

SICO CN Ranking and Review Grant Applicant Information

The following information is needed to determine whether the applicants project meets both HUD and the SICOC threshold requirements, and to aid in the ranking and review process for the NOFA.

Program Name: _____

Agency: _____

Type of Project (TH, PSH, etc.): _____

New _____ Renewal _____

Population to be served:

Dedicated population: _____ or

Check all that apply:

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Families with children | <input type="checkbox"/> Individuals | | |
| <input type="checkbox"/> Unaccompanied youth | <input type="checkbox"/> Youth 18-24 | <input type="checkbox"/> Adults 18+ | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Chronically homeless | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Substance Abuse | |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> Persons with felony backgrounds | |

Amount requesting for the following:

Leasing/Rental Assistance: _____

Operations: _____

Supportive Services: _____

Admin: _____

Housing and services:

Number of units of housing: _____ Number of beds: _____

Number of beds exclusively for families with children: _____

Number of beds exclusively for singles: _____

Does the project follow a Housing First Approach: Yes No

- If yes, please attach agency policies and procedures that address the core elements that address the Housing First approach.

Please turn in the following information with this form to, Camille Dorris, 801 N. Market St., Marion,

IL 62959:

1. Most recent APR and proof of HUD approval of APR (if renewal)
2. Proof of quarterly drawdowns (if renewal)
3. Most recent financial audit
4. Documented minimum match