

**2011 Balance of State Regional Committee Project Application Approval Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Applying Agency** | **Project Name** | **Project Type**  (S+C, SHP-PH, SHP-TH, etc.) | **New/**  **Renewal** (N/R) | **Total Amount of Funding Requested** | **Approved?**  (Y/N) | **Date of Reg. Comm. Meeting When Approved**  (mm/dd/yy) | **Priority**  (1, 2, 3, etc.) **– do not prioritize S+C renewals** |
| Agency to End Homelessness | Shelter Plus Care II | S+C | N | $395,000 |  |  |  |
| Agency to End Homelessness | Shelter Plus Care I | S+C | R | $250,000 |  |  | n/a |
| People Helping People | Homeless No More | SHP-PH | N | $100,000 |  |  |  |
| People Helping People | Transitions | SHP-TH | R | $87,615 |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |

This form certifies that all Continuum of Care funding applications in this region have been reviewed by the Regional Committee and that the priority assigned to them has been determined by committee vote.  
  
Region: Sample Regional Committee   
Name of Regional Committee Lead: Victor Volunteer   
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

Please submit this signed form and a copy of the meeting minutes at which the vote took place to NCCEH.  
Email: [bos@ncceh.org](mailto:bos@ncceh.org) Fax: 888-742-3465