

FY 2016 CoC INTENT TO APPLY

DUE DATE: JULY 13, 2016 AT 12:00 PM

SUBMIT DOCUMENT TO: LAUREN@AHOMEWITHHOPE.ORG

Renewing & New Project Information (Please complete *one form per project*)

Recipient:	
Subrecipient(s):	
Project Name:	
Grant Number (if applicable):	
Project Type (PSH, RRH, TH):	
Current Funding Level (Must match FY 2015 GIW):	
Anticipated amount of your renewal:	
Proposed # of people served	
Proposed # of households served	
Cost per household served (Anticipated amount of renewal / Proposed households)	
Brief description of significant changes (e.g., match challenges necessitate reduction):	

Primary Point of Contact:	
Telephone: ()	Email:

Additional contacts to copy on email updates about the FY 2016 Intent to Apply and CoC application process:

First Name	Last Name	Email Address

Applicant Attestation

I understand and agree:

Initial Time is of the essence in all aspects of the Continuum of Care Program, including the Intent to Renew, application, and reporting: our organization will meet all deadlines and work quickly to correct deficiencies, provide requested information, and support the community-wide application process and implementation of the program.

Initial Corrections, clarification, updates, and supplemental information will be posted to the TCHC website throughout the application process; therefore, our organization will regularly review the content on the webpage, <http://www.ahomewithhope.org/funding-opportunities/>. If we encounter technical difficulties accessing content, we will contact the TCHC Main Line at (817)509-3635.

Initial It is our responsibility to contact TCHC if changes in the contact information for the point of contact for this application are needed.

Printed Name & Title

Signature

Date