

United Way of Suwannee Valley  
Homeless Services Network of Suwannee Valley  
Project Proposal Form

FY 2026 HUD CoC Application

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

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

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

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

Renewal Project? \_\_\_\_\_

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 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:

---

---