

**FY2023 CoC Planning Grant Application**

**1. Agency Name:** Enter Agency Name

**2. Agency Address:** Enter Agency Address

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

**4. Agency DUNS Number:** Enter Agency 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

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

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

**12. Project Name:** Enter Project Name

**13. Requested Amount:** $ Enter Total Requested Amount of CoC Planning Funds

**14. Project Type(s):** ☐ Employment Service Coordination

☐ Health Service Coordination

☐ Veteran Service Coordination

☐ Housing Service Coordination

☐ SOAR Training and Coordination

☐ Coordinated Entry Evaluation

☐ Training for Front Line Staff

☐ Research Project

☐ Other please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15. Statement of Need:** In 250 words or less, please identify the community need or gap in services that currently exists that the proposed CoC Planning project will serve.

**16. Proposed Benefit:** In 250 words or less, please identify the benefits the proposed CoC Planning project will have for participants in CoC and ESG funded housing programs.

**17. Project Narrative:** In 500 words or less, please describe staff positions that will be directly involved in this CoC Planning project, how staff will work together to achieve the outcomes of CoC Planning project, describe the role of any partner agencies with which you may collaborate, and any other relevant details to the service delivery of this CoC Planning project.

**18. Budget Narrative:** In 500 words or less, please describe which agency staff positions will be paid through CoC Planning, which fringe benefits will be paid, and a description of any other program costs required to accomplish the CoC Planning project’s scope of services.

**19. Scope of Services:**

Please fill out the table below to describe the scope of services the proposed CoC Planning project will perform. Please add or subtract rows to this table as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| # | Activity | Outcome | Means of Verification |
| 1 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 2 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 3 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 4 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 5 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 6 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 7 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 8 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 9 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |
| 10 | What activity will be performed to support this project? | What outcome(s) will this activity achieve? | How will your project document this activity and outcome(s)? |

**20. Budget Worksheet:**

Please complete the budget worksheet. Be sure to fill out all tabs completely.