

North Central Florida Coalition for the Homeless and Hungry, Inc.
HUD CoC SNAPS Project Proposal Form

Name of Agency/Organization: _____

Renewal or New Project?: _____ APR's up to date? _____

Project Title and Brief Description: _____

Population(s) served: _____

Project type (PSH, RRH, TH, SSO, HMIS, PHB) _____

Project reports in HMIS? If not, why? _____

Agency participates in general and committee meetings? List: _____

Membership dues current? _____

Project Location: _____

Contact Person: _____ Telephone: _____

E-mail address: _____

Amount of Funding Requested: \$ _____ Total Project Budget \$ _____

Match dollars total: \$ _____ Leverage dollars total: \$ _____

Federal Strategic Plan goal(s) addressed: _____

HEARTH Act Performance Measure(s) applicable to proposed project: _____

