

Section C. Project Information (please type or print)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name:	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax):	

Section D. Program Components/Type

Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/type are:

- ☐ Transitional Housing
- ☐ Permanent Housing for Persons with Disabilities
- ☐ Supportive Services Only
- ☐ Safe Havens ☐ Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 18 of Exhibit 2) and will require participants to execute a lease agreement.
- ☐ HMIS
- ☐ Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)