



Sonoma County Continuum of Care
 Lead Agency: Sonoma County Department of Health Services
 1450 Neotomas, Suite 115, Santa Rosa, CA 95405

FUNDING APPLICATION
FY 2023-2024 HOMELESS SERVICES
 Application Cover Sheet

Organization Contact Information

Legal Name of Organization	
Project Name	
Project Alternate Name	
Amount of Funding Requested	\$
Primary Physical Location of Activities	
Organization Mailing Address, City State, Zip	
Main Telephone Number	
Organization Web URL	
Agency DUNS Number	

Executive Director or CEO Contact Information

Name	
Title	
Email	
Phone	

Contract Manager (or another secondary contact)

Name	
Title	
Email	
Phone	

By my signature, I certify that the information provided in this FY 2023-2024 Homeless Services Funding application is correct, accurate, and complete.

Executive Director/CEO Signature _____
Date

Title

DHS Receipt Use Only

Received By: _____ Ref: _____