

Section A. Project Information**1. Basic Identification**

- a. Grantee Name: _____
- b. Project Name: _____
- c. Sponsor Name: _____
- d. Address: _____
- e. Telephone: _____
- f. Fax Number: _____
- g. Contact Person: _____
- h. Project Congressional District: _____
- i. Project 6-digit Geographic Code: _____
- j. Project Number of Grant Being Renewed: _____
- k. Component/Type: (please check one) TH ☐ PH ☐ SSO ☐ SH ☐ HMIS ☐ IH ☐
- l. Grant Term: (please check one) 1 ☐ 2 ☐ 3 ☐

2. Number of Participants/Number of Beds

- a. Subpopulations served (check all that apply): Chronically Homeless ☐ Veterans ☐
Seriously Mentally Ill ☐ Substance Abuse ☐ Dually Diagnosed ☐ HIV/AIDS ☐
Youth ☐ Domestic Violence ☐
- b. Veterans are the primary target population: ☐ Yes ☐ No
- c. Project is in a rural area: ☐ Yes ☐ No
- d. Sponsor is a religious/faith-based organization: ☐ Yes ☐ No
- e. Number of beds in project (specify a number): _____
- f. Number of persons in families served (at a point in time): _____
- g. Number of single individuals served (at a point in time): _____
- h. Number of persons in families and single individuals who are disabled (at a point in time): _____

3. Performance

- a. Are there any significant changes in the project since the last funding approval: ☐ Yes ☐ No
If "yes", briefly describe the changes. _____
- b. If one or more extensions have been provided for your current grant, please indicate: _____
- If not applicable, indicate here: _____
 - The number of extensions approved: _____
 - The extension period (e.g., two months, one year): _____
 - The reasons why the extension(s) was necessary: _____
- c. If not operating at full capacity, please explain the reasons. _____
- d. APR questions 11 and 16 are attached (required): ☐ Yes ☐ No
- e. Additional explanation for questions 11 and 16 is attached: ☐ NA ☐ Yes ☐ No