

Continuum of Care: Project Priorities*(This entire chart will count as only one page towards the 30-page limitation)*

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project	(6) Program and Component/Type*				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Example: ABC Nonprofit	ABC Nonprofit/ Sarah's House	1	\$1,026,000	3 (yrs)	PH				
Example: XYZ County	AJAY Nonprofit/ Spencer's Place	2	\$800,000	5 (yrs)			TRA		
		1							
		2							
		3							
		4							
		5							
		6							
		7							
		8							
		9							
		10							
		11							
		12							
**Total Requested Amount:									

*Place the components/type for each project under column 6.

The Requested Project Amount **must not exceed the amount entered in the project budget in Exhibits 2, 3, and 4. If the project budget exceeds the amount shown on the priority list, the project budget **will be reduced** to the amount shown on the priority list.

Please Note:

- (1) Place all Shelter Plus Care renewal projects as the last entries on the Chart.
- (2) For all Shelter Plus Care and SRO projects, please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 Federal Register.