**Onondaga/Oswego/Cayuga County Continuum of Care**

**2024-25 Local EXPANSION Application**

**Applications are due Wednesday, September 11th at 5 pm**

**Single Project Applications must be submitted in a single PDF to**

**the HHC via email:** [**hhc@unitedway-cny.org**](mailto:hhc@unitedway-cny.org)

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| --- | --- |
| **Agency and Project Information** | |
| Agency Name: |  |
| Program Name: |  |
| Application Contact Person: |  |
| Component Type: | RRH  PSH  Th-RRH |
| County Serving: | Cayuga  Onondaga  Oswego  Multi-County |
| Please attach  an updated budget |  |

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| **Expansion Application** | | |
| Expansion Description | Please describe how the agency will use expanded grant funds, including which budget line items will be expanded and the number of new participants the project will serve. | |
|  | | |
| Competition Score (75 points): |  | |
|  | | |
| Renewal Narrative Score (25 points): |  | |
|  | | |
| Agency Returned Funds | | % |
|  | | |

|  |  |
| --- | --- |
| Total |  |