

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

Contact Information

Full Legal Organization Name

Street Address

City

State

Zip Code

Organization Website

**Organization President /
Executive Director**

Title

Phone Number

E-Mail Address

**Contact Person
(if different)**

Title

Phone Number

E-Mail Address

Organization Information

501(c)(3)?

Yes

No

Year Established

**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
Permanent Supportive Housing
Rapid Rehousing - DV Bonus Project
Joint TH-RRH Project

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

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

Requested Amount (estimate)

Match Percent of Total Budget

(25% minimum)
