

LOUISVILLE/JEFFERSON COUNTY FY 2025 CONTINUUM OF CARE COMPETITION INTENT TO APPLY

Agency/Organization Name:			
Project Name:			
Site Address (if applicable):			
Estimated Total Grant Request (excluding match):			

Please list the name and email of all agency staff who should be included on correspondence regarding this proposal.

Name	Email

Is your organization a victim service provider defined in 24 CFR 578.3? Yes No

Is your organization a faith-based organization? Yes No

Project Component Type (select one)

- | | |
|---|--|
| Permanent Supportive Housing Renewal | Transitional Housing |
| Supportive Services Only - Standalone SSO | Supportive Services Only - Street Outreach |
| Supportive Services Only - CE | |

Application Type (select one)

- | | | |
|------------------|------------------|-------------|
| Standard Renewal | Transition Grant | New Project |
| YHDP Renewal | YHDP Replacement | |
| DV Bonus | DV Reallocation | |

Target Populations (select all that apply)

- | | | |
|--|---|------------------------------------|
| Chronically homelessness | Seniors | Veterans |
| Families with children | Youth (18-24) | Persons living with mental illness |
| Persons living with substance use disorder | | Fleeing domestic violence |
| Persons living with HIV/AIDS | N/A – Project serves all subpopulations | |