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| --- | --- |
| **Applicant Information** | |
| Date of Request | Click or tap here to enter text. |
| Point of Contact | Click or tap here to enter text. |
| Agency | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| **Information about Funded Activity** | |
| Date of Activity/Project | Click or tap to enter a date. |
| Title of Activity/Project | Click or tap here to enter text. |
| Description of Funded Activity/Project | Click or tap here to enter text. |
| Relevance of proposed activity/project to improvement of BoS CoC services or agencies | Click or tap here to enter text. |
| Amount Requested | Click or tap here to enter text. |
| * *Awarded funds may only be used as requested and approved* * *Funding requests will be reviewed by the Finance Committee* * *Notification of approval or denial will be provided by the BoS CoC Coordinator* * *A summary report must be provided within 30 days of the activity/project date* * *Any unspent funds must be returned* * ***Failure to return unspent funds will result in delay or denial of future funding*** | |

***Funding amount requested must be supported by a bid or invoice***

***and must be included as an attachment.***

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| **OFFICE USE ONLY** | |
| Date Request Rec’d | Click or tap to enter a date. |
| Date of Decision   * Approved * Denied | Click or tap to enter a date. |
| Date Processed | Click or tap to enter a date. |
| Comments:  Click or tap here to enter text. | |