

**Housing First Training RFP Application**

**1. Organization Name:** Enter Organization Name

**2. Organization Address:** Enter Organization Address

**3. Organization Tax ID Number:** Enter Organization Tax ID Number

**4. Organization DUNS Number:** Enter Organization DUNS Number

**5. Authorizing Official Name:** Enter Authorizing Official’s Name

**6. Authorizing Official Title:** Enter Authorizing Official’s Title

**7. Authorizing Official Email:** Enter Authorizing Official’s Email Address

**8. Authorizing Official Phone:** Enter Authorizing Official’s Phone Number

**9. Contact Person Name:** Enter Contact Person’s Name

**10. Contact Person Title:** Enter Contact Person’s Title

**11. Contact Person Email:** Enter Contact Person’s Email Address

**12. Contact Person Phone:** Enter Contact Person’s Phone Number

**13. Please provide a brief summary of the Housing First training, along with any other related training, that your organization offers?** (500 words or less.)

Enter Answer Here

**14. What is the current format in which the training is offered, virtual or in-person?**

Enter Answer Here

**15.** **Please provide a detailed breakdown of the cost of each aspect of the training using the chart below.** (500 words or less.)

Enter Answer Here

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic Area** | **Brief Description** | **Hourly Rate** | **Proposed Hours**  | **Total Cost**  |
|  |  |  |  |  |
|  |  |  |  |  |

**17. What is your preferred timeframe for offering the training?** (200 words or less.)

Enter Answer Here

**18. Please provide a list of at least 2 references that have received your program’s training in the past.** (200 words or less.)

Enter Answer Here