CoC Program Information for NEW Projects

**Agency Name:**

**Agency Description/Mission:**

 **Project Name:**

**Projected # to serve in FY 2017 application:**  **Project Type**:

**Target Population:**

**Match information for top three match providers to be included in the FY 2017 application** (estimate)

|  |  |
| --- | --- |
| **Source (agency providing match)** | **Purpose** |
|  |  |
|  |  |
|  |  |

**CoC Work Group membership (Check all that apply for your agency)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Rapid Re-housing |  | Family Homelessness  |
|  | Transitional Housing |  | Homeless Clearinghouse |
|  | Homeless Outreach Group (HOG) |  | Veterans  |
|  | Permanent Support Housing |  | Data  |
|  | Coordinated Entry |  | Other Sub-committees of workgroups |
|  (if other, please explain): |

**Project Description** (1000 character limit)**:**

Budget for NEW Projects

|  |
| --- |
| **Project Budget**  |
| **CoC Activities** | **CoC Request** | **Match** | **Totals** |
| **1. Acquisition** |  |  |  |
| **2. New Construction** |  |  |  |
| **3. Rehabilitation** |  |  |  |
| **4. Leasing** |  |  |  |
| **5. Supportive Services** |  |  |  |
| **6. Operations** |  |  |  |
| **7. Rental Assistance** |  |  |  |
| **8. Admin** |  |  |  |
|   | **Total CoC Request**  | **Total Match** | **Total Project Budget (Total CoC Request + Total Match)** |
|  |  **$**  |  **$**  |  **$**  |

Cost Effectiveness

**CoC Project Funding** = / =

 CoC + Match Funding Total Proposed # of Households Cost per Household

CoC funds represent % of project funding.

**Other Project Funding**= / =

 Other Project Funding\* Proposed # of Households Additional Cost per Household

\*do not include in-kind expenses

List other funding sources included above (if applicable):

**Total Project Funding** = / =

 CoC +Other Project Funding\* Proposed # of Households Total Cost per Household

Anticipated average size of households: