

**2012 Balance of State Regional Committee Project Application Approval Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Applicant Agency** | **Project Name** | **Project Type**  (PH-PSH, PH-RRH, TH, SSO) | **New/**  **Renewal** (N/R) | **Total Amount of Funding Requested** | **Approved?**  (Y/N) | **Date of Reg. Comm. Meeting When Approved**  (mm/dd/yy)  *If electronic vote, mark “e-vote”* | **Priority**  (1, 2, 3, etc.) |
| East Carolina Behavioral Health | East Carolina Behavioral Health Housing First Project | PH-PSH | N | $ |  |  |  |
| East Carolina Behavioral Health | Renewal Project | PH-PSH | R | $387,863 |  |  |  |
| East Carolina Behavioral Health | Tideland Mental Health Center S+C Program | PH-PSH | R | $78,589 |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |

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: Northeast  
Name of Regional Committee Lead: Gus Smith

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