|  |
| --- |
| **FY2021 Continuum of Care Competition****EXPANSION PROJECT APPLICATION** |
| **Organization Information** |
|  |
| Agency/Organization Name Employer Identification Number (EIN) DUNS Number |
|  |
| Administrative Address City, State, Zip |
|  |
| Phone Fax Website |
|  |
| Executive Director Name Phone Email |
|  |
| **Contact Information** |
| Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director. |
| **Primary Contact** |
|  |
| Name Title Phone Email |
| **Secondary Contact** |
|  |
| Name Title Phone Email |
| **Proposal Information** |
|  |
| Renewal Project Name (as listed on GIW) Renewal Grant Number (as listed on GIW) |
|  |
| Expansion Proposal Request ($)  |
| **Authorization** |
|  |
| Printed Name Signature Date |

|  |
| --- |
| **EXPANSION REASON FOR REQUEST** |
| Reason for Requested Increase (check all that apply):[ ]  Increase the number of homeless persons served[ ]  Increase the number of units?[ ]  Increase the number of beds?[ ]  Increase the number of or expand supportive services provided[ ]  Increase the frequency or intensity of supportive services Coordinated entry/ access[ ]  Expansion Project will bring the existing facility up to state or local government health or safety standards  |

Indicate how the project is proposing to "increase the number of homeless persons served."

|  |
| --- |
| **Current level of effort:** |
| Number of persons served at a point-in-time |  |
| Number of Units |  |
| Number of Bed |  |
| **New Effort***If you are not requesting to serve an increased number of homeless persons please indicate N/A* |
| Number of additional persons served at a point in time that this project will provide |  |
| Number of additional units this project will provide |  |
| Number of additional beds this project will provide |  |

|  |
| --- |
| Is this project proposing to assist victims of domestic violence specifically as defined in paragraph 4 of the homeless definition in 24 CFR 578.3? |
|  |

|  |
| --- |
| Please describe in detail why you are requesting an increase in funding and how you intend to utilize the funds if awarded. If the project aims to improve health or safety standards describe how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated). |
|  |

**NOTE: If your organization is applying for an expansion project you must submit a renewal application and a new application, along with this application. YHDP projects are not eligible to apply for an expansion project.**