

FY2021 FRCoC Cover Letter for CoC Program Funding

A separate cover sheet is required for each project application.

Applicant

Legal Name:

Type of Applicant (select one): Non-Profit Housing Authority PDC Unit of Local Government

EIN/TIN:

Address:

Application Contact

Name:

Title:

Phone:

Email:

Name of Renewal Project in e-snaps:

Name of New or Expansion Project in e-snaps:

Project Type (select one):

Supportive Services Only - Coordinated Assessment

Rapid Re-Housing

Permanent Supportive Housing

Joint Transitional Housing & Rapid Re-Housing

HMIS (*Only the HMIS Lead is eligible to apply for HMIS funding*)

CoC Planning (*Only the CoC Lead Agency is eligible to apply for CoC Planning funding.*)

Type of Application (select one):

New (requesting funding for new project)

Renewal (requesting level or reduced funding for existing project)

Renewal with Expansion (requesting increased funding for existing project)

Note: While the supplemental application for renewal and expansion funding can be submitted on one form, the amounts will be ranked separately by the Funding & Performance Committee.

New Amount Request:

Renewal Amount Requested:

Expansion Amount Requested:

Approximate number of people this program will serve:

The applicant organization's governing board discussed and/or approved this application for funding at a meeting held on _____ (date). If this application has not yet been discussed, it will be discussed at the next meeting of the governing board, which will be held on _____ (date).

The applicant organization named above will act as the responsible fiscal agent for any funds received and will comply with applicable tax laws, regulations, and CoC policies. By signing this application, we agree that we have read and approve of the content of this application.

Board Chair:

Signature

Date

Executive Director:

Signature

Date