**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**

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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 |  |