

Continuum of Care for Kane County Notice of Intent CoC Program Competition

Contact Information

Full Legal Organization Name	<input type="text"/>		
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>		
Organization Website	<input type="text"/>		

Organization President / Executive Director	<input type="text"/>		
Title	<input type="text"/>		
Phone Number	<input type="text"/>	E-Mail Address	<input type="text"/>

Contact Person (if different)	<input type="text"/>		
Title	<input type="text"/>		
Phone Number	<input type="text"/>	E-Mail Address	<input type="text"/>

Organization Information

501(c)(3)?	<input type="radio"/> Yes	Year Established	<input type="text"/>
	<input type="radio"/> No		

**Organizational Mission
Statements**
(350 characters or less)

**Brief Description of
Organization**
(500 characters or less)

Population Served
(200 characters or less, include
age groups, race & ethnicity,
income levels, etc.)

Proposal Request

Program / Project Name

Type of Project

☐

Rapid Rehousing

Supportive Service Only

☐

Permanent Supportive Housing

Street Outreach

☐

Transitional Housing - DV Bonus

☐

Transitional Housing

**Project number of households
to be served:
(estimate)**

**Total Program Budget
(Match+Request)**

Requested Amount (estimate)

Match Percent of Total Budget

(25% minimum)

Select Application Type

Renewal

New Project

Transition (PSH/RRH to
TH)