Renewal Application Checklist

Impoverished Provider

Name of Organization: _____

Form 201- A – Renewal Application	Yes ☐ No ☐
Form 203 – Non-Discrimination Certification	Yes ☐ No ☐
Form 204 – Racial and National Origins of all Persons within Your Service Area	Yes ☐ No ☐
Debarment Form	Yes ☐ No ☐
License or Operating Permit	Yes ☐ No ☐
Proof of Non-Profit Status - 501(c)(3) (If applicable)	Yes ☐ No ☐
Current Financial Statement	Yes ☐ No ☐
Proof of Permanent Location (In the form of a Lease)	Yes ☐ No ☐
Complete Narrative of the Program, Which Includes Sources of Funding, Services Provided and the Number of Individuals Receiving That Type of Assistance, Facilities, Hours of Operation, and if Overnight Shelter is Provided, the Maximum Number of Individuals Accommodated.	Yes ☐ No ☐
Evidence that the Organization is Publicly Recognized: Letter on Official Letterhead from Mayor, Judge, County Health Officer, or Comparable Authority that Certifies the Applicant is a "Provider of Assistance to the Homeless."	Yes ☐ No ☐

Notes:

Additional Information:

- Eligible Homeless Providers Programs Include: Overnight, daytime and around-the-clock shelters. Included in this group: shelters for battered spouses, abused children, and orphans; and halfway houses or transitional housing for temporary residence of homeless parolees, mental patients, and/or substance abusers.
- Food banks must be determined on a case by case basis; food banks that provide food directly to facilities where homeless people are fed may be eligible.
- Services to the homeless must be the primary function of the organization. If any activity operates a broad spectrum of programs through which assistance to the homeless is peripheral and incidental, the organization would not be eligible. Property donated must be used in a program primarily for the benefit of homeless persons.

Reviewed by:	Date:
Approved: Yes ☐ No ☐	Expires: