



**FUNDING APPLICATION
FY 2024-2025 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 2024-2025 Homeless Services Funding application is correct, accurate, and complete.

Executive Director/CEO Signature

Date

Title

CDC Receipt Use Only

Received By: _____

Ref: _____