# DE CoC FY 2024 New Project Application Coversheet

## Applicant Information

1. **Applicant (Agency) Legal Name:** Click or tap here to enter text.
2. **Type of Agency:** Choose an item.
3. **Employer/Taxpayer Identification #:** Click or tap here to enter text.
4. **UEI Number:** Click or tap here to enter text.
5. **Is your agency’s SAM registration and UEI number active?**  Yes  No
6. **Agency Address**

Street: Click or tap here to enter text.   
City: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

1. **Person to be contacted about application**

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

Title: Click or tap here to enter text. Organizational Affiliation: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

## Project Information

1. **Project Type:** Choose an item.
2. **DV Bonus:** Choose an item.
3. **Type of Application (Select Only One):**

New Project Name of Proposed Project: Click or tap here to enter text.

Expansion Grant Name of Existing Project: Click or tap here to enter text.

Transition Grant Name of Existing Project: Click or tap here to enter text.

**If you chose Expansion or Transition, what type of project is the existing/current project?** Choose an item.

1. **Does this project have a specific target population?** (i.e., domestic violence, veterans, youth, etc.) Choose an item.

**If yes, specify which:** Click or tap here to enter text.

1. **Project Site Configuration** (Select all that apply):

Scattered Site  Site-based

1. **Household composition to be served** (Select all that apply):

Adult-Only Households  Households with Children  Child-Only Households

1. **Project Location** (Select all that apply):

City of Wilmington  Kent County  New Castle County  Sussex County

1. **Resource Allocation**

Expansion and Transition Grant Applicants: Complete All Fields.   
New Project Applicants: Complete “Requesting” and “Total” Columns Only.

|  |  |  |  |
| --- | --- | --- | --- |
| Project Resources | Current | Requesting | Total |
| # of people to be served/year | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| # of households to be served/year | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| # of permanent housing units needed/year | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| # of Full-Time Equivalent (FTE) case manager(s) assigned | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Case Manager: Household Ratio | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Budget | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Modified Budget -** If your request cannot be fully funded, indicate the least amount of funds required to make this project viable, and the impact that this change in budget would have on the number of households to be served and/or number of PH or TH housing units created/subsidized:

Click or tap here to enter text.