

**INTENT TO APPLY / PROPOSAL OUTLINE**

GA - 505 Continuum of Care

**Applicants for Continuum of Care funding FY2015**

Please fill in the following and return it to the [RonKing@unitedwayofthecv.org](mailto:RonKing@unitedwayofthecv.org) on or before **October 9, 2015**.

**Fill out a separate form for EACH application.**

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Renewal Project:

\_\_\_\_\_

**OR**

Name of Permanent Supportive Housing or RRH Bonus project:

\_\_\_\_\_

**Project prioritizes for Chronic Homelessness? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Project follows Housing First approach (client does not need to be “housing ready” - no preconditions such as sobriety or a minimum income)?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**Use the space below to briefly describe your project.**

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