

**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.) |
| Community Link | PR CoC Casework and Supportive Housing | TH | R | $273,457 |  |  |  |
| Lexington Housing Redevelopment Corporation |  | PH-PSH | N | $ |  |  |  |
| Piedmont Behavioral Healthcare | PBH-2012 New PSH | PH-PSH | N | $ |  |  |  |
| Piedmont Behavioral Healthcare | PBH 2011 Shelter Plus Care Renewal | PH-PSH | R | $194,456 |  |  |  |
| Piedmont Behavioral Healthcare | Piedmont Behavioral Health 2007 S+C Program | PH-PSH | R | $112,709 |  |  |  |
|  |  |  |  | $ |  |  |  |
|  |  |  |  | $ |  |  |  |

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: Piedmont  
Name of Regional Committee Lead: Nicole Dewitt

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