

Gap Grant Program



Gap Grant for people who are homeless and at risk of imminent homelessness

Purpose: The purpose of the FM Coalition for Homeless Persons Gap Grant is to identify and address education and employment needs of homeless persons in the community. These needs may include efforts to obtain/maintain a job or further an education. Requests should address a specific need for a specific individual.

Grant funds are not paid directly to the individual. Rather, checks are made payable to a designated vendor or sponsor. Applications can be mailed or delivered directly to the executive director or a board member. All grant applications must have a sponsor. Applications are reviewed by the FMHC Board of Directors on a case-by-case basis. Generally, grants are made at \$100 or less. Exceptions are sometimes made.

Sponsors: The Sponsor works with the applicant to complete the form and verify that the information is accurate. The sponsor also makes sure that grant funds are used properly. Sponsors must be members of the FM Coalition for Homeless Persons.

Re-applications: Applicants are limited to funding once in 12 months.

Eligibility:

1. Applicants must be homeless or in the process of securing housing
2. Applicants must currently be residing in the Fargo-Moorhead area
3. Funds must be used to help obtain/maintain a job or further education
4. Special circumstances can be considered at the discretion of the Board

Gap Grant Application Form

Date: _____

Applicant

Name: _____

Contact at: _____

Phone: _____

Sponsor (Required: attach a letter of support from a member of the FMCHP)

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Are you currently employed? If yes, please state where and give a brief job description:

What will grant funds be used for?

How will the funds assist you in reaching your goal? Please be specific. If you need more room, attach a page.

What dollar amount will help you?

Have you applied for a FM Homeless Coalition grant before? If so, when?

Please send completed application and sponsor letter of support via email (PDF preferred) or mail to:

Fargo Moorhead Coalition for Homeless Person¹
PO Box 5653
Fargo ND 58105-5653
cody@fmhomeless.org

My signature below provides my consent to the FM Coalition for Homeless Persons to check all of the information given in this application. To the best of my knowledge I attest that the information provided in this application is true and accurate.

Signature _____ Date _____

Sponsor review and approval:

Signature _____ Date _____

__ Sponsor letter attached.

For official use only. Email approval is allowed. Approved by:
_____, Executive Director
_____, Board of Director's Member
_____, Board of Director's Member
_____, Board of Director's Member

¹ The Fargo Moorhead Coalition for Homeless Persons does not discriminate on the basis of sex, race, color, creed religion, national origin, status with regard to public assistance, sexual orientation or disability.