

DeKalb Continuum of Care

Project Proposal

FY2016 HUD CoC Grant

Agency Name: _____

Address: _____

Telephone #: _____

Executive Director: _____

Name of person completing application: _____

Total Amount Needed: _____

Homeless population to be served by proposed project:

Total number of homeless clients to be served by proposed project: _____

Brief description of proposed project: _____

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Project Score/Rank

To be used by CoC after submission of project proposal

Objective	Yes/No	Points
Private Funding Available (start up costs/matching/general)	Yes/No	50
Demonstrated Community Need (valid data that coincides with CoC data).	Yes/No	25
Qualified Organization (demonstrated necessary skills and resources, can do HMIS)	Yes/No	10
Corresponds with HUD's strategic plan to end homelessness	Yes/No	15
Rank/Total		

Project proposals can be sent to sperkins@dekcohousing.com or hard copy to Michelle Perkins at 310 N. 6th Street, DeKalb IL 60115. Proposals must be received by 4:30 PM August 1, 2016.