **Project Narrative**

16. **Project Narrative**

## PROPOSED BUDGET FOR AMOUNT REQUESTED

| LINE ITEMS | AMOUNTS | DESCRIPTION |
|---|---|---|
| Salaries & Wages | | |
| Fringe Benefits | | |
| TOTAL PERSONNEL | $ | |
| Showers/Restrooms | | |
| Supplies | | |
| Trash | | |
| Maintenance/Repair | | |
| Transportation | | |
| Equipment Rental | | |
| Insurance | | |
| Office Supplies | | |
| Telephone | | |
| Postage | | |
| Food | | |
| Other Expenses | | |
| Indirect Costs | | |
| TOTAL NON-PERSONNEL | $ | |
| TOTAL AMOUNT REQUESTED | $ | |

*These amounts reflect the approximate costs that have been reimbursed in past years for these items.

These amounts may be reduced or changed as long as these contracted services are provided.