

United Way  
of Suwannee Valley  
871 SW State Road 47  
Lake City, FL 32025-0433  
Phone: (386) 752-5604  
Fax: (386) 752-0105

United Way of Suwannee Valley  
Homeless Services Network of Suwannee Valley  
Project Proposal Form  
FY 2024 Challenge Unsheltered Application



Name of Agency/Organization: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Project Title and Description (additional pages may be attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

Approval of CEO or Executive Director:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_ Total Project Budget \$ \_\_\_\_\_

Please include a detailed budget and budget narrative with this application.

Please note that the total budget MUST include 25% match.

Federal Strategic Plan goal(s) addressed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HEARTH Act Performance Measure(s) applicable to proposed project:

\_\_\_\_\_  
\_\_\_\_\_

HSNSV CoC Action Plan Strategy and Action Step addressed:

\_\_\_\_\_  
\_\_\_\_\_